

A group of five diverse young children, including a Black boy, a Hispanic girl, a white boy, and two Asian children, are smiling and looking towards the camera. They are standing in front of a school building with trees in the background. The image is overlaid with a semi-transparent title banner at the top and a footer banner at the bottom.

Guidelines for Identifying and Educating Students With Emotional Disturbance

Connecticut State Department of Education

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Note from the Commissioner

The Connecticut State Department of Education (CSDE), Bureau of Special Education (BSE) provides guidance to school districts, parents, school personnel and other professionals. Such guidance is related to disability determinations and requirements under the Individuals with Disabilities Education Improvement Act (IDEA) and state statute to determine eligibility for special education and related services.

The revised *Guidelines for Identifying and Educating Students with Emotional Disturbance* (2012) are a revision of the *Guidelines for Identifying and Educating Students with Serious Emotional Disturbance* published by the CSDE in 1997. The guidelines are intended to provide guidance to school teams, parents or guardians, surrogate parents and mental health professionals, to make appropriate decisions regarding eligibility and specialized services for students with emotional disturbance (ED) as defined in the IDEA 2004. The principles and practices provided in this document also assist school teams in addressing the needs of children experiencing significant behavioral and emotional difficulties and/or children suspected of having an emotional disturbance.

The identified goals of the 2012 revised guideline document include the provision of recommended practices and procedures concerning assessment, determination of eligibility; and non-biased, culturally relevant and nondiscriminatory identification processes. Additionally, the document provides examples of scientific research-based interventions (SRBI) aimed at improving academic outcomes for students experiencing ED. References to current legislation and regulations affecting students identified as eligible for special education due to an emotional disturbance, as well as current best practices in meeting the needs of students with ED, are also provided.

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Rationale

This document is a revision of the *Guidelines for Identifying and Educating Students with Serious Emotional Disturbance* published by the CSDE in 1997. The document is intended to provide guidance to school teams, including parents, guardians, surrogate parents and mental health professionals, to make appropriate decisions regarding eligibility and specialized services for students with ED as defined in the IDEA 2004. The principles and practices provided in this document also assist school teams in addressing the needs of children experiencing significant behavioral and emotional difficulties and/or children suspected of having an emotional disturbance. The 2012-revised document, *Guidelines for Identifying and Educating Students with Emotional Disturbance*, has seven primary goals:

1. To provide educators and mental health professionals in Connecticut with recommended practices and procedures concerning the provision of services to students experiencing behavioral, social or emotional issues within the context of an SRBI framework.
2. To provide educators and mental health professionals in Connecticut with recommended practices and procedures concerning assessment of students.
3. To provide educators and mental health professionals in Connecticut with recommended practices and procedures concerning eligibility determinations.
4. To promote the use of statewide, uniform and valid identification processes and procedures that are nonbiased, culturally relevant and nondiscriminatory.
5. To improve academic achievement and outcomes for students experiencing emotional disturbance.
6. To provide updated reference to current legislation and regulation affecting students identified as eligible for special education due to an emotional disturbance.
7. To provide updated reference to current best practices in meeting the needs of students identified as eligible for special education due to an emotional disturbance.

Overview

The purpose of this guideline document is to provide educators, parents, guardians, surrogates and mental health professionals in Connecticut with recommended practices concerning eligibility determination, assessment and program services for students with emotional disturbance (ED). As described in these guidelines, students with ED exhibit atypical behavior and emotions that are persistent, generalized and extended over time and situations. This atypical behavior and emotional expression adversely affect their educational performance and are significantly outside the norm of their age-level peers. Although many students may at times exhibit disturbing school behavior that appears consonant with the definition of ED, they are not necessarily eligible for special education services. The absence of key distinguishing features, such as "pervasiveness" will preclude some students from meeting the criteria for ED. These considerations and other features will be described and clarified within this document.

This guideline document is arranged in five major sections: (1) Best Practices in Prevention and Intervention; (2) Definition and Interpretation; (3) Assessment and Eligibility; (4) Key Elements for Effective Individualized Program Services; (5) Tools to Assist Planning and Placement Teams (PPTs); and an additional resource Empirically Supported Prevention and Intervention Strategies.

Section 1, **Best Practices in Prevention and Intervention**, addresses early intervening services within the SRBI framework and provides a broad outline of a comprehensive system of social emotional learning and behavioral supports for students experiencing social, emotional and or behavioral difficulties. Additionally, positive behavioral support strategies and considerations related to preschool age children are discussed.

Section 2, **Definition and Interpretation**, presents Connecticut's definition of ED and provides guidelines for appropriate application of the definition criteria to determine eligibility for special education and related services. In addition, special considerations that require attention and deliberation by the team are addressed.

Section 3, **Assessment and Eligibility**, focuses on best practices in an assessment process that conform with the ED definition, the development of an Individualized Education Program (IEP) following a comprehensive evaluation process, and appropriate assessment techniques to monitor student performance to determine the need for modifications that address the student's changing needs. Each subtopic is designed to support appropriate assessment practices and eligibility determinations. Additionally, practices to address disproportionality are discussed.

Section 4, **Key Elements for Effective Programs and Services**, describes components of school-based programs that help students with ED achieve academic success, foster self-esteem, promote appropriate behavior, encourage successful emotional functioning and cultivate positive interpersonal relationships. This section provides recommended guidelines that ensure quality professional practices. The guiding

statements focus on a renewal of commitment to appropriate program development required to meet the challenges that are presented by students with ED.

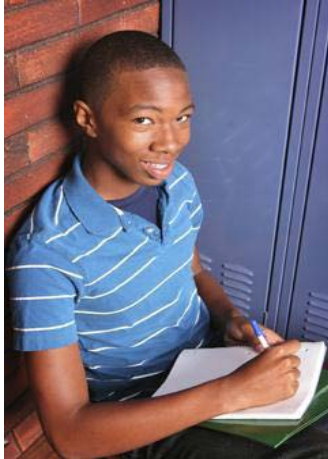
Section 5, **Tools to Assist Planning and Placement Teams (PPTs)**, provides guidance and information (worksheets, etc.) to support early intervening strategies for students and assist PPTs in their mission from the process of determining eligibility to the development of appropriate behavior interventions and specialized instruction for students identified as ED. Copies of the current state and federal regulations affecting students with ED are also included for reference.

Another resource is provided in section 6, **Empirically Supported Prevention and Intervention Strategies**. This section is intended to provide the structural essentials of a comprehensive, systemic design for implementing proactive interventions and supports. Examples of interventions that could be implemented using a school's existing resources are outlined within the SRBI framework.

Section 1

Best Practices in Prevention and Intervention

Scientific Research-Based Interventions



In August 2008, the CSDE Bureau of School Improvement published *Using Scientific Research-Based Interventions: Improving Education for All Students Connecticut's Framework for RTI (2008)*. This document outlines Connecticut's SRBI framework for the implementation of response to intervention (RTI). SRBI aims to provide high-quality instruction and interventions matched to student need, using frequent monitoring of student progress, which drives decisions regarding changes in instruction and interventions and focuses on the application of student response data to inform educational decisions. SRBI emphasizes successful instruction for all students through high-quality **core general education practices** as well as targeted interventions for students experiencing learning, social-emotional or behavioral difficulties. *Using Scientific Research-Based Interventions: Improving Education for All Students-Connecticut's Framework for RTI (2008)* core general education practices refer not only to practices related to important academic areas, but also include the application of strategies and interventions which promote a positive school climate and a comprehensive system of social-emotional learning and behavioral supports. *Using Scientific Research-Based Interventions: Improving Education for All Students-Connecticut's Framework for RTI (2008)* applies to special education as well, creating an integrated system of instruction and/or intervention which is guided by child specific data.

When implemented with fidelity, SRBI will help to ensure effective universal practices for all students, including those with disabilities. A student with a disability, such as ED, can benefit from access to the core practices and differentiated instruction at Tier I, targeted interventions at Tier II and/or intensive interventions at Tier III as well as accommodations and modifications and/or specialized instruction as outlined in a 504 Plan or the IEP. By developing general education practices that are more responsive to student needs, an increased number of students with disabilities, including those with ED, will be included in the general education classroom.

The basic principles of SRBI are as relevant to special education as general education and should be applied to both. Basic principles include:

- use of scientific research to inform practice;
- need for accountability and transparency;
- culturally and ethnically responsive teaching;

- fidelity of implementation; and
- data driven decision-making.

Key factors that are essential in SRBI in promoting student success include:

- effective district and school leadership;
- high quality ethical teaching;
- pre-service and job embedded professional development;
- collaboration with special services;
- family engagement; and
- access/use of technology.

To be effective in promoting the social, emotional and behavioral growth of students, SRBI has to be part of a broad effort to provide positive behavioral interventions and supports (PBIS). This effort needs to be schoolwide, proactive, comprehensive and systematic in providing a continuum of supports designed to afford opportunities to all students, including those with identified emotional or behavioral disabilities.

While traditional behavior management practices seek to eliminate undesirable behaviors, PBIS and the use of functional assessments increase the capacity of school and district personnel to adopt and sustain the use of effective behavioral practices. Such practices not only address the specific needs of students with severe behavior problems but also can result in improved school climate and an increase in the achievement level of all students.

The SRBI framework also encompasses the social, emotional and behavioral perspective. The literature supports the use of a tiered approach in the implementation of behavior intervention strategies (Tilly, 2008; Tobin, Schneider, Reck and Landau, 2008; Grisham-Brown, 2008). All students, including those who experience social, emotional and or behavioral difficulties can benefit from access to universal practices, differentiated instruction and interventions at Tier I, targeted interventions at Tier II and intensive interventions at Tier III.

Tier I interventions are characterized by their universal design and provide differentiated instruction for all students. These interventions are preventive and proactive in nature. Essential elements of Tier I interventions require that actions be:

- proactive, positive and preventive in nature;
- based on the use of empirically validated procedures;
- done in collaboration with community supports;
- based in a common approach to discipline and climate;
- culturally responsive; and,
- cognizant of linguistic diversity, addressing the needs of linguistically diverse students.

Tier I practices in the social emotional domain are comprehensive and aligned with state standards and student outcomes. These practices are culturally responsive and promote a positive and safe school climate. Tier I interventions include but are not limited to, explicit schoolwide behavior expectations, the implementation of a differentiated social emotional learning curriculum, the use of effective classroom management, recognition and reinforcement programs such as student of the month and the use of a positive rewards menu. Preventive steps that can reduce potential for behavioral difficulties include establishing a healthy school climate, teaching essential social skills such as showing respect to self and others, and establishing positive behavior supports that facilitate an effective classroom environment.

Tier II interventions are characterized as targeted interventions, which are limited or short term in duration, delivered to small groups and involve collaboration between the teacher and an interventionist such as a school psychologist, special education teacher, principal, behavior specialist, school counselor, school social worker or other support person with skills specific to the needs of the student. Essential elements of Tier II interventions require that actions be:

- short term;
- targeted and specifically matched to student's need;
- implemented with fidelity;
- provided within a small group;
- supplemental to the core program ("in addition to" not "instead of");
- research based or empirically supported;
- culturally responsive; and
- sensitive to linguistic diversity, addressing the needs of English Language Learners (ELL) and varieties of English.

Tier II, targeted interventions include but are not limited to, small group behavior contracts, check-in/check-out systems, counseling or guidance groups, lunch bunch, conflict resolution groups, parent conferencing, social skills training, mentoring and self-management programs.

For students making inadequate progress with universal and supplemental or targeted interventions at Tiers I and II (based on data from progress monitoring), an increase in the intensity or characteristics of intervention, along with different, more specialized interventions, should be considered at Tier III. The difference between targeted and intensive interventions is characterized by increased intensity and individualization. Essential elements of Tier III interventions require that actions be:

- short term;
- supplemental to core program and targeted interventions (may require interventions within all three tiers);
- research- and/or evidence-based;

- individualized;
- highly explicit, systematically targeting the need;
- implemented with fidelity;
- supported by personnel with a high degree of expertise (as appropriate);
- designed around function based support plans;
- culturally responsive; and,
- sensitive to linguistic diversity.

Intensive or Tier III interventions might include but are not limited to increasing the intensity and frequency of Tier II interventions, conducting assessments to determine the function of challenging behavior and implementing behavior support plans, individualized student/family supports planned through wrap around processes, weekly progress reports, parent conferencing (more frequent) and consideration of additional, more comprehensive assessments.

Parents/guardians and families play a vital role in supporting their schools and students. When families are involved and support children's schooling, the children clearly benefit (Snow et al., 1991). Beyond the need for district personnel to inform parents about the SRBI process, including general education service, intervention strategies and the detail of data to be collected, parents/families must be promptly notified of concerns specific to their child's behavior, social-emotional status and academic performance.

Additionally, ongoing information related to student progress must be provided to parents/families.

Throughout the intervention process, parents/families need to be engaged and invited to incorporate knowledge of their child and analysis of the child's learning or behavior. Parents/families provide critical and unique information that can be used by school personnel in determining appropriately tiered interventions within the SRBI framework. Families need to be actively involved in progress monitoring activities and districts have a responsibility to provide families with ongoing information and data related to student progress in a clear and understandable format.

If a student does not demonstrate adequate progress at the conclusion of an intervention period, the team, including the parent/family, should closely examine and analyze data to investigate the reason why.

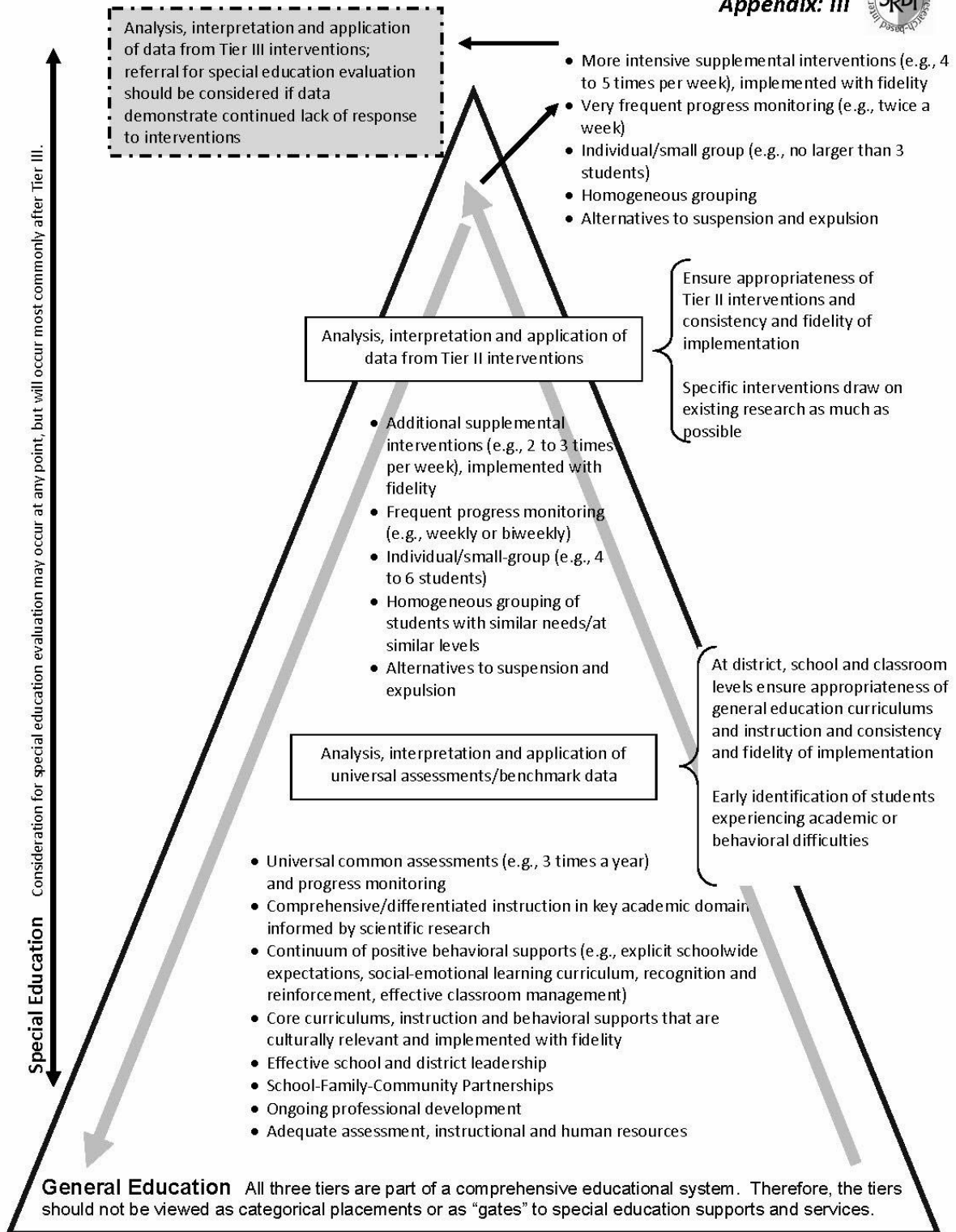
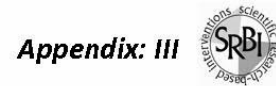
Thorough observation by another staff member, close examination of student performance and/or additional diagnostic assessments should be considered. In addition, attention should be given to social context. Determinations related to appropriateness of the targeted behavior, interventions utilized and the fidelity of implementation of the interventions should be made. In addition, a comprehensive evaluation, which assesses all areas related to a suspected disability (including if appropriate, health, vision, hearing, social-emotional status, general intelligence, academic performance, communicative status and motor abilities (IDEA Section 300.304[C][4]), may also be necessary. The documentation of Tier III progress monitoring, as well as current assessments can be used to inform the design of a comprehensive evaluation to determine that a student has a disability and is eligible for special education.

Connecticut state regulation requires "prompt referral" for determining eligibility for special education if a student has been "suspended repeatedly or whose behavior, attendance or progress in school is considered unsatisfactory or at a marginal level of acceptance" (10-76d-7). When deemed necessary or at the request of a parent, school personnel, or others, the prompt referral to the PPT can be initiated **at any time during the intervention period**, to decide whether a comprehensive evaluation is warranted to determine eligibility for special education. As outlined in IDEA 2004, families and school personnel always have the right and responsibility to refer a student for consideration for eligibility for special education services. This referral can be conducted at any time, including prior to the full implementation of tiered interventions.

The school must respond to all referrals through a PPT meeting. Based on a review of the referral, the PPT can determine whether an evaluation to determine special education eligibility is warranted. A thorough examination and analysis of the current data, classroom assessments and student progress may indicate to the team that interventions in place through SRBI are appropriate and have resulted in adequate progress indicating that further evaluation is not necessary. However, if the student has not made adequate progress and the analysis of the current data supports a suspicion of a disability, an initial evaluation as defined in 34 Code of Federal Regulations (C.F.R.) Section 300.01 (a) through (e) needs to be conducted. A copy of the federal regulations (34 C.F.R. Sections 300.301 through 300.305, inclusive) related to evaluation and determination of special education eligibility can be found in [section 5](#) of this document.

The following diagram illustrates a schoolwide or districtwide comprehensive system of social emotional learning and behavioral supports, through a tiered approach and is a revision of the original diagram found in *Using Scientific Research-Based Interventions: Improving Education for All Students-Connecticut's Framework for RTI (2008)*.

SRBI pyramid



A tiered intervention system, as defined in the SRBI framework, when implemented with fidelity, will provide a problem-solving model designed to produce improved outcomes for all students. Moreover, it is consistent with federal legislation IDEA 2004 and the No Child Left Behind Act of 2001 (NCLB) as well as scientific research and empirically supported prevention, and intervention strategies.

For additional information on SRBI, refer to CSDE's document *Using Scientific Research-Based Interventions: Improving Education for All Students-Connecticut's Framework for RTI (2008)*.

A Note on Positive Behavioral Support Strategies

Positive behavioral support (PBS) strategies involve the use of a continuum of evidence and/or research-based practices for promoting the academic and social behavior success of all students. These schoolwide strategies promote systemic change, improved social skills and decreased use of punitive interventions (i.e., punishment or suspension). PBS strategies are part of a systems approach to improving school climate, discipline and achievement. A PBS framework facilitates a proactive and structured schoolwide and classroom environment that increases student achievement and helps to improve student behaviors both in and outside of the classroom. Implementation adjustments and enhancements of PBS strategies are maximized through continuous data-based progress monitoring at the school, classroom and individual student levels. As a result, more reflective, effective, efficient, relevant and sustainable positive learning communities are promoted; and staff, students and family member capacity to support student behavior and academic achievement is enhanced.

The development and implementation of positive schoolwide academic and behavioral support strategies include:

- team-based, collaborative and strategic action planning activities for improving schoolwide climate and individual students' needs;
- teaching and reinforcement of schoolwide classroom and individual student social skills; and expectations that promote and preserve a positive school and classroom climate;
- classroom and schoolwide environments with clear, concise expectations that foster fair and equitable discipline designed to promote pro-social skills, and prevent development and occurrence of problem behavior;
- parent participation through sharing comprehensive information about student performance, involvement in decision making and active implementation engagement;
- evidence-based, classroom and individual student practices that prevent negative interactions and foster positive interactions; and are organized in an integrated and data-based continuum of implementation support;

- community support systems (i.e., community mental health and medical) that are collaborative, culturally relevant and effective;
- effective, efficient, ongoing and relevant professional development for all staff members (e.g., effective instructional and classroom management practices);
- function-based approaches to understanding problem behavior and developing effective behavior intervention plans (BIPs); and
- effective school and district leadership to support implementation of positive behavioral support strategies. (Excerpt from *Guidelines for In-School and Out-of School Suspensions* [CSDE, 2010])

A Note on Preschool-age Children

The intent of Connecticut's response-to-intervention framework, SRBI, is to improve educational outcomes for all students in prekindergarten-Grade 12. While public elementary school begins at kindergarten for students who are age 5 on or before January 1 of the school year, public school districts have an obligation to provide special education to preschool-age students with disabilities who are found eligible for special education at age 3. Public schools may also provide a public preschool education to students without disabilities.

It is essential to recognize the multidimensional and interrelated nature of early learning and development of the preschool child. This recognition may make it difficult to identify and determine whether young children's behavioral or learning challenges are in fact related to a specific disability. Consideration must be given to maturational growth and development, as well as biological and/or environmental, and socioeconomic factors relative to the individual child and their family. Preschool-age students may have limited early learning opportunities and minimal occasion to acquire social-emotional and behavioral skills for a number of reasons. Therefore, when considering the identification of a young child as a child with an emotional disturbance, the PPT must exercise caution.

To address the special considerations relative to the preschool child, minimize later behavioral difficulties and avoid inappropriate identification of a disability, all children should benefit from the provision of a high-quality education as well as targeted support for children who demonstrate emotional or behavioral challenges. The provision of targeted interventions and appropriate supports to students, including those of preschool age, does not require the identification of a disability. A systematic approach that assists early childhood educators and parents in ensuring early school success for all children, including those that may be inclined to develop emotional and behavioral difficulties, can be implemented for 3- and 4-year-old students in the preschool grade. The framework for a systematic approach can be found in the recognition and response system, the basis of which originates in RTI and in Connecticut, SRBI, which place the focus on the provision of a high quality education for all students and targeted interventions for students who are

at risk. The emotional and behavioral challenges of 3- and 4-year-olds in the preschool setting can be addressed at the preschool level through the application of the essential elements of the recognition and response system, which is typically illustrated through the pyramid. The fundamental components include the provision of an intervention hierarchy, providing increasing levels of intensity of instruction related specifically to the child's need; screening assessment and progress monitoring, which relies on multiple methods and sources, and can be used to determine if a child is meeting specific benchmarks and making adequate progress; research-based or empirically supported interventions and instruction; and the implementation of a collaborative problem solving process for decision making (FPG Child Development Institute of the University of North Carolina at Chapel Hill <http://randr.fpg.unc.edu/origins-rr-response-intervention-rti>).

While a referral to consider eligibility for the receipt of special education services can be initiated at any time before or during the provision of targeted interventions, children who receive behavioral supports at an increased level of intensity and individualization, and do not respond to targeted supports over a reasonable period of time, and continue to manifest behavioral challenges should be evaluated to determine if they are a child with a disability. The comprehensive evaluation and assessment of young preschool-age students to determine if they have a disability that will require special education and related services should include multiple components. Parent participation is essential in the evaluation process, as they hold key information related to their child's early development as well as information related to their child's early learning experiences and opportunities.

The *Guidelines for Identifying and Educating Students with Emotional Disturbance* applies to all students preschool through Grade 12, who are served by public schools, though special consideration must be taken in applying the guidance to the preschool population.

Section 2

Definition and Interpretation

Definition of Emotional Disturbance



The definition used in Connecticut for students with ED follows the definition contained in the federal IDEA. Connecticut General Statutes (C.G.S.) Section 10-76a defines the condition as follows:

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 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 an emotional disturbance.

This definition requires that educators identify as eligible for special education under IDEA **only** those students with emotionally based disturbance rather than solely a social maladjustment. Therefore, the section that follows provides guidance to educators in interpreting the definition for identifying or re-determining eligibility for special education under this classification.

Note: The 2004 reauthorization of the IDEA (Public Law 105-17) retains the same definition, continuing 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.

Emotional Disturbance: Defining Criteria

In determining eligibility under the IDEA, the PPT must:

1. **Decide if a student has an emotional condition that is manifested by one or more of the five characteristics listed in the definition of emotional disturbance, specifically:**

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

2. Determine that these characteristics meet the qualifying conditions or limiting criteria of:

- having an adverse effect on educational performance;
- occurring over a long period of time (chronicity); and
- occurring to a marked degree (severity).

One requirement of establishing special education eligibility due to an 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 have an adverse effect on educational performance, 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 as well as environmental, cultural and linguistic factors.

When considering the defining criteria of ED, the PPT 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?

Long period of time: The standard for duration is not precisely specified. The literature frequently refers to several months as an appropriate standard. The intention is to avoid identifying a student as eligible for special education who is temporarily reacting to a situational trauma. The characteristics must be evident over time as well as across situations.

Marked degree: The qualifying condition of severity requires that 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 behavior and emotions exhibited must be more severe or frequent than typically expected for individuals of the same age, gender and cultural group.

Characteristics that define ED: 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. The defining characteristics of ED are reflected in the descriptions that follow.

a. The student exhibits an inability to learn, which cannot be explained by intellectual, sensory or health factors.

This characteristic requires documentation that a student is **not learning despite appropriate instructional strategies, tiered or targeted interventions and/or support services**. 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 characteristic, "inability to learn" is appropriately interpreted as significant difficulty in learning despite targeted, intense intervention as outlined in the SRBI Framework and should be determined only after consideration of cultural, social and linguistic influences on student performance. A comprehensive and differential assessment is performed to establish an "inability to learn." The assessment should provide information that would allow the PPT to rule out any other primary reasons for the suspected disability, such as intellectual disability, speech and language disorder, autism, a learning disability, hearing/vision impairment, multihandicapping conditions, traumatic brain injury, neurological impairment or other medical conditions. If any one 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 emotional disturbance as a concomitant disability, since emotional and behavioral problems may also be associated with one of the above conditions.

b. The student exhibits an inability to build or maintain satisfactory 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 relationships include the ability to demonstrate sympathy, warmth and empathy toward others; establish and maintain friendships; be constructively assertive; and work and play independently at developmentally appropriate levels. 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 student characteristics include but are not limited to:

- 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. The student exhibits inappropriate types of behavior or feelings under normal circumstances.

This characteristic requires documentation that the student's inappropriate behavior or feelings differ 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 but are not limited to:

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

d. The student exhibits 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). This pattern is not a temporary response to situational factors or to a medical condition. Examples of typical characteristics associated with depression or unhappiness include but are not limited to:

- 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 (Diagnostic and Statistical Manual of the American Psychiatric Association, IV Edition, Text Revision [DSM IV-TR] DSM IV TR 2000).

Characteristics of mood disorders are outlined in the DSM IV- TR and may be used by appropriate personnel within the school setting as a resource but only by qualified licensed professionals (e.g., licensed psychologist or licensed clinical social worker) for the purpose of diagnosis and treatment of people with various mental disorders.

A DSM IV-TR diagnosis of a mental disorder is not required for special education eligibility under IDEA; therefore, eligibility for special education under ED should not be contingent on meeting such diagnostic criteria. In addition, 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. The student exhibits 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 personal or school life. Examples of these characteristics include but are not limited to:

- 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 parents.

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

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

Note: Culturally sanctioned responses are particular symptoms and social responses influenced by cultural factors and often demonstrated within specific cultural settings or environments.

Qualifying Conditions or Limiting Criteria

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

As a necessary condition to determining special education eligibility for a student with an emotional disability, the PPT must determine that educational performance is adversely affected as a result of dysfunctional school-related behaviors and/or affective reactions. Evidence must exist that supports a relationship between the student's school-related behaviors and/or affective relations and decreased educational performance. While adverse effect on educational performance may imply a marked difference between the student's academic performance and reasonable (not optimal) expectations of performance, the definition of education performance cannot be limited to academics. This position is clarified by the Office of Special Education Programs (OSEP) in a March 8, 2007, *Letter to Clark*, 48 IDELR 77 where "educational performance" as used in the IDEA and its implementing regulations is defined as not limited to academic performance. Furthermore, based upon the IDEA definitions of a child with a disability in 34 C.F.R. Section 300.8(a)(1) and specifically the definition of a child with an emotional disturbance, along with the definition of special education found in 34 C.F.R. Section 300.39, it is clear that special education and specialized instruction encompass more than only academic instruction. Adverse effect on educational performance cannot, therefore, be based solely on discrepancies in age or grade level performance in academic subject areas. Rather, when determining if a student's emotional disturbance has an adverse effect on educational performance, PPTs must consider all aspects of the child's functioning at school, including academic, social/emotional, cognitive, communication, vocational and independent living skills. An adverse effect can be manifested through behavioral difficulties at school; impaired or inappropriate social relations; impaired work skills, such as being disorganized, tardy; having trouble getting to school on time; and difficulty with following the rules.

Indicators of educational performance can include present and past grades, report cards and reports of progress (social emotional and/or academic), achievement test scores and measures of ongoing classroom performance such as **curriculum-based** assessment (formative and summative assessments),

work samples and data relative to responses to tiered and targeted interventions. The appropriateness of the school district's educational goals, as reflected in the curriculum and in the formal grading reports, should also be considered. Various types of standards must be applied when making judgments about student progress to determine what constitutes adverse effect on educational performance. The student's overall performance should demonstrate a marked difference between actual and expected school performance. While determining a student's cognitive abilities and level of academic achievement may be useful, the focus should be placed on the student's overall performance in school and his or her response to interventions as illustrated in the data resulting from progress monitoring activities. 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. In this case, the student's resulting failure in subject matter courses can be considered an adverse effect. However, it must also be noted, that 34 C.F.R. Section 300.101(c) states that a free and appropriate public education (FAPE), must be available to any child with a disability who needs special education and related services, even if the child has not failed or been retained in a course or grade and is advancing from grade to grade. Therefore, as is the case for any student with a disability, the determination of whether a student's emotional status "adversely affects educational performance" must be made on a case by case basis and is dependent on the unique needs of the particular child (March 8, 2007, *Letter to Clark*, 48 IDELR 77).

The documentation of adversely affected educational performance must also substantiate that the educational deficiencies persist over time in spite of specific alternative strategies that have been provided within the general education setting. The PPT should have evidence that tiered interventions, such as positive behavioral supports, home/school collaboration, attendance/counseling/academic supports, behavioral and emotional supports, contracts and/or established behavior interventions and approaches, have been implemented with fidelity. (See section 6, *Empirically Supported Prevention and Intervention Strategies*, for suggested tiered interventions.) Evidence of these efforts and their impact should be considered by the PPT in determining adverse educational performance.

Special Considerations

A Note Regarding Serious Psychiatric Disorders: Schizophrenia

The reference to schizophrenia is included in the federal definition of ED for the purpose of illustrating one example of a psychiatric (medical) diagnosis of a serious emotional disorder. The DSM IV-TR provides diagnostic criteria ordinarily used by a psychiatrist or other mental health professionals. Such a psychiatric disorder is considered supportive having one of the defining characteristics of ED. However, a student

diagnosed with schizophrenia or a comparable serious psychiatric disorder is eligible for special education and related services under Connecticut law and IDEA *only* if the ED definition criteria are met.

When the PPT has a physician's diagnosis of schizophrenia or a comparable serious emotional disorder, the PPT may conduct additional assessments and evaluations and answer the following two questions:

1. Is the student's educational performance adversely affected?
2. 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 ED specifies that students who are socially maladjusted do not qualify for special education unless they are also 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 emotional disturbance. In these cases, the qualifying conditions or limiting criteria for ED (long period of time, marked degree and adverse effect on educational performance) must be rigorously applied to prevent the misidentification of students.

There is much debate over the existence of discrete categories for social maladjustment and emotional disturbance and research continues to support great overlap in the characteristics associated with both. Therefore, strategies that incorporate best practice regarding the assessment of students' social and emotional functioning will be crucial in defining those categories as distinguished in IDEA, when making appropriate eligibility decisions. The literature provides some guidance in defining characteristics of social maladjustment versus emotional disturbance as presented within the IDEA. The preponderance of the research though fails to provide empirical or technical evidence differentiating the two as distinct categories and contributes to the need for thoughtful reflection when determining eligibility. A child who demonstrates social maladjustment characteristics solely, should not be identified as ED. However, a child with social maladjustment characteristics should not be precluded from being identified as ED if that child meets the ED criteria as well.

Best practice suggests that PPTs focus on criteria provided in IDEA when assessing for the characteristics of ED. If the child exhibits one or more of the five characteristics outlined in the definition of ED, plus all three qualifying conditions, then the student can be considered to have an emotional disturbance (assuming other possible explanations have been considered). "Once ED criteria are met any evidence of social maladjustment is irrelevant for purposes of determining eligibility for special education" (McConaughy and Ritter, 2008). However, information and data related to the child's behavioral

characteristics and any indication of social maladjustment needs to inform the development of an appropriate IEP.

A Note Regarding the Identification of Students with a Prior Hospitalization

In December 1984, the CSDE 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 the PPT as students with ED and eligible for special education by virtue of their hospitalization. Some students who have received a Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) diagnosis, in fact, may not meet eligibility criteria for special education.

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. When provided, results of evaluations conducted by a psychiatric hospital must be considered and may be accepted by the PPT; however, the PPT 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 ED 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 PPT should regard this as a referral for an eligibility determination and a decision must be made by the PPT 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 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 PPT 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 FAPE and reasonable accommodations along with a plan for the delivery of services.

A Note on Section 504

Section 504 of the Rehabilitation Act or "504" is a civil rights law that provides protections to individuals with disabilities from discrimination. The purpose of Section 504 of the Rehabilitation Act is "to empower individuals with disabilities to maximize employment, economic self-sufficiency, independence and inclusion and integration into society" (29 United States Code [U.S.C.] Chapter 16 Section 701 [b] [1]). Section 504 of the Rehabilitation Act entitles a child to a FAPE. A FAPE is defined as "the provision of regular or special education and related aids and services that 'are designed to meet individual educational needs of persons with disabilities as adequately as the needs of persons without disabilities are met'" (34 C.F.R. Section 104.33[b] [1]). Provision of FAPE may require that a student with a disability receive specialized instruction and related services under the protection of the IDEA, which provides an IEP and additional procedural safeguards, while also protecting that student from discrimination. For a child to meet eligibility for special education and related services under the IDEA, the child's disability must adversely affect educational performance. If this qualifying condition is not met, the child will not be eligible for special education and related services under the IDEA but may be eligible for protections under Section 504 of the Rehabilitation Act. Eligibility under 504 requires that a child have a physical or mental impairment that substantially limits at least one major life activity, which includes walking, seeing, hearing, speaking, breathing, learning, reading, writing, performing math calculations, working, caring for oneself and performing manual tasks. The defining criterion is that the student has an "impairment" that substantially limits 'one or more' major life activities."

A student found eligible under 504 may receive accommodations and modifications to the general education setting or program that are not otherwise available to children who are not disabled. The school district may develop a 504 Plan that describes the appropriate accommodations and/or modification, which

are necessary to provide the student with a disability a FAPE. Best practice indicates that school districts document necessary accommodations and modifications in a written 504 Plan. Parents are encouraged to request a written 504 Plan that outlines the appropriate accommodations and modifications.

Qualification for protection under Section 504 allows a student with a documented disability to obtain necessary accommodations and/or services in a postsecondary education, employment or adult service setting and can facilitate a smooth transition. ED is an educational disability category defined in the IDEA and is not a medical or mental health diagnosis. A student eligible for special education under the IDEA due to an ED does not qualify under 504, based solely on this special education eligibility determination, in a post high school setting. Eligibility under 504 requires documentation of a physical or mental impairment that substantially limits one or more major life activities. In discussing the transition needs of a student with an emotional/psychological disability, the PPT may wish to pursue documentation of a substantial impairment, on a case-by-case basis, by obtaining an appropriate medical/mental health diagnosis in order to identify the accommodations and services a student might need under Section 504 while in a post-high school setting. In many postsecondary settings, 504 accommodations for students with an emotional/psychological disability are determined and implemented following a complete diagnostic evaluation by a licensed medical or mental health professional, such as a psychiatrist, neurologist and psychologist. The diagnostic report should include a complete diagnosis and should identify the learning areas impaired by the disability.

A Note on Cultural Considerations in the Identification of Students with Emotional Disturbance

The disproportionate representation of culturally and linguistically diverse students in special education has been a concern for over three decades (Artiles, Trent, and Palmer, 2004; Donovan and Cross, 2002; Dunn, 1968; National Education Association, 2007). These inequities can be found at every level of service delivery as evidenced by academic achievement gaps, disparities in suspension and expulsion, as well as disproportionate identification in special education. The impact of racial and economic inequity is of particular concern with regard to the misidentification of students with ED and the programs/services offered to these students.

Disproportionality in special education has been described as "the extent to which membership in a given group affects the probability of being placed in a specific special education disability category" (Oswald and Coutinho, 2001). Disproportionality may manifest as both overrepresentation and underrepresentation of certain groups within a specific category. In Connecticut, a relative index or risk ratio is used to represent possible overrepresentation of students. The risk ratio has been defined by Gamm (2010) as, "How many more times one racial/ethnic group is more/less likely to be found eligible for services than

others." A risk ratio of 1 represents perfect proportionality. Generally, a risk ratio that is between 0.50 and 1.5 is considered to be proportionate. Those that are less than 0.25 or higher than 2 are problematic (Gamm, 2010).

IDEA legislation requires states to collect and examine data on significant disproportionality for purposes of the identification of students in specific disability categories, as well as the education placement decisions made on their behalf based on race and ethnicity, at the state and district level. Additionally, both the states and local school districts must address the disproportionate representation of racial/ethnic groups in special education (IDEA 2004). Excerpts from findings in the IDEA 2004's statute note that greater efforts are needed to prevent the problems connected with misidentifying "minority" children and limited English proficient children as having a disability.

Nationally, the overrepresentation of African American students receiving special education has been a consistent concern for nearly four decades (Gamm, 2010). African American students are at a particular risk for disproportionate representation in the ED category and are identified as having mental retardation and ED at rates greater than their white counterparts (Gamm, 2010). Nationwide, African American and Native American children are 1.92 and 2 times (respectively) more likely to be labeled ED than white children (National Research Council, 2002). The U.S. Department of Education (2000) reports that, although African American children account for 14.8 percent of the school age population, they account for 26 percent of all the students classified as ED. In addition, more students of color continue to receive services in special education than would be expected based on the percentage of students of color in the general school population. Studies have found that schools with predominantly white students and teachers have disproportionately identified high numbers of students of color in need of special education services. The implication of overrepresentation of students of color in the ED category is directly related to the overrepresentation of African Americans and Latinos in the judicial system at both the juvenile and adult correctional levels. African American adolescents with a mental health concern are referred to the juvenile justice system more than white adolescents (Cauce, 2002). Of particular concern is that race seems to play a role in the determination of whether an individual is referred for intervention versus disciplinary action for exhibiting similar difficult behaviors.

Similar levels of risk have been found in Connecticut. According to 2009-10 state level data, African American children have a relative risk index of 1.8 for serious ED (SED) (CTSD, 2010). Interestingly, there is some variability at the district level with a few districts reporting overrepresentation of white students for this category. However, there is some suggestion that overidentification for white students may not have the same negative impact as it does for students of color (Cauce, 2002). An additional concern is the underrepresentation of some groups. According to CSDE's 2009-10 data on disproportionality, Asian students are four times (relative risk index, -4.00) less likely to be identified as a student with an emotional disturbance. There is a tendency to focus on externalizing behaviors rather than internalizing behavior, which may influence the over-representation of African American students and males as well as the

underrepresentation of Asian Americans and females in this category. Given both the overrepresentation of some student groups identified as ED and the disparity in the outcomes for students, eligibility due to ED should be used with caution. The identification of students with ED is particularly problematic and lends itself to racial and other biases given both the ambiguity of the federal definition and the subjectivity of the assessment process. Critical features of identification may be further influenced by the impact of the teacher-student relationship, for example, who is referred and what behavior is considered most problematic. In her ethnographic study-examining role of race, class and family, Lareau (2003) documents the potential chasm between the cultural and behavioral expectations of American teachers and their students of color. Cultural incongruence between teachers and their students may result in inappropriate referrals and should be carefully examined.

A Note on Linguistic Considerations in the Identification of Students with Emotional Disturbance

Data supports the fact that linguistically diverse students (i.e., ELLs) are often overrepresented in special education programs. For certain subgroups of culturally and linguistically diverse populations, overrepresentation is present at higher rates in specific categories such as intellectually disabled or emotionally disturbed (NEA, 2008).

The IDEA requires that in conducting any evaluation (initial or reevaluation), the local education agency (LEA) must ensure that evaluation materials are selected and administered to not be discriminatory or racially or culturally biased. Evaluations must be administered in the student's native language or other mode of communication in a form most likely to yield accurate information related to what the child knows and can do academically, developmentally and functionally (34 C.F.R. Section 300.304 [c] [i] [ii]). Additionally it is necessary that those administering assessments are trained and knowledgeable (34 C.F.R. Section 300.34 [c] [iv]). The IDEA also states that upon completion of evaluation, a child must not be determined to have a disability, if, among other qualifiers, the determinant factor is limited English proficiency (34 C.F.R. Section 300.306 [b] [ii]). It is essential therefore that when the PPT determines that a linguistically diverse student is at risk for an emotional disability and is considering eligibility for special education, that assessments are conducted in the student's dominant spoken language or alternative communication system. Information yielded from assessments must be considered in the context of the student's social/cultural background as well as the setting in which he or she is functioning. It is important to recognize and minimize bias when interpreters are used and to be cognizant that translated test items can change the difficulty level of the item.

When determining eligibility for special education under the category of ED, it is also critical that the PPT consider linguistic differences and cultural influences in the analysis and interpretation of student behavior.

This is especially true in the case of young ELLs who may demonstrate school behaviors such as playing in isolation, not speaking in either language, having trouble with following directions, expressing ideas and feelings, responding to questions consistently and experiencing crying and tantrum behaviors. Such behaviors may be misinterpreted or mislabeled as emotional or behavioral problems when in fact such behaviors are common to the typical developmental stages related to acquiring a new language. It is therefore critical that PPT members and decision makers have an understanding of the acquisition of a new language and that the information considered by the team is gathered from a variety of sources. This ensures accurate information about the linguistically diverse student's cultural and family background, knowledge and developmental, functional and academic levels. Such an understanding of the individual student will enable teams to distinguish between behaviors associated with second language acquisition and those that might be indicative of an emotional or behavioral disability (Santos. R.M. and Ostrosky, M.M.).

Section 3

Assessment and Eligibility

Best Practices for Assessment



Best practices for assessment is a process of obtaining information about students so that teachers, other school professionals and parents can make informed decisions about students' education. A comprehensive and valued assessment is key to ensuring a student's access to appropriate educational opportunities. With respect to the PPT 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 using various sources of information as appropriate such as observations, evaluation measures, ratings scales and normative data (i.e., age, gender, ethnicity and language). Additionally, the measures employed must be considered valid and reliable for the group to which the measures are administered. Valid assessment practices include the following assumptions:

- activities involving the documentation of prior interventions, which may have been employed and documented within a SRBI framework;
- persons conducting the assessments are appropriately qualified;
- tests are used with students to whom the measures are normed; and,
- 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 include the documentation of alternative interventions employed prior to the initiation of the PPT process and those that may have been initiated within a SRBI framework. The PPT should design a comprehensive assessment that adheres to the following criteria:

- use reliable and valued methods that are specific to 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);

- use multiple sources of information, such as but not limited to clinical or structured interviews, systematic observations, behavior checklists and rating scales, self-reports, work samples and standardized assessment instruments;
- ensure that the application of assessment practices is nondiscriminatory (see [A Note on Cultural Considerations in the Identification of Students with Emotional Disturbance](#));
- include information concerning the student's family and developmental history, health, cultural norms and expectations, and social and emotional functioning in the home and community;
- gather evidence concerning educational/classroom performance;
- obtain information about student abilities and performance in the areas of cognitive/academic, communication, social/emotional, personal/adaptive and perceptual/motor functioning;
- analyze factors underlying the student's behavior or emotional responses by identifying the target behavior, the function or purpose of the behavior and the factors maintaining the behavior; and
- document student's responses to interventions.

Information and involvement from parents/family is essential in designing a comprehensive assessment. Input from parents ensure that the appropriate information is collected, documented, used in determining eligibility and included when the PPT determines that an IEP will be developed. When the PPT engages in designing an initial evaluation or reevaluation to determine eligibility for special education, the IDEA 2004 requires that school personnel collect and consider parental input (34 C.F.R. Sections 300.304[b][1], 300.305[a][1][i] and 300.305[a][2], and 300.306[c][1][i]). Information related to the student's developmental history; medical and health history; family dynamics (including recent situational trauma); strengths and weaknesses; prior educational opportunities; cultural and linguistic background; and functional abilities outside of the school setting is essential to completing a comprehensive evaluation and is best provided by the parent, guardian and/or other family member.

Checklist for Comprehensive Evaluation

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

- Emotional/Behavioral**
 - __ Documentation of tiered interventions and the student's response to those interventions
 - __ Direct assessment of student
 - Clinical interview with student
 - Play-based assessment (as with preschool children)
 - Social Emotional assessments (e.g., sentence completion, drawings and projective techniques)
 - 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 observable target behavior and its function
 - Documentation of specific behavior incidents (e.g., discipline reports)
- Psychosocial/ Cultural History**
 - Family background
 - Environmental background
 - Social background
 - Cultural background
 - Developmental history
 - Educational history
 - Special services
 - Behavior/Psychosocial functioning
 - File review
 - In-depth, structured interview(s) with parent(s) or guardian(s)
- Intellectual/Developmental**
 - 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
 - In-depth, structured interview(s) with parent(s) or guardian(s)
- Educational progress**
 - Documentation of tiered interventions and the student's response to those interventions
 - Curriculum-based measures
 - Objective data on classroom performance (e.g., grades on assignments, tests)
 - Standardized achievement testing
 - Work samples/portfolios of student work
- Health Assessment**
 - Past and current health status reports
 - In-depth, structured interview(s) with parent(s) or guardian(s)
- Specialized assessments as recommended by the PPT, including the following:**
 - Medical
 - Psychiatric
 - Psychomotor/Occupational Therapy
 - Speech/Language/Communication
 - In-depth, structured interview(s) with parent(s) or guardian(s)

Assessment for Eligibility

Assessment of a student for evidence of an educational disability due to an emotional disturbance is a comprehensive process that adheres to the integrity of the emotional disturbance (ED) definition.

Assessment of a student with atypical behaviors and emotions is actually a series of decisions that have long-term 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 assessments. The team should also include other student support services staff (i.e., school counselor, school nurse) and other school personnel as appropriate. Parent/family input into a comprehensive assessment ensures that appropriate information related to the student's developmental history, medical and health history, family dynamics, strengths and weaknesses, prior educational opportunities, cultural and linguistic background and functional abilities outside of the school setting is collected, documented and used in determining eligibility.

Best practices suggest that the PPT do the following when considering eligibility:

- evaluate interventions within the general education setting that were attempted (i.e., SRBI tiered interventions) prior to referral, to determine if they are sufficient in scope;
- review referral and screening information;
- consult in the planning of assessment and/or additional intervention;
- conduct screening and/or assessment procedures; and
- link assessment data to intervention planning, implementation and ongoing evaluation.

In considering this information, the PPT has responsibility for three initial steps: (1) determine if the prereferral strategies and interventions 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, C.G.S. Section 10-76d-9 of the further specifies that an evaluation study must include reports of:

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

Additional evaluation procedures are outlined in the IDEA, Section 614(b). These regulations address administration of evaluation measures and the use of other evaluation materials in the child's native language by trained personnel in conformance with the instructions provided by the producers of the

test/materials. A full explanation of these requirements is provided in [section 5](#) To rule out an underlying medical condition as the source of the student's behaviors, it is important for the school health professional to communicate with the student's health care providers and parents. This information will help ensure that the diagnosis and subsequent treatment plans are coordinated and comprehensive. This should be a collaborative effort between the school mental health professional and the school nurse.

Although an emotional disturbance can exist concomitantly with other disabilities such as a specific learning disability, sensory impairment, developmental delay, physical disability, language disability or an autism spectrum disorder, a student should be identified as ED for the purpose of special education only if the emotional disturbance is considered the student's "primary disability." In the event that other disabilities (e.g. autism, multiple disabilities or other health impairment) are suspected, the comprehensive evaluation should investigate and identify those disability areas. If criteria are met in more than one disability category, it is the responsibility of the PPT to determine which disability is "primary;" that is, having principle influence on the student's ability to participate and progress in general education.

The content expected within the comprehensive evaluation study for assessment of ED is outlined on the Checklist for Comprehensive Evaluation and summarized in the Planning and Placement Team Worksheet to Determine Eligibility for Special Education Due to Emotional Disturbance checklist. The checklist represents a way for the PPT to document the eligibility procedures for the condition of emotional disturbance. The worksheet outlines the essential elements in the Connecticut definition of ED that were described previously. This tool is designed to help the PPT document all essential elements for the determination of ED eligibility. If disagreement occurs concerning the final decision, best practice suggests that dissenting opinions be recorded in the IEP under Prior Written Notice and may be noted in the minutes of the PPT meeting.

Planning and Placement Team Worksheet to Determine Eligibility for Special Education Due to an Emotional Disturbance

This summary of assessment findings is to be completed by the Planning and Placement Team (PPT) in accordance with procedures defined in the “ED Definition Criteria” section of the *Guidelines for Identifying and Educating Students with Emotional Disturbance*. Attach this completed form to the assessment records.

1. Alternative Strategies Prior to Referral

Document practices, strategies, supports and interventions implemented at each level as appropriate:

UNIVERSAL: _____

TARGETED: _____

INTENSIVE: _____

Sources of Evidence for the characteristic(s) and limiting criteria :

Have alternative strategies been attempted and found inadequate to address the student’s areas of need? Yes No

2. Characteristics and Limiting Criteria

Limiting Criteria

Characteristic has been exhibited over a long period of time (duration) Yes No

Characteristic has been exhibited to a marked degree (i.e., significantly greater frequency and/or intensity than seen in peer group) Yes No

Characteristic has an adverse effect on educational performance Yes No

Characteristics	Limiting Criteria		
	Long Time	Marked Degree	Adverse Effect on Educational Performance
Check all that apply (student must manifest at least one characteristic)			
a. Inability to learn, which cannot be explained by intellectual, sensory or other health factors			
b. 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			
e. A tendency to develop physical symptoms or fears associated with personal or school problems			

Characteristics

At least one characteristic has been checked. Yes No

All three limiting criteria have been checked for at least one characteristic Yes No

All three limiting criteria must be checked for at least one characteristic in order to qualify for special education eligibility as a student with ED.

Sources of evidence for the characteristic(s) and limiting criteria:

Social Maladjustment and Emotional Disturbance

If the student exhibits social maladjustment, does he or she also demonstrate the condition of emotional disturbance? (Refer to section 2, page 25, “A Note Regarding Students with Social Maladjustment” in the *Guidelines for Identifying and Educating Students with Emotional Disturbance* [2011]) Yes No*

N/A

****If “No,” the student does not meet the requirements for this criterion.***

3. Elimination of Other Possible Causes

Are any of the following considered primary causes of educational and behavioral problems?

- temporary situational stressors Yes No
- intellectual impairment Yes No
- learning disabilities Yes No
- medical problems Yes No
- environmental stressors Yes No

If all other possible causes are checked “No,” the student meets the requirements for this criterion.

4. Social, Cultural and Linguistic Considerations

Has the team considered the following in the analysis and interpretation of data, and determined that each factor does not have a significant influence on the emotional and behavioral functioning of the student?

- social characteristics and influences Yes No
- cultural characteristics and influences Yes No
- linguistic characteristics and influences Yes No

“Yes” must be checked for each to indicate that the above factors do not significantly influence the student’s behavior or emotional status.

Sources of Evidence:

Conclusion

Does the PPT conclude that the student meets the criteria for having an emotional disturbance as defined in Connecticut statutes? Yes No

Note: Best practice suggests that dissenting opinions be documented in the IEP, Prior Written Notice and may be indicated in notes or minutes of the PPT meeting..

Assessment for Individualized Education Program (IEP) 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 IEP for all special education students—particularly for the student with an emotional disturbance whose behavior tends to evoke high levels of anxiety—it is required that goals, objectives and program characteristics be developed *before* specific program and education setting decisions are made. The PPT must guard against the pressure to move the student abruptly from his or her current education setting to a more restrictive setting to address a referral crisis. The team must develop goals and objectives, determine appropriate supports and services and agree on the service providers prior to addressing placement in the least restrictive educational setting.

- **Present Levels of Performance**

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 current levels of performance, needs and strengths and the student's characteristic pattern of response to environmental and internal influences. Assessment for emotional disturbance will include not only information about the student's aptitude and academic achievement levels, but also information regarding (1) cultural, social and personal competence needed to maximize independence and (2) when appropriate, the student's language and communication competence and 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.

- **Developing Goals and Objectives**

IEP development requires that goals and objectives be written based on the student's profile and current level of performance and that the goals and objectives reflect the appropriate specialized instruction. The definition of special education found in 34 CFR Section 300.39, clarifies that special education and specialized instruction encompass more than only academic instruction. PPTs must consider all aspects of the child's functioning at school, including social/emotional, cognitive, communication, vocational and independent living skills and not limit the development of goals and objectives to academic areas. Goals and objectives in the affective domain must always be considered for the student identified with an 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, when determining specialized instruction.

- **Intervention Strategies and Supports**

Intervention strategies and supports, previously and currently implemented are the next consideration in developing the student's IEP. Discussions about interventions may focus on issues such as how to redirect the student who has difficulty in self-regulation, how much re-teaching is needed or how to provide opportunities for the student to practice positive social skills in the natural environment. Assessment information that relates to effective academic activities (e.g., direct instruction techniques or cooperative learning techniques) and response to classroom characteristics (e.g., climate, classroom rules, reinforcement systems) will assist the PPT in the 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. Universal, targeted or intensive interventions that have been effective in prevention and are available within the SRBI framework should be continued and/or enhanced.

- **Other Identified Supports and Services**

Assessment information about student behavioral issues related to family or community circumstances or stressors will influence the intervention selections. This information and input from parents 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 assessments will yield information about medication routines and can influence effective monitoring of medication.

- **Least Restrictive Environment (LRE) Determination**

Lastly, the PPT determines the LRE or setting in which the goals and objectives, services and interventions will be implemented. By law, schools are required to provide a FAPE in the LRE that is appropriate to the individual student's needs. A student who has a disability identified in IDEA such as ED should have the opportunity to be educated with nondisabled **peers**, to the greatest extent appropriate. Identified students should have access to the general education **curriculum**, **extracurricular** activities or any other program that nondisabled peers would be able to access. The student should be provided with supplementary aids and services necessary to achieve

educational goals if placed in a setting with nondisabled peers. While 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, placement decisions result from consideration of:

- student's level of current performance in all areas;
- modifications and accommodations in general education instruction;
- need for a BIP that considers safety issues and the teaching of new behaviors;
- necessity for aids and supports allowing identified students to be educated with students without disabilities to the maximum extent appropriate;
- removal from the general education environment only after the use of supplementary aids and services do not achieve satisfactory outcomes;
- where on the continuum of possible placements the student should be educated; and
- applicable laws, regulations and school board policies regarding issues such as academic credit, grading, attendance, discipline or suspension/expulsion.

Change is inevitable with students experiencing ED. Thus, the PPT should develop an IEP that is flexible to respond to these changes without requiring excessive meetings that contribute to undue delay. For example, the PPT might develop specific program modifications to be implemented when the student attains a specified criterion of performance for objectives. The modification can then be initiated without a new PPT meeting unless the modification results in a placement change. In keeping with this "open system" design, feedback from parents/guardians, teachers and other service providers should be considered during IEP development and documented appropriately.

IDEA 2006 requires that all students with disabilities, including students identified as eligible for special education and related services by virtue of an emotional disturbance must be educated to the maximum extent appropriate with children who are not disabled. "Special classes, separate schooling or other removal of children with disabilities from the general education environment occurs only if the nature or severity of the disability is such that education in general classes with the use of supplementary aids and services cannot be achieved satisfactorily" (34 C.F.R. Section 300.114[a][2][ii]). Each child requiring special education services should be educated in the schools that he or she would attend if he or she did not require special education and related services unless the IEP requires another placement. The Regulations of Connecticut State Agencies (R.C.S.A.), the CSDE and the BSE, Section 10-76d-16 (a)(1),(2) require that priority is placed on placements within the district in which the child resides and within another school district or regional school district that is near the child's home. Cooperation among districts is encouraged over placement in a private or state operated facility. The PPT should consider placement within a private facility only when all other possible public placement options have been fully explored. In addition, placement within a facility in another state shall only be considered when a suitable public or private school placement within the state of Connecticut is not available.

Behavioral characteristics are often a part of an emotional disturbance and may affect the provision of the same opportunities to the student with an emotional disturbance to be involved in work- or community-based training or experiences as their typical peers. Opportunities to be with nondisabled peers and adults need to be provided to students with ED so that they develop a repertoire of appropriate behaviors that will generalize into the adult world—postsecondary education or training, employment and community settings. In addition, many students with emotional and/or behavioral issues strive to be just like their peers and when given the opportunity to work or be out in the community they will often rise to the occasion and their behaviors will improve. While students with more severe emotional or behavioral issues should be prepared for supported education or employment settings that will provide disability specific supports and services, it is essential to the provision of effective programming and services that the PPT discuss and consider all available opportunities as they engage in transition planning for students with ED.

The steps outlined above form the basis of using assessment information and parental/student input to develop an IEP that is implemented within the least restrictive environment and should also guide the student's annual review process, transition planning or other reviews, including the redetermination of the appropriateness of a placement in a more restrictive setting.

The checklist that follows may guide teachers, parents, students and other members of the PPT in using assessment information to build an IEP.

Worksheet for Designing an Individualized Education Program (IEP)

Student's Name: _____ Date: _____
 Person Completing Worksheet: _____ Title: _____

This worksheet can be used by the planning and placement team responsible for designing an IEP for a student with Emotional Disturbance (ED). Not all of the considerations and needs listed here will be applicable to each case. Team members should consider each student as an individual and be willing to develop unique and innovative ways in which to deliver and monitor educational services for students with ED.

1. Present levels of academic and functional performance

- ___ (a) parent concerns
- ___ (b) academic/cognitive
- ___ (c) behavioral/social emotional
- ___ (d) communication/language
- ___ (e) vocational /transition
- ___ (f) health and development
- ___ (g) fine and gross motor
- ___ (h) activities of daily living

2. IEP goals and objectives developed in all relevant areas

- ___ (a) academic/cognitive
- ___ (b) social behavioral
- ___ (c) self-help
- ___ (d) communication
- ___ (e) gross/fine motor
- ___ (f) health
- ___ (g) transition/postsecondary employment
- ___ (h) independent living

3. Accommodation and modifications in general education as required

- ___ (a) materials/books/equipment
- ___ (b) tests/quizzes/assessments
- ___ (c) grading
- ___ (d) organization
- ___ (e) environment
- ___ (f) instructional strategies
- ___ (g) behavior intervention support

4. Program components established

- ___ (a) provisions for least restrictive environment (LRE)
- ___ (b) individual transition services
- ___ (c) school-based counseling/therapy
- ___ (d) consultation services
- ___ (e) behavior intervention plan
- ___ (f) family contact/collaboration
- ___ (g) crisis plan (e.g., suicide, weapons)

- ___ (h) medication administration and monitoring plan
- ___ (i) progress monitoring/data collection plan
- ___ (j) plan for transitioning back to LEA

5. 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) identification of the responsible staff and service implementer(s) for each element of the IEP (e.g., behavior intervention plan, family communication)

Ongoing Assessment of Student Performance/Progress Monitoring

To ensure the appropriate and effective implementation of a student's educational program, a systematic process for monitoring student performance on an ongoing basis should be developed. This process delineates ways in which documentation of all student outcomes written in the IEP can be gathered across all educational settings. This process also guides recommendations for program modifications and changes, monitors timelines and can assist in providing evidence for continued eligibility as a student who requires special education services.

Additionally, ongoing assessment provides for daily or weekly data collection and monitoring of student performance, revealing what does and does not work. Progress monitoring drives instructional modifications and changes in the IEP that enable students to succeed. When team members have knowledge of data describing student performance, they are better informed and able to contribute to meetings in which important decisions are made (team meetings, annual reviews, triennial reviews, etc.) Ongoing assessment and progress monitoring provides a record of student performance over a substantial period of time and enables those involved in annual and triennial reviews to make decisions that are based on a substantive data. In other words, the ongoing recording and reviewing of data informs educators about student performance with respect to the goals, objectives and timelines of the educational program. Ongoing assessment also provides the PPT 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 program, such as teachers, parents, students, related services personnel and community liaisons should contribute to the ongoing monitoring of student progress. Anecdotal notes or logs of meetings and conversations that focus on student progress are also recommended.

Progress monitoring practices/activities should be designed to illustrate the success of interventions and student progress and achievement of IEP goals and objectives. Communication and documentation are essential elements in the process. The systems and processes by which educational professionals monitor and document progress vary and can best be determined by those most closely involved. For example, a group of teachers in an elementary school might schedule informal meetings where the performance of a student can be reviewed and information shared. Others might choose to employ the use of an assignment notebook, chart and/or journal whereby student work can be recorded and monitored by teachers, parents and the student. At the secondary level, regularly scheduled team planning meetings can highlight the needs and progress of specific students. Such practices and activities provide for the collection of data, the analysis of student performance and the recommendation for appropriate modifications and adjustments to interventions and the IEP.

A student's progress towards attaining his goals/objectives, as outlined in the IEP may be measured through a variety of methods such as observation, anecdotal records, permanent product, interviews and

formal and informal test scores. Student outcomes (i.e., academic, social, functional, personal and behavioral) identified in the IEP are considered and progress is reported in accordance with identified timelines.

Throughout the progress monitoring process, educators should provide data to parents/families in a manner that is easily understood; engage families in ongoing communication, which focuses on their view of the student's progress. Families should be viewed as partners and participants in the progress monitoring process. Regular and ongoing assessment of student performance through frequent progress monitoring in all areas of focus will facilitate the provision of successful interventions and appropriate specialized instruction and services.

The checklist and guiding questions that follow may provide direction to 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/Progress Monitoring

The questions below may be used to help educational professionals make decisions about student performance, programs and placement based on progress monitoring:

- Have all persons who will be involved in the monitoring of student performance been identified?
- Is student performance monitored across all appropriate settings and classrooms, including the health room, cafeteria, etc., and grade levels?
- Is documentation available to all members of the monitoring team?
- Are meetings scheduled regularly for members, including parents, to review progress and inform one another?
- Are data available that document academic, social, functional, personal and behavioral performance during the time period specified in the behavior intervention plan (BIP) or the individualized education program (IEP) (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?
- Are data reviewed at regular intervals, shared with parents/family and used to drive decisions regarding changes to the IEP, BIP and the least restrictive environment?
- Is student performance considered in the context of previously determined IEP goals and objectives?
- Do modifications consider all classrooms and educational settings in which the student functions?
- Do modifications and recommendations include timelines for both formative and summative measures?
- Are timelines developed with consideration for IEP review or reevaluation?
- Is the student's continued eligibility for special education services considered as part of the progress monitoring process?

A Note on Functional Behavioral Assessment

PPTs are charged with developing IEPs for students who meet eligibility requirements for special education. To meet the requirements of the IDEA, when necessary, the IEP must address students' unique behavioral needs as well as their learning issues. Teams must explore the need for interventions and supports to address any student's behavior that impedes the learning of the student with a disability as well as the impact of such behavior on the learning of his or her peers. Consistent with the requirements of IDEA, teams must conduct an FBA and implement a BIP that includes positive behavioral strategies and supports.

An FBA is a problem solving process designed to address a student's behavior, when that behavior impedes the learning of the student with a disability as well as the learning of his or her peers. It is intended to guide the PPT in making data-based decisions about how to assist students, by looking beyond the observable behavior and focusing on the function or the "why" of the behavior. While IDEA advises a FBA approach to determine the function, the purpose and or the contributing factors to a student's behaviors, it does not specify techniques or strategies to be used when conducting such an assessment. There are however key elements or steps common to most FBAs:

- Define the behavior in concrete measurable terms.
- Collect data on possible causes (i.e., Is the behavior linked to a skill deficit? Does the behavior occur under specific conditions? Can "triggers" be identified?).
- Analyze the data. Look for stimulus response patterns, predictors, maintaining consequences and possible "function."
- Formulate and test a hypothesis. Can a plausible explanation of the function of the behavior be determined? What are the conditions under which the behavior is most likely to occur? Determine setting, antecedent, behavior and consequence (A-B-C).

As a tool for collecting data, the FBA assists in the investigation of the nature of specific behaviors or patterns of behavior to aid in identifying the student's underlying motivation. A FBA can be recommended by the PPT at any time in response to a concern regarding a student's behavior, as understanding the function behind a student's behavior is extremely helpful in the development or revision of a BIP.

Consent for a Functional Behavior Assessment

The use of an FBA is considered best and preferred practice in understanding behavior within the context in which it is observed and in guiding the development of relevant, effective and efficient positive behavioral interventions. In the case where an FBA is conducted as a best and preferred practice for all challenging behavior and is intended to assess the effectiveness of behavioral interventions in the school as a whole, the parental consent requirements in 34 C.F.R. Section 300.300(a) and (c), generally would not be applicable. Such an FBA would not be focused on the educational and behavioral needs of an

individual child. If an FBA is used, for example, in the context of PBS as a process for understanding problem behaviors within the entire school and to improve overall student behavior in the school, it generally would not be considered an evaluation that would require parental consent, unless such consent is required from the parents of all children in the school prior to conducting such an evaluation (34 C.F.R. Section 300.300[d][1][ii]).

If however, a FBA is used to evaluate an individual child, in accordance with 34 C.F.R. Section 300.304–300.311, to assist in determining whether the child is a child with a disability and the nature and extent of special education and related services that the child needs, it is considered an evaluation under Part B. The regulation at 34 C.F.R. Section 300.15 parental consent consistent with 34 C.F.R. Section 300.300 (a) and (b) is applicable for a FBA conducted as an individual evaluation or reevaluation.

In *Letter to Christiansen*, 48 Individuals with Disabilities Education Law Reporter (IDELR) 161 (OSEP 2007), then-OSPE director, Alexa Posny attempted to clarify the issue, differentiating between universal and individualized FBAs: "If an FBA is used to improve overall student behavior within the school," she wrote, "it generally would not be considered an evaluation that would require parental consent, unless such consent is required from the parents of all children in the school prior to conducting such an evaluation." However, if an FBA is conducted to determine if a child has a qualifying disability or to figure out the extent of special education and related services the child requires, the FBA would qualify as an evaluation or reevaluation under the IDEA Part B and necessitate parental consent. When initiating an FBA, school teams are encouraged to review the factors under consideration before conducting an FBA to ensure you seek parental consent under the right circumstances.

In addition, the provisions under the IDEA, 34 C.F.R. Sections 300.521-300.5299(e), discipline procedures, require that when any change in the placement of a child with a disability takes place because of a violation of the code of student conduct, a determination must be made as to whether or not the behavior was a manifestation of that disability. If the team determines that the student's misconduct is a **manifestation** of his or her disability, the PPT must conduct an **FBA** and develop a BIP or, if in place prior to the infraction, the PPT must review the current BIP and modify as necessary. A FBA conducted in this situation also triggers the IDEA procedural safeguards that apply to evaluations (see **Note on Manifestation Determination**).

The use of an FBA should not be reserved solely for behavioral incidents that may result in disciplinary actions. Rather, this problem solving assessment should be utilized whenever a student displays behavior, which interferes with his/her learning or the learning of others.

A **sample FBA** is presented in section 5, Tools to Assist Planning and Placement Teams, and may be used by PPTs as a model in developing an individualized FBA.

A Note on Behavior Intervention Plans

The IDEA indicates that a BIP, based on an FBA, should be considered when developing an IEP if the student's behavior is interfering with his or her learning or the learning of others. A BIP should be reviewed at least annually and as often as necessary whenever any team member feels it is warranted.

The data collected during a FBA can be used to develop the intervention plan that should include the following key elements:

- positive supports and strategies;
- curriculum or program modifications;
- supplementary aids and supports;
- emphasis on skill development vs. controlling behavior;
- timelines for implementation and reassessment; specific information related to the change in behavior necessary in order to meet the goal or expectation;
- evaluation of consistency in implementation; and
- evaluation of changes in target behavior.

A sample BIP is presented in section 5 to be used as a model from which PPTs can base the development of an individualized BIP using the information and data gathered from the FBA.

Section 4

Key Elements for Effective Individualized Program Supports and Services

Overview



Carefully designed school programs, IEPs and related services can help students with ED meet society's expectations for academic achievement, social development and productive citizenship. The following section reflects the elements essential in providing effective school program supports and services to address the needs of students whose emotional disturbance is considered chronic, pervasive and severe and adversely impacts his or her

educational performance. These elements represent recommended practices for educating students with ED. A primary benefit that can be derived from use of this resource is the review of program elements, which are key in developing effective practices, interventions and program supports for students identified with an emotional disturbance who qualify for special education services.

Several themes pervade these key elements. The goals for students with ED should be to (1) foster students' self-esteem by nurturing appropriate behavior and positive interpersonal relationships, (2) help students achieve academic success and (3) prepare students for transition to the work force or postsecondary education. These essentials are geared toward helping students reach their goals, apply to students with emotional needs and are applicable to youngsters of diverse racial, ethnic and/or socioeconomic status. Mental health responsibilities are described using a continuum of services, in which some services are community based and others are school based. Additional responsibilities include ensuring that student input is considered regarding the decisions concerning their programs.

Application of these key elements will not immediately alleviate the challenges facing ED students. Rather, attention to and implementation of these fundamentals will assist in renewing a commitment to develop appropriate program supports and services, recognizing that diligence and tenacity is essential to effect change in student performance.

The key elements are organized by major areas that are the salient characteristics available through the provision of quality program supports and services. Each area may have one or more guiding statements, which have been highlighted for emphasis. Evidence points describe sample activities that demonstrate the guiding principle.

The guidance provided in this section should not be viewed in isolation, nor should one key element be seen as more important than another. Rather, the program elements highlighted are intended to be used collectively to design and implement comprehensive services for students with ED. The evidence points represent examples of criteria, which may be used for documenting implementation. They are not exhaustive but are representative of ways to fulfill the intentions outlined in the guideline document.

Key Elements of Effective Programs and Services for Students with Emotional Disturbance

1. 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.

The school district addresses the creation of culturally responsive education systems by developing educational settings that foster a positive school climate, prevention, predictability, safety and responsiveness to all students and staff.

Evidence:

- The district/school examines on a regular basis, the decision-making systems in place for any intended biases that may affect universal or core practices. The role of culture is integral to such decisions.
- The district/school uses appropriate and nonbiased assessment measures in a culturally responsive manner.
- Concerns regarding student behavior are addressed at the school, family and community level.
- Teachers, administrators and other decision makers possess relevant cultural knowledge and an understanding of how a family's beliefs, child rearing practices, values and customs influence student behavior.
- Professional development activities are available and provide opportunities for staff to reflect on personal biases that may affect their responsiveness to the influences of cultural factors on student behavior.
- Professional development activities focus on the assessment and implementation of culturally responsive practices in the district.

2. Identification

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

Evidence:

- The student's records document research and/or evidence-based tiered interventions within the general education setting, which were attempted prior to referral to special education.
- A comprehensive evaluation for students referred for special education eligibility reflects full and equitable participation of parent, families and guardians. All information is communicated to families in their native language. Throughout the process, the district/school ensures that families from various cultural backgrounds understand their rights and the procedural safeguards afforded to them.
- In accordance with the ED, 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 (1999).
- A multidisciplinary team including the parents, as well as a school psychologist and/or other mental health professionals, participates in the comprehensive evaluation process to determine a student's eligibility for special education services.
- Prior written notice statements, recommendations, evaluation reports and specialized instruction determined by the PPT, and delineated in an IEP, provide documentation of a student's eligibility for special education services due to ED.

3. Curriculum

The curriculum provides for a planned, coordinated and balanced program of study that is based on the district's curriculum, aligned with the Common Core State Standards (CCSS) and 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 based on the CCSS 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 ED have met the credit requirements for graduation as mandated in C.G.S. Section 10-221a.
- Students' IEPs show mastery of objectives related to specific subject areas.
- Student transcripts list earned credits.
- Students' Connecticut Mastery Test (CMT) and Connecticut Academic Performance Test (CAPT) scores indicate the level of mastery achieved in the areas of basic skills.
- A student handbook shows the sequence of courses, which supports CCSS.

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, as appropriate.
- The program details a plan for applying social skills within the context of the student's entire school day.
- A staff development plan exists that addresses the teaching of a social skills curriculum.
- Evidence is available and data 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 that is based on a comprehensive evaluation of students' aptitudes and interests and is appropriate for the chronological age of the student.

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, interpersonal skills, college-level study skills, resume and job application preparation, etc.
- Procedures are present for collaboration with state and 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, abilities, interests and preferences.
- Opportunities exist for enrollment in a variety of vocational courses and in work experiences.
- Every IEP that is written for a student who will turn 16 during the course of the school year includes transition planning (e.g. Post-School Outcome Goal Statements (PSOGS), annual goals, related objectives and transition services).
- PSOGS are based on age-appropriate transition assessments and are related to postsecondary education or training and employment, and if appropriate, independent living skills.

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

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

Evidence:

The students' IEPs reflect specific objectives in the area of independent living skills if deemed appropriate by the team. Objectives address areas including, but not limited to:

- sexuality;
- home organization, maintenance and safety
- health care;
- mobility and travel
- clothing care;
- financial planning
- meal planning and preparation;
- parenting skills; and
- substance abuse prevention;
- self-advocacy.

The curriculum includes courses (health, foods, values clarification, etc.) available to students at all grade levels.

b. Community Participation – A planned, sequential set of activities and courses developed by school, family and appropriate state/community agencies; and promotes movement toward full inclusion and participation in adult life in the community.

Evidence:

- The students' IEPs identify objectives in the area of community participation or service learning, beginning no later than the first IEP to be in effect when a student turns 16 (or younger as appropriate to the needs of the student).
- The students' IEPs specify activities, courses and skills to achieve intended objectives in the area of community participation, including:
 - independent access to state and community resources and agencies;
 - recreation/leisure activities;
 - self-advocacy/self-determination skills; and
 - transportation.
- Documentation on the IEPs indicates that skills training take place in a variety of settings, which may be work-, school- or community-based and include opportunities that are available to all students.

4. Promoting Positive Student Behavior

Teachers and support staff members promote appropriate student behavior and facilitate the social skills of all students.

Positive behavior supports, 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:

- Alternative strategies have been attempted to address student behavior. Practices, strategies, supports and targeted interventions are implemented at each tier of intervention (core, targeted, and intensive) and have been documented.
- Student schedules include opportunities for instruction, physical exercise and extracurricular activities that can promote positive student behavior.
- Students' IEPs include objectives for social skills and a plan for applying the skills in a variety of situations during the school day.

- Notes or 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 and evidence-based interventions developed through a functional assessment of behavior exist to develop further positive student behavior and personal responsibility.

Evidence:

- An intervention system (e.g., level systems, token economy system, contract system, etc.) is in place, which addresses student behavior.
- The intervention system provides students with consistent responses to behaviors. Documentation is in place that describes student behavior over an extended period of time (e.g., individual behavior plans, charts, graphs, teacher anecdotal records, etc.) and data is periodically reviewed to evaluate the effectiveness of interventions.
- The intervention system uses task-oriented individual and group counseling interventions.
- An intervention system that complies with federal and state laws and regulations governing the emergency use of restrictive procedures (restraint and seclusion) is in place. Documentation is available supporting compliance with the requirements that staff be appropriately trained in the emergency use of restraint and seclusion and that appropriate parental notification regarding incidents of emergency restraint and seclusion takes place according to federal and state laws and regulations (see [section 5](#)).

5. 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 and linguistic differences. Flexibility in scheduling parent contacts is a necessity.

Evidence:

- 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 state and community resources, including support groups, is available to parents of students with ED.
- 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.
- Information related to the local systems of care is shared with families in order to enhance community services to children and families with behavioral health needs.
- IEP includes supports necessary for the parents/family, which can include counseling and training. Parents are provided information and training about child development, understanding the special needs of their child and help in acquiring the necessary skills that will allow them to support the implementation of their child's IEP.

6. 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 and health services. These services have a clear link to the home and community through collaborative efforts among the classroom teacher, support service providers and parents.

Evidence:

- Students' IEPs reflect the provision of support services as determined appropriate by the PPT with specific objectives for each service.
- The IEP reflects input of the related service personnel as appropriate.
- A resource guide listing community supports is available.
- Schedules for program personnel show opportunities for communication with each other, outside service providers and parents.
- The ratio of related service staff members to students ensures the effective delivery of required supports.
- When appropriate and as directed by the IEP, clinical consultation for staff members is available to facilitate the provision of effective services.
- The IEP reflects supports and training needed by school personnel to implement the IEP.

7. Interagency Collaboration

Collaboration among school, home and private/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 available in schools for student case reviews and direct services to students as appropriate.
- The local systems of care are incorporated in the continuum of services for children with significant mental health issues.
- Community services for children and their families are enhanced through collaboration with local systems of care.

In cases where the student with ED is receiving an education program in a separate facility or out-of-district placement, the separate facility maintains policies and procedures that support the transition to the general education community through a planned program of gradual reentry.

Evidence:

- 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, including children without disabilities to the extent appropriate for the student with disabilities.
- Prior to transitioning from an out-of-district placement, a reentry plan is specified in the student's IEP.

Best practice dictates that the LEA who places a student in a private facility, review the appropriateness of that placement annually and minimally redetermine a justification for such placement after a two to three year period.

8. Professional Development

Professional development for all school administrators, teachers and other school staff is based on the stated mission of the school district, state/federal law and the recommendations of the students' IEPs for the instructional and support staff members who assist students with ED as well as their parents.

Evidence:

- Needs assessments include recommendations from evaluation of programs and services.
- Sign-in sheets for professional development activities document attendance by parents, community agency personnel and school staff (including cafeteria workers, bus drivers, etc. as appropriate).

- Professional development activities include, but are not restricted to, topics such as:
 - positive behavior support;
 - scientific research-based interventions (SRBI);
 - understanding specific disorders (e.g. post-traumatic stress disorder [PTSD] anxiety, bipolar, etc.)
 - training in the use of seclusion as a behavior intervention in the BIP and the IEP.
 - training in the emergency use and recording/reporting of restraint and seclusion;
 - application of social skills and problem-solving strategies to daily situations;
 - child-centered support models;
 - culturally responsive pedagogy;
 - diverse counseling strategies;
 - effective differentiated instruction; and
 - conducting FBAs and developing BIPs

9. Facilities and Resources

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

Evidence:

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

- Data reflects individualized determination of student program and placement in general education activities and environments.

10. Program Supports and Services Evaluation

A systematic evaluation process documents outcomes in all curriculum areas and examines individualization of support services.

The development of the process to evaluate program supports and services 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.
- Evaluation components reflect all curriculum areas.

The program supports and services evaluation plan should be aligned with the IEP, student success plan (SSP) and/or based on student performance data.

Evidence:

- Students' records contain education achievement measures 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 goals and objectives.
- IEP is designed to ensure the provision of education benefit.

The evaluation plan should include a follow-up process that will document performance of high school graduates within two years after leaving school regarding success in postsecondary education, employment, independent living and community participation.

Evidence:

- 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 supplementary aides and services and changes in curriculum.

The evaluation report analyzes data, offers subsequent recommendations for improvement of services and supports for students with ED.

Evidence:

- A written report summarizes data and offers lessons learned, recommendations for program supports and services, recommendations for modification and highlights effective practices.
- A timeline outlines when expected programmatic changes are to be in place.
- Staff members' professional goals reflect attention to specific recommendations outlined in the evaluation report.

Section 5

Tools to Assist Planning and Placement Teams

Section 5 provides tools to assist PPTs in the process of determining eligibility for special education services and the development of appropriate behavior interventions and specialized instruction for students identified as ED. Copies of the current state and federal regulations affecting students with ED are included for reference. The documents that follow include:

Checklist for Conducting a Comprehensive Evaluation

Worksheet for Determining Eligibility for Special Education Due to an Emotional Disturbance

Worksheet for Designing an Individualized Education Program

Checklist for Ongoing Assessment of Student Performance/Program Monitoring

Functional Behavioral Assessment Form Description

Functional Behavioral Assessment Model Form

Behavior Intervention Plan Form Description

Behavior Intervention Plan Model Form

A Note on Manifestation Determination

IDEA Sec 614. Evaluation, Eligibility Determinations, IEPs and Placements

Physical Restraint, Medication and Seclusion of Persons Receiving Care, Education or Supervision in an Institution or Facility

State of Connecticut Regulations: 10-76b-6 to 10-76b-11

IDEA Sec 614. Evaluation, Eligibility Determinations, IEPs and Placements

Incident Report of Seclusion (Sample)

Incident Report of Physical Restraint (Sample)

Checklist for Comprehensive Evaluation

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

- Emotional/Behavioral**
 - __ Documentation of tiered interventions and the student's response to those interventions
 - __ Direct assessment of student
 - Clinical interview with student
 - Play-based assessment (as with preschool children)
 - Social Emotional assessments (e.g., sentence completion, drawings, and projective techniques)
 - 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 observable target behavior and its function
 - Documentation of specific behavior incidents (e.g., discipline reports)
- Psychosocial/ Cultural History**
 - Family background
 - Environmental background
 - Social background
 - Cultural background
 - Developmental history
 - Educational history
 - Special services
 - Behavior/Psychosocial functioning
 - File review
 - In-depth, structured interview(s) with parent(s) or guardian(s)
- Intellectual/Developmental**
 - 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
 - In-depth, structured interview(s) with parent(s) or guardian(s)
- Educational progress**
 - Documentation of tiered interventions and the student's response to those interventions
 - Curriculum-based measures
 - Objective data on classroom performance (e.g., grades on assignments, tests)
 - Standardized achievement testing
 - Work samples/portfolios of student work
- Health Assessment**
 - Past and current health status reports
 - In-depth, structured interview(s) with parent(s) or guardian(s)
- Specialized assessments as recommended by the PPT, including the following:**
 - Medical
 - Psychiatric
 - Psychomotor/Occupational Therapy
 - Speech/Language/Communication
 - In-depth, structured interview(s) with parent(s) or guardian(s)

Planning and Placement Team Worksheet to Determine Eligibility for Special Education Due to an Emotional Disturbance

This summary of assessment findings is to be completed by the Planning and Placement Team (PPT) in accordance with procedures defined in the “ED Definition Criteria” section of the *Guidelines for Identifying and Educating Students with Emotional Disturbance*. Attach this completed form to the assessment records.

1. Alternative Strategies Prior to Referral

Document practices, strategies, supports and interventions implemented at each level as appropriate:

UNIVERSAL: _____

TARGETED: _____

INTENSIVE: _____

Sources of Evidence:

Have alternative strategies been attempted and found inadequate to address the student's areas of need? __ Yes __ No

2. Characteristics and Limiting Criteria

- Characteristic has been exhibited over a long period of time (duration). __ Yes __ No
- Characteristic has been exhibited to a marked degree (i.e., significantly greater frequency and/or intensity than seen in peer group). __ Yes __ No
- Characteristic has an adverse effect on educational performance. __ Yes __ No

Characteristics	Limiting Criteria		
Check all that apply (student must manifest at least one characteristic).	Long Time	Marked Degree	Adverse Effect on Educational Performance
a. Inability to learn which cannot be explained by intellectual, sensory or other health factors.			
b. 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.			
e. A tendency to develop physical symptoms or fears associated with personal or school problems.			

Characteristics:

At least one characteristic has been checked. __ Yes __ No

All three limiting criteria have been checked for at least one characteristic. __ Yes __ No

All three limiting criteria must be checked for at least one characteristic to qualify for special education eligibility as a student with ED.

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

Social Maladjustment and Emotional Disturbance

If the student exhibits social maladjustment, does he or she also demonstrate the condition of emotional disturbance? (Refer to the Section 2, page 25, “A Note Regarding Students with Social Maladjustment” in the *Guidelines for Identifying and Educating Students with Emotional Disturbance* [2011]) Yes No N/A

**If “No,” the student does not meet the requirements for this criterion.*

3. Elimination of Other Possible Causes

Are any of the following considered primary causes of educational and behavioral problems?

- temporary situational stressors Yes No
- intellectual impairment Yes No
- learning disabilities Yes No
- medical problems Yes No
- environmental stressors Yes No

If all other possible causes are checked “No,” the student meets the requirements for this criterion.

4. Social, Cultural and Linguistic Considerations

Has the team considered the following in the analysis and interpretation of data and ruled out each factor as having a significant influence on the emotional and behavioral functioning of the student?

- social characteristics and influences Yes No
- cultural characteristics and influences Yes No
- linguistic characteristics and influences Yes No

“Yes” must be checked for each poof the above to rule out the possibility that other factors the student’s behavior or emotional status.

Sources of Evidence :

Conclusion

Does the PPT conclude that the student meets the criteria for having an emotional disturbance as defined in Connecticut statutes? Yes No

Note: Best practice suggests that dissenting opinions be documented in the IEP, Prior Written Notice, and may be indicated in notes or minutes of the PPT meeting.

Worksheet for Designing an Individualized Education Program (IEP)

Student's Name: _____ Date: _____
 Person Completing Worksheet: _____ Title: _____

This worksheet can be used by the planning and placement team responsible for designing an IEP for a student with emotional disturbance (ED). Not all of the considerations and needs listed here will be applicable to each case. Team members should consider each student as an individual and be willing to develop unique and innovative ways in which to deliver and monitor educational services for students with ED.

1. Present levels of academic and functional performance

- ___ (a) parent concerns
- ___ (b) academic/cognitive
- ___ (c) behavioral/social emotional
- ___ (d) communication/language
- ___ (e) vocational /transition
- ___ (f) health and development
- ___ (g) fine and gross motor
- ___ (h) activities of daily living

2. IEP goals and objectives developed in all relevant areas

- ___ (a) academic/cognitive
- ___ (b) social behavioral
- ___ (c) self-help
- ___ (d) communication
- ___ (e) gross/fine motor
- ___ (f) health
- ___ (g) transition/postsecondary education and employment
- ___ (h) independent living

3. Accommodation and modifications in general education as required

- ___ (a) materials/books/equipment
- ___ (b) tests/quizzes/assessments
- ___ (c) grading
- ___ (d) organization
- ___ (e) environment
- ___ (f) instructional strategies
- ___ (g) behavior intervention support

4. Program components established

- ___ (a) provisions for least restrictive environment
- ___ (b) individual transition services
- ___ (c) school-based counseling/therapy
- ___ (d) consultation services
- ___ (e) behavior intervention plan
- ___ (f) family contact/collaboration
- ___ (g) crisis plan (e.g., suicide, weapons)
- ___ (h) medication administration and monitoring plan
- ___ (i) progress monitoring/data collection plan
- ___ (j) plan for transitioning back to local education agency

5. 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) identification of the responsible staff and service implementer(s) for each element of the IEP (e.g., behavior intervention plan, family communication)

Checklist for Ongoing Assessment of Student Performance/Progress Monitoring

The questions below may be used to help educational professionals make decisions about student performance, programs and placement based on progress monitoring:

- Have all persons who will be involved in the monitoring of student performance been identified?
- Is student performance monitored across all appropriate settings and classrooms, including the health room, cafeteria, etc., and grade levels?
- Is documentation available to all members of the monitoring team?
- Are meetings scheduled regularly for members, including parents, to review progress and inform one another?
- Are data available that document academic, social, functional, personal and behavioral performance during the time period specified in the behavior intervention plan (BIP) or the individualized education program (IEP) (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?
- Are data reviewed at regular intervals, shared with parents/family and used to drive decisions regarding changes to the IEP, BIP and the least restrictive environment?
- Is student performance considered in the context of previously determined IEP goals and objectives?
- Do modifications consider all classrooms and educational settings in which the student functions?
- Do modifications and recommendations include timelines for both formative and summative measures?
- Are timelines developed with consideration for IEP review or reevaluation?
- Is the student's continued eligibility for special education services considered as part of the progress monitoring process?

Functional Behavioral Assessment

A Functional Behavioral Assessment (FBA) is a process of gathering and analyzing data in an effort to determine what function an exhibited behavior may be serving for a child. Typically, the behavior being reviewed is considered to be interfering with the student's learning. A comprehensive FBA process is the foundation on which a behavior intervention plan (BIP) is created.

Though the IDEA advises a functional behavioral analysis approach in determining the "why" behind a student's behavior, it does not give specific guidance on techniques or assessment strategies. However, an examination of the procedures and recording forms for a number of FBA processes yielded ten common elements of most FBAs:

1. **Student's Identifying Information** - includes documentation offering enough information to the reader(s) to identify clearly the student for whom the FBA applies. Consideration should be given to how the FBA may be employed by the practitioner for quick reference while maintaining adequate confidentiality.
2. **Target Behavior** - (clearly defined) includes behavior(s) that are problematic to the student's learning and the PPT has identified to reduce or extinguish. Often includes information regarding the setting in which a behavior occurs as well as frequency, intensity and duration.
3. **Antecedent(s)** - includes preceding events, conditions or perceived causes/'triggers' of the target behavior.
4. **Concurrent Event(s)** - includes events or conditions that existed simultaneously with the execution of the target behavior.
5. **Consequence(s)** - includes resultant events or conditions of the target behavior.
6. **Observation(s)** - includes an accounting of a recent observation of the student in an environment typical for display of the target behavior. Often, the antecedent, behavior, and consequence (ABC) method of recording is used and discussed in the observation.
7. **Interviews** - includes specific questions designed to collect behavioral data from several points of view and in more than one setting. Three types of interviews that are common to FBA's are parent interviews, student interviews, and teacher/administrator interviews.
8. **Student Records** - includes a collection of relevant data from varied sources. Common sources of data collected are records of attendance, discipline, academic performance, prior assessments and health.
9. **Influencing Factors** - includes a review of factors, which have the potential to impact the student's behavior such as physiological factors, environmental factors, psychological / emotional factors, factors related to family, friends, or significant others, factors related to curricula, factors related to instruction and a response to prior events.
10. **Hypothesis/Function of Behavior(s)** - includes a synthesis of data gathered to offer a hypothesis regarding what function the target behavior(s) serves for the student. This is essentially looking at the 'why' or root cause of a behavior.

Other common elements sometimes present but less prevalent in the reviewed FBA's include:

- a. Behavior checklist or rating scale
- b. Information from other agencies or service providers
- c. Indicators regarding a review of prior BIPs or individualized education programs
- d. Preventative/proactive interventions (current)
- e. Past Interventions (impact)
- f. Student schedule review
- g. Data regarding previous interventions

The following example of a FBA reflects the key elements or steps common to most FBAs. It is presented as a model from which teams can base the development of an individualized FBA that can utilize specific techniques or strategies in collecting data depending on the nature of the behavior, the environment(s) and or the staff utilized in acquiring the necessary information.

Functional Behavioral Assessment

Data Record Form

Student Name or ID: _____

DOB: _____

Date: _____

The Functional Behavioral Assessment (FBA) Data Record Form is a comprehensive data collection and synthesis tool designed to assist the professionals in determining what function a specific behavior serves for a student. A FBA is the foundation on which a behavioral intervention plan may be developed.

Behavioral Information

Description of target behavior:

Setting(s) in which the behavior occurs:

Frequency of behavior:

Intensity of behavior:

Duration of behavior:

Data Record Form

Student Name or ID:

_____ DOB: _____ Date: _____

Behavioral Information (continued)

Antecedent(s):

Concurrent event(s):

Consequence(s) of behavior:

Functional Behavioral Assessment

Data Record Form

Student Name or ID: _____

DOB: _____

Date: _____

Background Information

Observation(s): Check for each observation completed. Include date, time and setting. Multiple observations may be completed if deemed of specific value. Attach a record of each observation to this document.	
<input type="checkbox"/> Observation 1: Date/Time: _____	Setting: _____
<input type="checkbox"/> Observation 2: Date/Time: _____	Setting : _____
<input type="checkbox"/> Observation 3: Date/Time: _____	Setting: _____
<input type="checkbox"/> Observation 4: Date/Time: _____	Setting: _____
<input type="checkbox"/> Observation 5: Date/Time: _____	Setting: _____

Interviews: Check for each interview conducted. Attach a record or summary of each interview to this document.
<input type="checkbox"/> parent or guardian
<input type="checkbox"/> student
<input type="checkbox"/> school staff knowledgeable of student behavior _____
<input type="checkbox"/> school staff knowledgeable of student behavior _____
<input type="checkbox"/> school staff knowledgeable of student behavior _____
<input type="checkbox"/> other person(s) knowledgeable of student behavior _____

Student records: Check for each student record reviewed. Include a brief summary. Attach additional summary information as necessary.
<input type="checkbox"/> attendance _____
<input type="checkbox"/> discipline _____
<input type="checkbox"/> academic performance _____
<input type="checkbox"/> prior assessment(s) _____
<input type="checkbox"/> health record _____
<input type="checkbox"/> other record _____

Data Record Form

Student Name or ID: _____

DOB: _____ Date: _____

Background Information (continued)

Influencing Factor(s): Check each area for which a factor exists that was reviewed for impact on student behavior. Include a brief summary. Attach additional summary information as necessary.

<input type="checkbox"/> physiological factors
<input type="checkbox"/> environmental factors
<input type="checkbox"/> factors related to curriculum or instruction
<input type="checkbox"/> response to prior event
<input type="checkbox"/> psychological / emotional factors
<input type="checkbox"/> factors related to family, friends, significant others -
<input type="checkbox"/> other

Additional information: Check each area to be reviewed. Attach any relevant documentation for team review.

<input type="checkbox"/> behavior checklist or rating scale
<input type="checkbox"/> information from other agencies or service providers involved with student
<input type="checkbox"/> prior Behavioral Intervention Plan
<input type="checkbox"/> Individualized Education Program
<input type="checkbox"/> past interventions / impact on target behavior
<input type="checkbox"/> preventive/ positive behavioral supports /tier two and tier three Interventions currently in place
<input type="checkbox"/> student schedule
<input type="checkbox"/> other (i.e., student success plan)

Hypothesis / Function of Behavior: What function does the target behavior serve for the student?

<p>_____</p> <p>_____</p> <p>_____</p>
--

Note/Comment: _____

Team Members: Record names of all individuals who shared responsibility for gathering and reviewing FBA data.

_____	_____	_____
_____	_____	_____
_____	_____	_____

BEHAVIOR INTERVENTION PLAN

A behavior intervention plan (BIP) considers the data gathered through an individual's functional behavior assessment (FBA) and employs that data to create a plan of action toward changing and improving that individual's behavior. For students who have been determined eligible for special education, the BIP becomes part of their IEP at a PPT. The IDEA statute and regulations provide limited direction regarding the format of a BIP. Appropriate practice suggests that BIPs should include the overall goals to be achieved, interventions intended to change student's behavior, the persons responsible for implementing the proposed interventions and evaluation methods and timelines to be followed (McConnell, Patton and Polloway BIP-3 2006). For the purposes of this section, a number of BIPs were reviewed. Research that included both published and other national sources were considered. Elements that are most common to the BIPs reviewed are:

1. **Student's Identifying Information** - includes documentation offering enough information to the reader(s) to identify clearly the student for whom the BIP applies. Consideration should be given as to how the BIP may be employed by the practitioner for quick reference while maintaining adequate confidentiality.
2. **Target Behavior(s)/Goal(s)** - includes behavior(s) for which the BIP is targeted to change and improve. On the BIPs reviewed, terminology for this section varied but most prevalent were 'Target behavior(s)' and 'Goal(s)', however, the theme of the section remains the same regardless of the terminology. Some BIPs further delineated target behavior(s)/goal(s) into smaller objectives.
3. **Function of Behavior** - describes the hypothesis regarding the function of target behavior and the purpose it serves for the student.
4. **Desired Replacement Behavior(s)** - includes more acceptable behavior(s) planned to replace the target behavior(s) through the BIP.
5. **Intervention Strategies** - includes specific interventions and strategies to be implemented in addressing the target behavior(s)/goal(s). Include antecedent strategies to prevent the problem behavior (including modifications to the triggering antecedent and prompts for appropriate behaviors); instructional strategies (to teach the replacement behavior and shape toward desired behavior); and consequence strategies (to increase function-based reinforcement for the replacement behavior, increase other reinforcement for the desired behavior and prevent reinforcement of the problem behavior).
6. **Environmental Changes** - includes any changes to the setting or environment necessary to effectively implement the strategies and interventions
7. **Person Responsible** - includes information regarding the individual's designated to implement intervention strategies and/or designated for oversight of specific portions of the BIP. Creators of a BIP are encouraged to consider the transient nature of staff when choosing whether or not to list a particular staff member by name rather than the staff member's job designation (e.g., Special Education Teacher vs. Mr. Smith).
8. **Timelines/Review Dates** - includes segments of time during which specific portions of the BIP are to be addressed, as well as specific dates by which specific portions of the BIP are to be reviewed, with regard to progress.
9. **Monitoring Progress/Evaluation Methods** - includes a description of how progress toward achieving desired outcomes will be monitored and evaluated.
10. **Other Common Elements Present but Less Prevalent on the Reviewed BIPs** - include behavioral intervention plan creator, signature sign off section (staff, parent, guardian and student), prevention strategies, reinforcement, training needs, material needs, target

behavior impact on learning and past interventions.

The following example of a BIP reflects the key elements or steps common to most BIPs. It is presented as a model from which teams can base the development of an individualized BIP, which is driven by the data and information collected through the conduct of a FBA.

Behavior Intervention Plan
Initial Plan ____ Plan Revision ____

Student Name or ID: _____ **DOB:** _____

Plan Date: _____ **Next Proposed Review Date:** _____

Developed by: (identify those involved in the development of the plan)

Name	Position	Name	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Positive behavior supports and strategies in place, which will be maintained:

Document practices, strategies, supports and interventions implemented at each level as appropriate:

UNIVERSAL: _____

TARGETED: _____

INTENSIVE: _____

Resources Required:

Section 5: Tools to Assist Planning and Placement Teams

Student Name or ID: _____

DOB: _____

Plan Date: _____

Target Behavior(s)	Replacement Behavior(s) (Desired Outcome)	Intervention Strategies	Person(s) Responsible	Review Dates Timelines	Progress/Evaluation
1. _____ _____ _____ _____	1. _____ _____ _____ _____	Antecedent Strategies _____ _____ _____	1. _____ _____ _____ _____	1. _____ _____ _____ _____	1. _____ _____ _____ _____
2. _____ _____ _____ _____	2. _____ _____ _____ _____	Instructional Strategies _____ _____ _____	2. _____ _____ _____ _____	2. _____ _____ _____ _____	2. _____ _____ _____ _____
3. _____ _____ _____ _____	3. _____ _____ _____ _____	Consequence Strategies _____ _____ _____	3. _____ _____ _____ _____	3. _____ _____ _____ _____	3. _____ _____ _____ _____
4. _____ _____ _____ _____	4. _____ _____ _____ _____	_____	4. _____ _____ _____ _____	4. _____ _____ _____ _____	4. _____ _____ _____ _____
5. _____ _____ _____ _____	5. _____ _____ _____ _____	_____	5. _____ _____ _____ _____	5. _____ _____ _____ _____	5. _____ _____ _____ _____

Indicate date of PPT during which this plan was discussed, agreed upon and became a formal addition to the student's IEP: _____

Additional information:

A Note on Manifestation Determination

Within ten school days of any decision to change the placement of a child with a disability because of a violation of a code of student conduct, the PPT must conduct a manifestation determination. The PPT must review all relevant information in the student's file, including the child's IEP, any teacher observations and any relevant information provided by the parents to determine:

- if the behavior in question was caused by, or had a direct and substantial relationship to the child's disability; or
- if the behavior in question was the direct result of the district's failure to implement the IEP.

A change in placement occurs when the student is removed from school for more than ten consecutive school days or if the student's current removal, when added to the student's previous removals, is more than ten cumulative school days. In determining whether a student's series of removals that equal more than ten cumulative school days constitute a change in placement, the following criteria must be met:

- the student has been subjected to a series of removals that constitute a pattern because:
 - the series of removals total more than ten school days in a school year; and
 - the student's behavior is substantially similar to the student's behavior in previous incidents that resulted in the series of removals; and
 - of such additional factors as the length, of each removal, total amount of time the child has been removed and the proximity of the removals to one another.

It is important to note that multiple, short-term, in-school suspensions do not constitute a change in placement if the in-school suspensions are not counted as out-of-school suspensions. Guidance from the federal government states that in-school suspension days do not count as out-of-school suspensions if the student is afforded the opportunity to continue to appropriately participate in the general curriculum; continues to receive the services specified on his or her IEP; and continues to participate with nondisabled children to the extent that he or she would have in his or her current placement. Generally speaking, the first two criteria may be met in the in-school suspension setting. With regard to the third criteria, each situation must be judged individually, however, if the district establishes an in-school suspension setting that is available to all children, the third criteria is met. This is true even if on any given day the student with a disability is the only student placed in the in-school suspension setting. If an in-school suspension does not meet the three criteria listed above, the in-school suspension would constitute an out-of-school suspension and, therefore, the day(s) of the in-school suspension would be counted in determining when the student's removals amount to more than ten cumulative school days. (Information in this paragraph is taken from the CSDE *Guidelines for In-School and Out-of-School Suspensions* (revised December 2010), p.34-36)

Determination that the Behavior was a Manifestation of the Disability

If in conducting the manifestation determination, the team finds that either standard has been met, the behavior of the child must be considered a manifestation of the child's disability. In this case, the team must either: (1) conduct a FBA unless the district conducted one before the behavior that resulted in the change of placement occurred and implement a BIP; or (2) if a BIP had been

developed, review the plan and modify it as necessary. In this case, the student may not be expelled and must be returned to the placement from which the child was removed unless the parent and or district agree to a change in placement. If in conducting the manifestation determination the team identifies deficiencies in the IEP or in its implementation, the team must take immediate steps to remedy those deficiencies. However, the student may still be placed by the district in the interim alternative education setting (IAES) for drugs, weapons or causing serious bodily injury, or by the hearing officer, even if the parents file for due process to challenge the manifestation determination.

Determination that the Behavior was Not a Manifestation of the Disability

The team may find that the behavior was not a manifestation of the child’s disability only if the team finds that:

- The student’s conduct in question was not caused by, or did not have a direct and substantial relationship to, the child’s disability.
- The student’s conduct in question was not the direct result of the district’s failure to implement the IEP.

If the team concludes that the behavior subject to the discipline is not a manifestation of the student’s disability, the student may be disciplined to the same extent that students without disabilities would be disciplined for the same behavior. However, students with disabilities must continue to receive educational services to enable the student to continue to participate in the general education curriculum although in another setting and to progress towards meeting the goals set out in the student’s IEP. The PPT determines the educational services to be received and the setting for those services. If disciplinary procedures are initiated, the special education and disciplinary records of the student are transmitted for consideration to the person or persons making the final determination regarding the disciplinary action.

Additionally, when the district considers an action for a removal of a student to an IAES or any other removal that constitutes a change in placement, the district must notify the parents no later than the date on which the decision to remove the student is made and provide the parents with a copy of the procedural safeguards notice.

Evaluation and Determination of Eligibility

Federal Regulations: Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children with Disabilities (Effective October 13, 2006, 34 C.F.R. 300.301 through 300.305, inclusive)

Evaluations and Reevaluations

Section 300.301 Initial evaluations.

(a) *General.* Each public agency must conduct a full and individual initial evaluation, in accordance with Sections 300.305 and 300.306, before the initial provision of special education and related services to a child with a disability under this part.

(b) *Request for initial evaluation.* Consistent with the consent requirements in Section 300.300, either a parent of a child or a public agency may initiate a request for an initial evaluation to determine if the child is child with a disability.

(c) *Procedures for initial evaluation.*

The initial evaluation—

(1)(i) Must be conducted within 60 days of receiving parental consent for the evaluation; or (ii) If the State establishes a timeframe within which the evaluation must be conducted, within that timeframe; and

(2) Must consist of procedures—

(i) To determine if the child is a child with a disability under Section 300.8; and

(ii) To determine the educational needs of the child.

(d) *Exception.* The timeframe described in paragraph (c)(1) of this section does not apply to a public agency if—

(1) The parent of a child repeatedly fails or refuses to produce the child for the evaluation; or

(2) A child enrolls in a school of another public agency after the relevant timeframe in paragraph (c)(1) of this section has begun, and prior to a determination by the child's previous public agency as to whether the child is a child with a disability under Section 300.8.

(e) The exception in paragraph (d)(2) of this section applies only if the subsequent public agency is making sufficient progress to ensure a prompt completion of the evaluation and the parent and subsequent public agency agree to a specific time when the evaluation will be completed.

(Authority: 20 U.S.C. 1414(a))

Section 300.302 Screening for instructional purposes is not evaluation.

The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services.

(Authority: 20 U.S.C. 1414(a)(1)(E))

Section 300.303 Reevaluations.

(a) *General.* A public agency must ensure that a reevaluation of each child with a disability is conducted in accordance with Sections 300.304 through 300.311—

(1) If the public agency determines that the educational or related services needs, including improved academic achievement and functional performance, of the child warrant a reevaluation; or

(2) If the child's parent or teacher requests a reevaluation.

(b) *Limitation.* A reevaluation conducted under paragraph (a) of this section—

- (1) May occur not more than once a year, unless the parent and the public agency agree otherwise; and
- (2) Must occur at least once every 3 years, unless the parent and the public agency agree that a reevaluation is unnecessary.

(Authority: 20 U.S.C. 1414(a)(2))

Section 300.304 Evaluation procedures.

(a) *Notice.* The public agency must provide notice to the parents of a child with a disability, in accordance with Section 300.503, that describes any evaluation procedures the agency proposes to conduct.

(b) *Conduct of evaluation.* In conducting the evaluation, the public agency must—

- (1) Use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent, that may assist in determining—
 - (i) Whether the child is a child with a disability under Section 300.8; and
 - (ii) The content of the child’s IEP, including information related to enabling the child to be involved in and progress in the general education curriculum (or for a preschool child, to participate in appropriate activities);
- (2) Not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child; and
- (3) Use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

(c) *Other evaluation procedures.* Each public agency must ensure that—

- (1) Assessments and other evaluation materials used to assess a child under this part—
 - (i) Are selected and administered so as not to be discriminatory on a racial or cultural basis;
 - (ii) Are provided and administered in the child’s native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer;
 - (iii) Are used for the purposes for which the assessments or measures are valid and reliable;
 - (iv) Are administered by trained and knowledgeable personnel; and
 - (v) Are administered in accordance with any instructions provided by the producer of the assessments.
- (2) Assessments and other evaluation materials include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient.
- (3) Assessments are selected and administered so as best to ensure that if an assessment is administered to a child with impaired sensory, manual, or speaking skills, the assessment results accurately reflect the child’s aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child’s impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure).
- (4) The child is assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities;
- (5) Assessments of children with disabilities who transfer from one public agency to

another public agency in the same school year are coordinated with those children's prior and subsequent schools, as necessary and as expeditiously as possible, consistent with Section 300.301(d)(2) and (e), to ensure prompt completion of full evaluations.

(6) In evaluating each child with a disability under Sections 300.304 through 300.306, the evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.

(7) Assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child are provided.

(Authority: 20 U.S.C. 1414(b)(1)-(3); 1412(a)(6)(B))

Section 300.305 Additional requirements for evaluations and reevaluations.

(a) *Review of existing evaluation data.* As part of an initial evaluation (if appropriate) and as part of any reevaluation under this part, the IEP Team and other qualified professionals, as appropriate, must—

(1) Review existing evaluation data on the child, including—

(i) Evaluations and information provided by the parents of the child; (ii) Current classroom-based, local, or State assessments, and classroom-based observations; and (iii) Observations by teachers and related services providers; and

(2) On the basis of that review, and input from the child's parents, identify what additional data, if any, are needed to determine—

(i)(A) Whether the child is a child with a disability, as defined in Section 300.8, and the educational needs of the child; or

(B) In case of a reevaluation of a child, whether the child continues to have such a disability, and the educational needs of the child;

(ii) The present levels of academic achievement and related developmental needs of the child;

(iii)(A) Whether the child needs special education and related services; or

(B) In the case of a reevaluation of a child, whether the child continues to need special education and related services; and

(iv) Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the IEP of the child and to participate, as appropriate, in the general education curriculum.

(b) *Conduct of review.* The group described in paragraph (a) of this section may conduct its review without a meeting.

(c) *Source of data.* The public agency must administer such assessments and other evaluation measures as may be needed to produce the data identified under paragraph (a) of this section.

(d) *Requirements if additional data are not needed.* (1) If the IEP Team and other qualified professionals, as appropriate, determine that no additional data are needed to determine whether the child continues to be a child with a disability, and to determine the child's educational needs, the public agency must notify the child's parents of—

(i) That determination and the reasons for the determination; and

(ii) The right of the parents to request an assessment to determine whether the child continues to be a child with a disability, and to determine the child's educational needs.

(2) The public agency is not required to conduct the assessment described in paragraph

(d)(1)(ii) of this section unless requested to do so by the child's parents.

(e) *Evaluations before change in eligibility.* (1) Except as provided in paragraph (e)(2) of this section, a public agency must evaluate a child with a disability in accordance with

Sections 300.304 through 300.311 before determining that the child is no longer a child with a disability.

(2) The evaluation described in paragraph (e)(1) of this section is not required before the termination of a child's eligibility under this part due to graduation from secondary school with a regular diploma, or due to exceeding the age eligibility for FAPE under State law.

(3) For a child whose eligibility terminates under circumstances described in paragraph (e)(2) of this section, a public agency must provide the child with a summary of the child's academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child's postsecondary goals.

(Authority: 20 U.S.C. 1414(c))

Section 300.306 Determination of eligibility.

(a) *General.* Upon completion of the administration of assessments and other evaluation measures—

(1) A group of qualified professionals and the parent of the child determines whether the child is a child with a disability, as defined in Section 300.8, in accordance with paragraph (b) of this section and the educational needs of the child; and

(2) The public agency provides a copy of the evaluation report and the documentation of determination of eligibility at no cost to the parent.

(b) *Special rule for eligibility determination.* A child must not be determined to be a child with a disability under this part—

(1) If the determinant factor for that determination is—

(i) Lack of appropriate instruction in reading, including the essential components of reading instruction (as defined in section 1208(3) of the ESEA);

(ii) Lack of appropriate instruction in math; or

(iii) Limited English proficiency; and

(2) If the child does not otherwise meet the eligibility criteria under Section 300.8(a).

(c) *Procedures for determining eligibility and educational need.* (1) In interpreting evaluation data for the purpose of determining if a child is a child with a disability under Section 300.8, and the educational needs of the child, each public agency must—

(i) Draw upon information from a variety of sources, including aptitude and achievement tests, parent input, and teacher recommendations, as well as information about the child's physical condition, social or cultural background, and adaptive behavior; and

(ii) Ensure that information obtained from all of these sources is documented and carefully considered.

(2) If a determination is made that a child has a disability and needs special education and related services, an IEP must be developed for the child in accordance with Sections 300.320 through 300.324.

(Authority: 20 U.S.C. 1414(b)(4) and (5))

CHAPTER 814e*
**PHYSICAL RESTRAINT, MEDICATION
AND SECLUSION OF PERSONS RECEIVING CARE,
EDUCATION OR SUPERVISION IN AN INSTITUTION OR FACILITY**

*See Sec. 17a-3a re Connecticut Juvenile Training School.

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Sec. 46a-150. Definitions: For purposes of this section and sections 46a-151 to 46a-154, inclusive:

(1) "Provider of care, education or supervision of a person at risk" and "provider" mean a person who provides direct care, education or supervision of a person at risk.

(2) "Assistant provider of care, education or supervision of a person at risk" and "assistant" mean a person assigned to provide, or who may be called upon in an emergency to provide, assistance or security to a provider of care, education or supervision of a person at risk.

(3) "Person at risk" means a person receiving care, education or supervision in an institution or facility (A) operated by, licensed or authorized to operate by or operating pursuant to a contract with the Departments of Public Health, Mental Retardation, Children and Families, Mental Health and Addiction Services or a regional education service center established under section 10-66a, or (B) operating under contract with a local or regional board of education pursuant to subsection (d) of section 10-76d. The term does not include (i) a person in the custody of the Commissioner of Correction, or (ii) a resident or patient of a nursing home subject to federal regulations concerning restraint of residents or patients.

(4) "Life-threatening physical restraint" means any physical restraint or hold of a person that restricts the flow of air into a person's lungs, whether by chest compression or any other means.

(5) "Physical restraint" means any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs or head. The term does not include (a) briefly holding a person in order to calm or comfort the person; (b) restraint involving the minimum contact

necessary to safely escort a person from one area to another; (c) medical devices, including, but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; (D) helmets or other protective gear used to protect a person from injuries due to a fall; or (E) helmets, mitts and similar devices used to prevent self-injury when the device is part of a documented treatment plan and is the least restrictive means available to prevent such self-injury.

(6) "Psychopharmacologic agent" means any medication that affects the central nervous system, influencing thinking, emotion or behavior.

(7) "Seclusion" means the confinement of a person in a room, whether alone or with staff supervision, in a manner that prevents the person from leaving, except that in the case of seclusion at Long Lane School, the term does not include the placing of a single child or youth in a secure room for the purpose of sleeping.

(P.A. 99-210, S. 1, 6.)

History: P.A. 99-210 effective June 29, 1999.

Sec. 46a-151. Life-threatening physical restraint prohibited: No provider of care, education or supervision of a person at risk and no assistant provider may use a life-threatening physical restraint on a person at risk. This section shall not be construed as limiting any defense to criminal prosecution for the use of deadly physical force that may be available under sections 53a-18 to 53a-22, inclusive.

(P.A. 99-210, S. 2, 6.)

History: P.A. 99-210 effective June 29, 1999.

See Sec. 17a-3a re Connecticut Juvenile Training School

Sec. 46a-152. Physical restraint, seclusion and use of psychopharmacologic agents restricted. Monitoring and documentation required: (a) No provider or assistant may use involuntary physical restraint on a person at risk except (1) as an emergency intervention to prevent immediate or imminent injury to the person at risk or to others, provided the restraint is not used for discipline or convenience and is not used as a substitute for a less restrictive alternative, (2) as necessary and appropriate, as determined on an individual basis by the person's treatment team and consistent with sections 17a-540 to 17a-550, inclusive, for the transportation of a person under the jurisdiction of the Whiting Forensic Division of the Department of Mental Health and Addiction Services (DMHAS).

(b) No provider or assistant may involuntarily place a person at risk in seclusion except (1) as an emergency intervention to prevent immediate or imminent injury to the person or to others, provided the seclusion is not used for discipline or convenience and is not used as a substitute for a less restrictive alternative, or (2) as specifically provided for in an individual education plan developed pursuant to section 10-76d.

(c) No provider or assistant may use a psychopharmacologic agent on a person at risk without that person's consent except (1) as an emergency intervention to prevent immediate or imminent injury to the person or to others, or (2) as an integral part of the person's established medical or behavioral support or educational plan, as developed consistent with section 17a-543 or, if no such

plan has been developed, as part of a licensed practitioner's initial orders. The use of psychopharmacologic agents, alone or in combination, may be used only in doses that are therapeutically appropriate and not as a substitute for other appropriate treatment.

(d) Any use of physical restraint or seclusion on a person at risk shall be documented in the person's medical or educational record. The documentation shall include (1) in the case of emergency use, the nature of the emergency and what other steps, including attempts at verbal de-escalation, were taken to prevent the emergency from arising if there were indications that such an emergency was likely to arise, and (2) a detailed description of the nature of the restraint or seclusion, its duration and its effect on the person's established medical or behavioral support or educational plan.

(e) Any person at risk who is physically restrained shall be continually monitored by a provider or assistant. Any person at risk who is involuntarily placed in seclusion shall be frequently monitored by a provider or assistant. Each person so restrained or in seclusion shall be regularly evaluated by a provider or assistant for indications of physical distress. The provider or assistant conducting the evaluation shall enter each evaluation in the person's medical or educational record. For purposes of this subsection, "monitor" means (1) direct observation, or (2) observation by way of video monitoring within physical proximity sufficient to provide aid as may be needed.

(f) Nothing in this section shall be construed as limiting any rights a person may have under sections 17a-540 to 17a-550, inclusive, section 17a-566 or section 54-56d.

(g) Nothing in this section shall be construed as limiting the justified use of physical force by a local, state or federal law enforcement official or an employee of the Board of Pardons and Paroles or the Department of Correction responsible for the supervision of persons released on parole while in the performance of such official's or employee's duties.

(h) (1) Nothing in this section shall be construed as prohibiting the use of mechanical physical restraint in transporting any person (A) who is receiving services from the DMHAS pursuant to sections 17a-513 to 17a-517, inclusive, 17a-566 to 17a-567, inclusive, 17a-582 to 17a-603, inclusive, or 54-56d, or (B) who is committed to the department by a court of competent jurisdiction and has a pending criminal charge for which bail or a bond has not been posted, from a department facility to another location and, if applicable, back to such facility. Any such use of mechanical physical restraint shall be determined on an individualized basis by the head of the facility, or by a designee of the head of the facility, to be necessary and appropriate to protect the public safety. (2) Any use of mechanical physical restraint under this subsection shall be documented in the medical record of the person who is transported. Such documentation shall include, but not be limited to, (A) the reason for the use of such restraint, including the risk of flight, the risk to public safety and the person's clinical condition, and (B) a detailed description of the nature of such restraint and its duration. If the use of any such restraint results in serious physical injury or death to such person, the head of the facility shall report such injury or death to the Commissioner of Mental Health and Addiction Services. The commissioner, upon receiving any such report, shall inform the director of the Office of Protection and Advocacy for Persons with Disabilities of such injury or death.

(P.A. 99-210, S. 3; P.A. 00-55; P.A. 04-257, S. 117; P.A. 05-108, S. 4.)

History: P.A. 00-55 added new Subsection (h) re use of mechanical physical restraint in transporting persons receiving services from or committed to the DMHAS; P.A. 04-257 amended Subsection (g) to replace "an employee of the Board of Parole" with "an employee of the Department of Correction responsible for the supervision of persons released on parole", effective June 14, 2004; P.A. 05-108 amended Subsection (g) to include "an employee of the Board of Pardons and Paroles" responsible for the supervision of persons released on parole, effective June 7, 2005.

See Sec. 17a-3a re Connecticut Juvenile Training School

Sec. 46a-153. Recording of use of restraint and seclusion required. Review of records by state agencies. Reviewing state agency to report serious injury or death to Office of

Protection and Advocacy for Persons with Disabilities and to Office of Child Advocate: Each institution or facility that provides direct care, education or supervision of persons at risk shall (1) record each instance of the use of physical restraint or seclusion on a person at risk and the nature of the emergency that necessitated its use, and (2) include such information in an annual compilation on its use of such restraint and seclusion. The commissioner of the state agency that has jurisdiction or supervisory control over the institution or facility shall review the annual compilation prior to renewing a license for or a contract with such institution or facility. If the use of such restraint or seclusion results in physical injury to the person, the institution or facility shall report the incident to the commissioner of the state agency that has jurisdiction or supervisory control over the institution or facility. The commissioner receiving a report of such an incident shall report any incidence of serious injury or death to the director of the Office of Protection and Advocacy for Persons with Disabilities and, if appropriate, to the Child Advocate of the Office of Child Advocate.

(P.A. 99-210, S. 4.)

See Sec. 17a-3a re Connecticut Juvenile Training School.

Sec. 46a-154. Internal monitoring, training and development of policies and procedures required and subject to state agency inspection: (a)

Each institution or facility that provides direct care, education or supervision of a person at risk shall develop policies and procedures that (1) establish monitoring and internal reporting of the use of physical restraint and seclusion on persons at risk, and (2) require training of all providers and assistant providers of care, education or supervision of persons at risk in the use of physical restraint and seclusion on persons at risk. Such training shall include, but not be limited to: Verbal defusing or deescalation; prevention strategies; types of physical restraint; the differences between life-threatening physical restraint and other varying levels of physical restraint; the differences between permissible physical restraint and pain compliance techniques; monitoring to prevent harm to a person physically restrained or in seclusion and recording and reporting procedures on the use of restraints and seclusion.

(b) Each institution or facility required to develop policies and procedures under subsection (a) of this section shall make such policies and procedures available upon request to the commissioner of the state agency that has jurisdiction or supervisory control over the institution or facility.

(P.A. 99-210, S. 5.)

See Sec. 17a-3a re Connecticut Juvenile Training School.

PA 12-88—sHB 5347

Select Committee on Children

Education Committee

Appropriations Committee

AN ACT CONCERNING THE REPORTING OF CHILDREN PLACED IN SECLUSION

SUMMARY: This act requires local school boards and other entities providing special education to children, when recording instances in which a child was physically restrained or placed in seclusion, to indicate whether the seclusion was in accordance with the child's individualized education program (IEP) or either action was an emergency. The act provides that this reporting requirement does not apply to instances of in-school suspensions, as defined in the state's education law.

The act also requires, rather than allows, the State Board of Education (SBE) to review and summarize the information the entities provided on seclusion and restraints, including whether such actions resulted in physical injuries to the child. The SBE must provide these summaries annually to the Children's Committee for inclusion in the children's report card. By law, the committee maintains an annual report card on the progress of state policies and programs promoting the well being of children.

EFFECTIVE DATE: July 1, 2012

USE OF RESTRAINTS AND SECLUSION WITH CHILDREN RECEIVING SPECIAL EDUCATION SERVICES

Local Compilation of Data

By law, each local or regional school board, institution, and facility that provides special education to a child must record (1) each instance when a child is placed in seclusion or physical restraints are used on him or her and (2) the nature of the emergency that necessitated the action. The entities must include the information in an annual compilation for the state. Under the act, they must also specify whether (1) placing the child in seclusion was in accordance with the child's IEP or (2) the seclusion or use of restraints was an emergency.

The act requires, rather than allows, the entities to report to the SBE any instance in which placing a child in restraints or seclusion results in the child's physical injury.

SBE to Issue Summary Report

The act requires, rather than allows, the SBE to review the compilations the entities submit and annually summarize the frequency with which children were physically restrained or placed in

seclusion. It requires the board to include in the summaries (1) the instances in which such actions resulted in physical injuries to children and (2) whether (a) either action was an emergency or (b) seclusion was part of an IEP.

The SBE must submit the summary report, by February 15, 2013, and by December 15 of each year thereafter, to the Select Committee on Children for inclusion in the committee's annual report card on children's well-being.

BACKGROUND

Use of Seclusion or Restraints on Children

By law, special education children generally may not be involuntarily placed in seclusion except (1) as an emergency to prevent immediate or imminent injury to the child or others or (2) their IEP provides for such placement. The special education providers listed above must notify the child's parents or guardians of each incident in which a child is placed in seclusion or physical restraints (CGS § 46a-152(b)).

In-School Suspension

The law defines an in-school suspension as exclusion from regular classroom activity for no more than 10 consecutive days, but not exclusion from school, provided such exclusion does not extend beyond the end of the school year in which the suspension is imposed (CGS §10-233a(c)).

OLR Tracking: RC: JKL: VR: ts

STATE OF CONNECTICUT REGULATION of State Board of Education

The R.C.S.A. are amended by adding Sections 10-76b-5 to 10-76b-11, inclusive, as follows:

(New) Section 10-76b-5. Use of physical restraint and seclusion in public schools.

Definitions.

For the purposes of sections 10-76b-6 to 10-76b-11, inclusive, of the R.C.S.A.:

- (1) “Assistant” means “assistant” as defined in section 46a-150 of the C.G.S.;
- (2) “Behavior intervention” means supports and other strategies developed by the planning and placement team to address the behavior of a person at risk which impedes the learning of the person at risk or the learning of others;
- (3) “Business day” means “business day” as defined in subsection (a) of section 10-76h-1 of the R.C.S.A.;
- (4) “Individualized education plan” or “IEP” means “individualized education plan” as defined in section 10-76a-1 of the R.C.S.A.;
- (5) “Parent” or “parents,” means “parents” as defined in section 10-76a-1 of the R.C.S.A.;
- (6) “Person at risk” means “person at risk” as defined in subparagraph (A) of subdivision (3) of section 46a-150 of the C.G.S.;
- (7) “Physical restraint” means “physical restraint” as defined in section 46a-150 of the C.G.S.;
- (8) “Planning and placement team” or “PPT” means “planning and placement team” as defined in section 10-76a-1 of the R.C.S.A.;
- (9) “Provider” means “provider” as defined in section 46a-150 of the C.G.S.; and
- (10) “Seclusion” means “seclusion” as defined in section 46a-150 of the C.G.S., provided seclusion does not include any confinement of a person at risk in which the person is physically able to leave the area of confinement including, but not limited to, in-school suspension and time-out.

(New) Section 10-76b-6. Use of physical restraint and seclusion in public schools.

No provider or assistant shall (1) use involuntary physical restraint on a person at risk or (2) involuntarily place a person at risk in seclusion, unless such use conforms to the requirements of sections 46a-150 to 46a-154, inclusive, of the C.G.S. and the requirements of sections 10-76b-5 to 10-76b-11, inclusive, of the R.C.S.A.

(New) Section 10-76b-7. Use of physical restraint and seclusion in public schools, exceptions.

Nothing in sections 46a-150 to 46a-154, inclusive, of the C.G.S. or sections 10-76b-5 to 10-76b-11, inclusive, of the R.C.S.A. shall be construed to interfere with the responsibility of local or regional boards of education to maintain a safe school setting in accordance with section 10-220 of the C.G.S. or to supersede the provisions of subdivision (6) of section 53a-18 of the C.G.S. concerning the use of reasonable physical force.

(New) Section 10-76b-8. Use of seclusion in public schools, requirements.

(a) Except for an emergency intervention to prevent immediate or imminent injury to the person or to others conforming to the requirements of subsection (b) of section 46a-152 of the C.G.S., seclusion may only be used if (1) this action is specified in the IEP of the person at risk and (2) if other less restrictive, positive behavior interventions appropriate to the behavior exhibited by the person at risk have been implemented but were ineffective.

(b) If the PPT of a person at risk determines, based upon the results of a functional assessment of behavior and other information determined relevant by the PPT, that use of seclusion is an appropriate behavior intervention, the PPT shall include the assessment data and other relevant information in the IEP of the person at risk as the basis upon which a decision was made to include the use of seclusion as a behavior intervention. In such a case, the IEP shall specify (1) the location of seclusion, which may be multiple locations within a school building, (2) the maximum length of any period of seclusion, in accordance with subsection (d) of this section,

(3) the number of times during a single day that the person at risk may be placed in seclusion,

(4) the frequency of monitoring required for the person at risk while in seclusion, and

(5) any other relevant matter agreed to by the PPT taking into consideration the age, disability and behaviors of the child that might subject the child to the use of seclusion.

(c) In the event the parent disagrees with the use of seclusion in the IEP of the person at risk, the parent shall have a right to the hearing and appeal process provided for in section 10-76h of the C.G.S.

(d) Any period of seclusion

(1) shall be limited to that time necessary to allow the person at risk to compose him or herself and return to the educational environment and

(2) shall not exceed one hour. The use of seclusion may be continued with written authorization of the building principal or designee to prevent immediate or imminent injury to the person at risk or to others. In the case where transportation of the person at risk is necessary, the written authorization to continue the use of seclusion is not required if immediate or imminent injury to the person at risk or to others is a concern.

(e) The PPT shall, at least annually, review the continued use of seclusion as a behavior intervention for the person at risk. When the use of seclusion as a behavior intervention is repeated more than two times in any school quarter, the PPT

(1) shall convene to review the use of seclusion as a behavior intervention,

(2) may consider additional evaluations or assessments to address the child's behaviors, and

(3) may revise the child's IEP, as appropriate.

(f) The PPT shall inquire as to whether there are any known medical or psychological conditions that would be directly and adversely impacted by the use of seclusion as a behavior intervention. A person at risk shall not be placed in seclusion if such person is known to have any medical or

psychological condition that a licensed health care provider has indicated will be directly and adversely impacted by the use of seclusion. For purposes of this subsection, a “licensed health care provider” means

(1) a legally qualified practitioner of medicine,

(2) an advanced practice registered nurse,

(3) a registered nurse licensed pursuant to chapter 378 of the C.G.S., or

(4) a physician assistant licensed pursuant to chapter 370 of the C.G.S. Such licensed health care provider may be the person at risk’s licensed health care provider or a licensed health care provider utilized by the public schools to provide an evaluation of the person at risk for purposes of determining the appropriate use of seclusion as a behavior intervention in the person at risk’s IEP. As part of the assessments described in subsection (b) of this section, the PPT may request a medical or psychological evaluation of the child for purposes of determining whether there is a medical or psychological condition that will be directly and adversely impacted by the use of seclusion as a behavior intervention. The parent may provide that information to the PPT. Any written statement provided by a licensed health care provider shall be included in the educational record of the person at risk.

(g) A person at risk in seclusion shall be monitored as described in the child’s IEP by a provider or assistant specifically trained in physical management, physical restraint and seclusion procedures including, but not limited to, training to recognize health and safety issues for children placed in seclusion to ensure the safe use of seclusion as a behavior intervention.

(h) Any room used for the seclusion of a person at risk shall:

(1) Be of a size that is appropriate to the chronological and developmental age, size and behavior of the person at risk;

(2) Have a ceiling height that is comparable to the ceiling height of the other rooms in the building in which it is located;

(3) Be equipped with heating, cooling, ventilation and lighting systems that are comparable to the systems that are in use in the other rooms of the building in which it is located;

(4) Be free of any object that poses a danger to the person at risk who is being placed in the room;

(5) Have a door with a lock only if that lock is equipped with a device that automatically disengages the lock in case of an emergency. Not later than January 1, 2014, the locking mechanism of any room in a public school specifically designated for use as a seclusion room shall be a pressure sensitive plate. Any latching or securing of the door, whether by mechanical means or by a provider or assistant holding the door in place to prevent the person at risk from leaving the room, shall be able to be removed in the case of any emergency. An “emergency” for purposes of this subdivision includes, but is not limited to,

(A) the need to provide direct and immediate medical attention to the person at risk,

(B) fire,

(C) the need to remove the person at risk to a safe location during a building lockdown, or

(D) other critical situations that may require immediate removal of the person at risk from seclusion to a safe location; and

(6) Have an unbreakable observation window located in a wall or door to permit frequent visual monitoring of the person at risk and any provider or assistant in such room. The requirement for an unbreakable observation window does not apply if it is necessary to clear and use a classroom or other room in the school building as a seclusion room for a person at risk.

(New) Section 10-76b-9. Parental notification of physical restraint, seclusion.

(a) If a person at risk is physically restrained or placed in seclusion, an attempt shall be made to notify the parent on the day of, or within twenty-four hours after, physical restraint or seclusion is used with the child as an emergency intervention to prevent immediate or imminent injury to the person or others, as permitted under sections 46a-150 to 46a-154, inclusive, of the C.G.S. Such notification shall be made by phone, e-mail or other method, which may include, but is not limited to, sending a note home with the child. The parent of such child, regardless of whether he or she received such notification, shall be sent a copy of the incident report no later than two business days after the emergency use of physical restraint or seclusion. The incident report shall contain, at a minimum, the information required under subsection (d) of section 46a-152 of the C.G.S.

(b) Where seclusion is included in the IEP of a person at risk, the PPT and the parents shall determine a timeframe and manner of notification of each incident of seclusion.

(c) The Department of Education shall develop a plain language notice for use in the public schools to advise parents of the laws and regulations concerning the emergency use of physical restraint or seclusion or the use of seclusion as a behavior intervention in a child's IEP. On and after October 1, 2009, this notice shall be provided to the child's parent at the first PPT meeting following the child's referral for special education. For children who were eligible for special education prior to October 1, 2009, the notice shall be provided to the parent at the first PPT meeting convened after October 1, 2009. The notice shall also be provided to a child's parent at the first PPT meeting at which the use of seclusion as a behavior intervention is included in the child's IEP.

(New) Section 10-76b-10. Required training for providers or assistants on the use of physical restraint or seclusion.

A person at risk may be physically restrained or removed to seclusion only by a provider or assistant who has received training in physical management, physical restraint and seclusion procedures. Providers or assistants shall also be provided with training as described in subdivision (2) of subsection (a) of section 46a-154 of the C.G.S.

(New) Section 10-76b-11. Reports of physical restraint, seclusion.

The recording and reporting of instances of physical restraint or seclusion and the compilation of this information shall be in accordance with section 46a-153 of the C.G.S. The recording of such instances shall be done on a standardized incident report developed by the Department of Education. Such reports shall be completed no later than the school day following the incident.

EFFECTIVE DATE: Upon filing with the Secretary of the State.

STATEMENT OF PURPOSE:

(A) **Purpose of regulation:** To address the use of physical restraint or seclusion in the public schools for children who are or may be eligible for special education consistent with the requirements of Public Act 07-147.

(B) Summary of the main provisions of the regulation: This regulation adopts definitions contained in Public Act 07-147 concerning what is seclusion and restraint and who may perform such; requires that the use of physical restraint or seclusion conforms to the requirements of Public Act 07-147; provides exceptions to the restrictions on the use of physical restraint or seclusion as emergency interventions to allow districts to maintain a safe school setting and to use reasonable physical force consistent with the requirements of Section 53a-18 of the general statutes; details under what conditions seclusion may be used as a behavioral intervention strategy for a child eligible for special education; provides for parental notification in the event physical restraint or seclusion must be used as an emergency intervention, allows the PPT to determine the appropriate method of notification if seclusion is used as a behavior intervention and provides clarification on how school districts are to notify parents regarding the laws and regulations on the use of restraint and seclusion in the public schools; provides that providers or assistants be provided with training as required pursuant to subdivision (2) of subsection (a) of section 46a-154 of the general statutes; and requires that the Department of Education create a standardized incident report form for reporting incidents of physical restraint or seclusion.

(C) Legal effects of the regulation: The proposed regulation adds to the regulatory requirements for the provision of special education and related services to children who are eligible or whose eligibility for special education is being determined. The development of the IEP, including the conducting of any assessment or evaluation would follow the procedural requirements contained in the federal IDEA and the state special education regulations.

Parental Notification of the Laws Relating to the use of Seclusion and Restraint in the Public Schools

Introduction

You have been provided with a copy of the “Procedural Safeguards in Special Education.” The Procedural Safeguards document outlines your rights and the rights of your child under the federal Individuals with Disabilities Education Act (the IDEA) and the Connecticut statutes and regulations concerning the provision of special education and related services to children with disabilities.

The Board of Education is also required by state statute to inform you about a specific provision of the state statutes and regulations regarding the emergency use of physical restraint and seclusion or the use of seclusion as a behavior intervention in a child’s IEP. **Every parent must be advised of these rights at the initial PPT meeting held for their child even if the emergency use of physical restraint or seclusion or the use of seclusion as a behavior intervention in a child’s IEP is not likely to occur with their child.**

On and after October 1, 2009, you must be provided with a copy of the state developed “Parental Notification of the Laws relating to Physical Restraint and Seclusion in the Public Schools” at the first PPT meeting following your child’s initial referral for special education. If your child was eligible for special education prior to October 1, 2009, you will receive this notice at the first PPT meeting convened after October 1, 2009. In addition, the notice must also be provided to you at the first PPT meeting where the use of seclusion as a behavior intervention is included in your child’s IEP.

Who are the children covered by the law?

The state statute uses the term “person at risk” to describe the people generally covered by the statute. For the public schools, the “person at risk” is (1) a child requiring special education and related services who is receiving services from their board of education or (2) a child being evaluated to determine the child’s eligibility for special education and related services. This notice uses the term “child” and this means a child who is eligible for special education and related services and is receiving services from their board of education or a child who is being evaluated to determine the child’s eligibility for special education and related services.

What does “physical restraint” mean?

Physical restraint means any mechanical or personal restriction that immobilizes or reduces the free movement of a child’s arms, legs or head. It does not include (1) briefly holding a child in order to calm or comfort the child, (2) restraint involving the minimum contact necessary to safely escort a child from one area to another, (3) medication devices, including supports prescribed by a health care provider to achieve proper body position or balance, (4) helmets or other protective gear used to protect a child from injuries due to a fall, or (5) helmets, mitts and similar devices used to prevent self-injury when the device is part of a documented treatment plan or IEP and is the least restrictive means available to prevent self-injury.

What does “seclusion” mean?

Seclusion means the confinement of a child in a room, whether alone or with staff supervision, in a manner that prevents the child from leaving. In public schools, seclusion does not mean any

confinement of a child where the child is physically able to leave the area of confinement such as in-school suspension and time-out.

What do I need to know about the emergency use of restraint and seclusion?

1. Life threatening physical restraint is prohibited. Life threatening physical restraint means any physical restraint or hold of a child that restricts the flow of air into a child's lungs, whether by chest compression or any other means.
2. Involuntary physical restraint may not be used to discipline a child; it may not be used because it is convenient and it may not be used as a substitute for a less restrictive alternative.
3. Involuntary physical restraint is to be used solely as an emergency intervention to prevent immediate or imminent injury to the child or to others. When a child is physically restrained, the child is to be continually monitored by a person who has the training as described in #7 below. Monitoring means direct observation of the child or observation by way of video monitoring within physical proximity sufficient to provide aid as may be needed. A person who has the training as described in #7 below must regularly evaluate a child who is physically restrained for any signs of physical distress. The evaluation must be documented in the child's educational records.
4. Involuntary seclusion may not be used to discipline a child; it may not be used because it is convenient and it may not be used as a substitute for a less restrictive alternative.
5. When a child is involuntarily placed in seclusion as an emergency intervention to prevent immediate or imminent injury to the child or to others, the child is to be frequently monitored by a person who has the training as described in #7 below. Monitoring means direct observation of the child or observation by way of video monitoring within physical proximity sufficient to provide aid as may be needed. A person who has the training as described in #7 below must regularly evaluate a child who is involuntarily secluded for any signs of physical distress. The evaluation must be documented in the child's educational records.
6. A psychopharmacologic agent (medications that affect the central nervous system, influencing thinking, emotion or behavior) may not be used with your child except as prescribed by a physician and administered according to the orders of your child's physician and in compliance with board policies concerning the administration of medications in the school.
7. A child may be physically restrained or removed to seclusion only by a person who has received training in physical management, physical restraint and seclusion procedures including training to recognize health and safety issues for children placed in seclusion. Additional training such as verbal defusing or de-escalation; prevention strategies; types of physical restraint; the differences between permissible physical restraint and other varying levels of physical restraint; the differences between permissible physical restraint and pain compliance techniques, monitoring to prevent harm to a child physically restrained or in seclusion; and recording and reporting procedures on the uses of restraint and seclusion must also be provided.
8. Public schools are required to maintain a safe school setting. Public schools are allowed to use reasonable physical force when, and to the extent, there is a reasonable belief it is necessary to protect students or staff, obtain possession of a dangerous instrument or controlled substance upon or within control of a minor, protect property from physical damage, or restrain or remove a child to another area to maintain order. The prohibitions listed in items 1-5, above, do not conflict with the responsibility of public schools to maintain a safe school setting or use reasonable physical force as described here.

If seclusion is used as a behavior intervention in my child’s IEP, what can I expect?

1. A public school may use seclusion as a behavior intervention if it is specifically addressed in your child’s IEP. A “behavior intervention” means supports and other strategies developed by the PPT to address a child’s behavior that may interfere with the child’s learning or the learning of others.
2. Seclusion may only be used as a behavior intervention in your child’s IEP if other less restrictive, positive behavior interventions appropriate to the behavior exhibited by your child were tried but the child’s behavior did not improve.
3. Seclusion may not be used as a behavior intervention for a child if it is known that the child has any medical or psychological conditions that a licensed health care provider has indicated will be directly, adversely impacted by the use of seclusion.
4. Where seclusion is used as a behavior intervention, your child’s IEP must specify:
 - a. the location of seclusion, which may be multiple locations within a school building;
 - b. the maximum length of any period of seclusion;
 - c. the number of times in a single day the child may be placed in seclusion;
 - d. the frequency of monitoring while the child is in seclusion; and
 - e. any other concerns addressed by the PPT concerning the age, disability and behaviors of a child where seclusion may be used as a behavior intervention.
5. The use of seclusion as a behavior intervention is to be limited to the time necessary to allow the child to calm down and return to school activities. A child may not be placed in seclusion for more than one hour unless necessary to prevent immediate or imminent injury to the child or to others. Seclusion may be continued over an hour only with the written authorization of the building principal or someone designated by the building principal. When the child may need to be transported, the written authorization to continue the use of seclusion is not required if immediate or imminent injury to the child or to others is a concern.
6. Any assessment data or other relevant information used by the PPT to decide if it is appropriate to use seclusion as a behavior intervention must be included in your child’s IEP under “Present Levels of Academic Achievement and Functional Performance.” Any medical or psychological evaluations used to decide whether there may be a medical or psychological reason why the use of seclusion is not appropriate for your child is also to be included with the data and other information.
7. The PPT must review at least annually the continued use of seclusion as a behavior intervention for the child.
8. If seclusion as a behavior intervention is repeated more than two times in any school quarter, the PPT must convene to review the use of seclusion as a behavior intervention, may consider additional evaluations or assessments to address the child’s behaviors and may revise the child’s IEP, as appropriate. You and the school should discuss when to convene this required PPT meeting taking into consideration the needs of your child. For example, your child is transitioning to a less restrictive setting (from a residential to day treatment program). You and the PPT have discussed that it may take some time for your child to adjust and that seclusion may be used frequently as your child adjusts to the new program. You and the PPT may decide that it is appropriate not to hold the PPT meeting at the time when seclusion is repeated more than two times in any school quarter as a behavior intervention but to schedule the PPT at a later date to review the use of seclusion as a behavior intervention.

9. Only a person, who has received training in physical management, physical restraint and seclusion procedures including training to recognize health and safety issues for children placed in seclusion, may remove a child to seclusion. Additional training such as verbal defusing or de-escalation; prevention strategies; types of physical restraint; the differences between permissible physical restraint and other varying levels of physical restraint; the differences between permissible physical restraint and pain compliance techniques; monitoring to prevent harm to a person physically restrained or in seclusion; and recording and reporting procedures on the uses of restraint and seclusion must also be provided.
10. A child placed in seclusion as a behavior intervention must be monitored as described in the child's IEP by a person specifically trained in physical management, physical restraint and seclusion procedures, which include training to recognize health and safety issues for children placed in seclusion to ensure the safe use of seclusion as a behavior intervention.
11. If you disagree with the use of seclusion in your child's IEP, you have the right to special education due process. You may request the school district agree to mediation to resolve your concerns or you may proceed directly to a hearing to challenge the use of seclusion in your child's IEP as a behavior intervention. You may also file a complaint with the CSDE regarding the use of seclusion as a behavior intervention.
12. Any room used for seclusion must be physically comparable to other rooms in the building used for instructional purposes and must be of a size that is appropriate to the chronological and developmental age, size and behavior of the child. The room used must be free of any object that might pose a danger to the child who is placed in the room. If the door has a lock, the lock must be able to be disengaged automatically in the case of an emergency. The room must have an unbreakable observation window located in the wall or door to allow frequent visual monitoring of the child and any other person in the room.

What kind of reporting is done by the schools on the use of restraint and seclusion?

1. The school must document any use of physical restraint or seclusion in the child's educational record, and if an injury occurs, in the child's health record at school by filling out the CSDE standardized incident report.
2. Where restraint or seclusion is of an emergency nature, the incident report must include (a) the nature of the emergency, (b) what other steps, including attempts at verbal de-escalation, were taken to prevent the emergency from happening if there were signs that this kind of an emergency was likely to happen, (c) a detailed description of the nature of the restraint or seclusion, (d) how long the child remained in seclusion and (e) what effect being in seclusion had on the child's medical or behavioral support or educational plan.
3. The school district must record each instance of the use of physical restraint or seclusion and the nature of the emergency that necessitated its use and include this information in an annual compilation on the district's use of restraint and seclusion.
4. Where seclusion is used as a behavior intervention, the incident report must provide a detailed description of the nature of the seclusion, how long the child remained in seclusion and what effect being in seclusion had on the child's medical or behavioral support or educational plan.

How will I be notified if restraint or seclusion is used with my child?

1. The school district must attempt to notify you on the day of or within 24 hours after the emergency use of physical restraint or seclusion. This notification may be made by phone, e-mail or other method of communication, which may include sending a note home with the child. You must be sent a copy of the incident report no later than two business days after the emergency use of physical restraint or seclusion.
2. If seclusion is included in your child’s IEP as a behavior intervention, you and the PPT determine a timeframe and manner of notification of each incident of seclusion. This information is to be included in your child’s IEP.

Where can I find a copy of the State Statutes and Regulations Discussed in this Notification?

The state statutes addressing the use of physical restraint or seclusion in the public schools are found in Section 10-76d(a)(8)(B) and Sections 46a-150 to 46a-154, inclusive of the C.G.S. The state regulations are Sections 10-76b-5 to 10-76b-11, inclusive. The state statute concerning the responsibility of boards of education to maintain a safe school setting may be found in Section 10-220 of the statutes and, the state statute concerning the use of reasonable physical force may be found in Section 53a-18 of the C.G.S.

You may find the state statutes on the www.cga.ct.gov Legislative Web site. Once on the Website, place the cursor on the “Statutes” link. Move the cursor down to “Browse Statutes” and click on it. You will see the statutes listed by Title; for Section 10-76d, look in Title 10; for Sections 46a-150 to 46a-154, look in Title 46a and for Section 53a-18, look in Title 53. A copy of the state regulations is available from the CSDE.

You may obtain a copy of the school district’s written policies and procedures about the use of physical restraint or seclusion from _____. Any questions regarding this document, please feel free to contact _____ for further explanations.

You may also contact the CSDE for further explanations of this document. Contact the BSE in Hartford at 860-713-6910.

Release date September 15, 2009

Connecticut State Department of Education

Incident Report of Seclusion

Note: Any use of seclusion is to be documented in the child's educational record and, if appropriate, in the child's school health record. Use of the CSDE Incident Report of Seclusion is required and should be completed as soon after the incident as possible or within 24 hours of the incident.

Seclusion: The confinement of a person in a room, whether it be alone or with supervision in a manner that prevents the person from leaving the room. In a public school, seclusion does not mean any confinement of a child where the child is physically able to leave the area of confinement including in-school suspension and time-out.

District Information

School District: _____ Address: _____ Phone: _____

School: _____ Address: _____ Phone: _____

Date of Seclusion: _____ Date of Report: _____

Person preparing the report: _____

Time seclusion initiated _____ Time seclusion ended _____ Total time of seclusion _____

Student Information

Student's Name: _____ SASID #: _____ Date of Birth: _____

Age: _____ Gender (M /F): _____ Grade: _____ Race: _____ Disability: _____

_____ The student currently receives special education services.

_____ The student is being evaluated or considered for eligibility for special education services.

Staff Information

Name of staff administering seclusion: _____ Title _____

Name of staff monitoring/witnessing seclusion: _____ Title _____

Student activity/behavior precipitating use of seclusion

Describe the location and activity in which the student was engaged just prior to the seclusion:

Describe the risk of immediate or imminent injury to the student secluded or to others that required the use of seclusion: _____

Staff activity/response

Describe other steps, including de-escalation strategies implemented to prevent the emergency, which necessitated the use of seclusion: _____

Describe the nature of the seclusion: (Was it used as an emergency procedure to prevent immediate or imminent injury to the student or others? Was it used as a behavior intervention as indicated in the IEP? If in the IEP, did the situation/emergency meet the criteria as outlined?):

Did the student demonstrate physical distress while in seclusion? _____ Yes _____ No
Indicate times student was monitored for physical distress and if any signs of physical distress were noted: _____

Describe the disposition of the student following the use of seclusion:

Was the student injured during the emergency use of seclusion? _____ Yes _____ No
If "yes," complete and attach a Report of Injury.

Parent/Guardian Notification

Was parent/guardian notified within 24 hours of the incident?

____ Yes (indicate manner) _____
____ No

Was a copy of the Incident Report sent to parent/guardian within two business days?

_____ Yes _____ No

Is a PPT recommended to modify the IEP? _____ Yes _____ No *If "yes," indicate date* _____

Connecticut State Department of Education

Incident Report of Physical Restraint

Note: Any use of physical restraint is to be documented in the child's educational record and, if appropriate, in the child's school health record. Use of the CSDE Incident Report of Physical Restraint is required and should be completed as soon after the incident as possible or within 24 hours of the incident.

Physical Restraint means any mechanical or personal restriction that immobilizes or reduces the free movement of a child's arms, legs or head. It does not include: (1) briefly holding a child in order to calm or comfort the child; (2) restraint involving the minimum contact necessary to safely escort a child from one area to another; (3) medication devices, including supports prescribed by a health care provider to achieve proper body position or balance; (4) helmets or other protective gear used to protect a child from injuries due to a fall; or (5) helmets, mitts and similar devices used to prevent self-injury when the device is part of a documented treatment plan or IEP and is the least restrictive means available to prevent self-injury.

District Information

School District: _____ Address: _____ Phone: _____

School: _____ Address: _____ Phone: _____

Date of Restraint: _____ Date of Report: _____

Person preparing the report: _____

Time restraint initiated _____ Time restraint ended _____ Total time of restraint _____

Student Information

Student's Name: _____ SASID #: _____ Date of Birth: _____

Age: _____ Gender (M /F): _____ Grade: _____ Race: _____ Disability: _____

_____ The student currently receives special education services.

_____ The student is being evaluated or considered for eligibility for special education services.

Staff Information

Name of staff administering restraint: _____ Title _____

Name of staff monitoring/witnessing restraint: _____ Title _____

Student activity/behavior precipitating use of restraint

Describe the location and activity in which the student was engaged just prior to the restraint:

Describe the risk of immediate or imminent injury to the student restrained or to others that required the use of restraint: _____

Staff activity/response

Describe other steps, including de-escalation strategies implemented to prevent the emergency, which necessitated the use of restraint: _____

Describe the nature of the physical restraint: (include the type of hold/restraint and the number of persons required): _____

Did the student demonstrate physical distress during the restraint? _____ Yes _____ No
Indicate times student was monitored for physical distress and if any signs of physical distress were noted: _____

Describe the disposition of the student following the restraint:

Was the student injured during the emergency use of restraint? _____ Yes _____ No
If "yes," complete and attach a Report of Injury.

Parent/Guardian Notification

Was parent/guardian notified within 24 hours of the incident?
_____ Yes (indicate manner) _____
_____ No

Was a copy of the Incident Report sent to parent/guardian within two business days?
_____ Yes _____ No

Is a PPT recommended to modify the IEP? _____ Yes _____ No *If "yes," indicate date* _____

Section 6

Empirically Supported Prevention and Intervention Strategies

Overview



This section provides structural essentials of a comprehensive systemic design for implementing proactive interventions and supports. Specifically, interventions that could be implemented using existing school resources are provided and specific commercially available or packaged interventions have not been included. Therefore, this section should not be viewed as an exhaustive list of effective interventions.

In this section, the critical features of empirically supported prevention and intervention strategies are described for each intervention tier. Specifically for each tier (Tier 1, Tier 2 and Tier 3), a narrative description of the strategies is provided in outline form.

Tier 1: Universal Schoolwide and Classwide Strategies

Tier 1 interventions are characterized by the fact that they are universal in design and provide differentiated instruction for all students. They are preventive and proactive in nature and require that actions be proactive, positive and preventive in nature; based on the use of empirically validated procedures; done in collaboration with community supports; based in a common approach to discipline and climate; culturally responsive; and cognizant of linguistic diversity, addressing the needs of ELLs and varieties of English. Implementation of Tier 1 strategies and interventions help to and maintain a positive school climate.

a. State, post and teach positively stated expectations.

- Identify expectations that tell students what to do, rather than what not to do.
- Post the expectations within classroom and relevant school settings.
- Explicitly teach the expectations within the context of those school settings and classroom routines and provide practice in the natural context.
- Actively supervise (i.e., move, scan and interact with) students in the natural context.
- Remind or prompt students to follow expectations.

- Consider implementing an evidence-based social skills curriculum that includes specific strategies for anger management, conflict resolution, etc. (e.g., programs reviewed by www.CASEL.org).
 - Create a win-win teacher-student exchange. Students should be provided a way out, or options other than negative choices or behaviors.
- b. Select and implement instructional practices that maximize opportunities to respond and promote active student engagement in a variety of ways.**
- Use a variety of evidence-based strategies to increase opportunities to respond, including choral responding, response cards and guided notes.
 - Implement a variety of evidence-based instructional practices that increase active engagement, including direct instruction, class-wide peer tutoring and computer assisted instruction.
 - Provide a positive-based collaborative learning community that centers on rigor, relevance and relationship to support high school best practices that bring about an increase in success and performance.
- c. Maximize structure and predictability in school and classroom environments.**
- Design the physical arrangement of the setting, including the physical layout and seating arrangements (e.g., preferential seating) to (a) maximize structure and (b) minimize crowding and distraction.
 - Develop and teach predictable routines (e.g., how to enter/exit the classroom, take care of personal needs, get materials and conduct small group activities).
 - Provide structure during transitions by (a) developing a transition routine, (b) teaching that routine to students, and (c) promoting students when there will be a transition or other change to their schedule.
 - Post all schedules/transitions and daily changes to minimize the impact of change.
- d. Implement a variety of strategies to recognize and reinforce (i.e., increase) appropriate student behavior.**
- Students should be immediately recognized for demonstrating appropriate, expectation-following behavior using specific and contingent praise (i.e., specify the behavior being recognized).
 - In addition, consider implementing additional empirically validated strategies, including group contingencies or rewards, behavior contracts and/or token economies.
 - Create a schoolwide positive based support system.
- e. Implement a variety of strategies to discourage and decrease inappropriate student behavior.**
- Respond to inappropriate behavior in a calm voice (low volume and intensity) and business-like manner (neutral/unemotional).

- Provide a specific, brief and contingent error correction (e.g., "Behavior X was not respectful. Instead, please get my attention by doing Y) for minor behavioral incidents.
 - Consider additional empirically validated strategies to decrease inappropriate student behavior, including performance feedback, differential reinforcement, planned ignoring, response cost and time-out. Ensure that these procedures are implemented correctly and with fidelity (e.g., as described by Alberto and Troutman, 2009; Cooper, Heron and Heward, 2006) and implement the least restrictive procedure necessary.
 - Avoid reactive approaches to inappropriate behaviors such as punishment that fails to teach the student acceptable replacement behaviors and may reinforce the inappropriate behavior. Strategies and interventions must look beyond the misbehavior and explore the underlying causes of the misbehavior.
 - Use open communication within collaborative teams to individualize and address strategies to replace inappropriate behaviors.
- f. **Collect progress-monitoring data on social behavior and use those data to make decisions.**
- Collect data (e.g., office discipline referrals and behavior data collected by a teacher) to document the levels (frequency, rate, duration or latency) and intensity of students' social behavior.
 - Use data to make decisions about which students (a) benefit from Tier 1 strategies and interventions (i.e., students with moderate or increasing levels of disruptive behaviors
 - that do not present a danger to self or others), or (c) require Tier 3 strategies and interventions (i.e., students with high or increasing levels of disruptive behaviors and students with any level of problem behavior that presents a danger to self or others).

Tier 2: Interventions Included in Previous Tier and Targeted Group Strategies

Tier 2 interventions are typically implemented by a school-level team and they should be data driven. In other words, data should be used to make decisions about which students (a) require and benefit from a Tier 2 intervention, (b) require more intensive Tier 3 interventions or (c) have demonstrated success and are ready to return to Tier 1 interventions.

a. Small-group Social Skills Instruction

- Social skills instruction should be developed to promote maintenance and generalization of skills across contexts.
- Lesson plans should follow a model-lead-test format (i.e., systematic and direct instruction).

- During and after lessons, provide opportunities to practice and receive feedback in the natural setting (when possible).
- Include strategies to prompt or cue the skill in the natural setting. For example, create picture cues or written prompts for expected behaviors to post in the natural settings.

b. Check-in/Check-out (CICO) Interventions

Implement a CICO intervention that prompts students to (a) check-in with a positive adult when they first arrive at school, (b) check-in with their teacher(s) at specified time interval throughout the day (e.g., at the end of scheduled activities or classes), (c) check-out with a positive adult and (d) check-in with their parent or guardian at home. (Note: there are many variations of this intervention.)

Teach students, staff and parents the following procedures and implement them with fidelity:

- During the morning check-in, an assigned adult greets the students, reminds them about the expectations for the day, makes sure they have the required materials and gives them a point sheet or daily behavior report card to carry throughout the day to recruit feedback from their teacher(s).
- Throughout the day, each student gives his/her teacher(s) the point sheets and teachers provide (a) a rating of the extent to which each student demonstrated the expected behaviors and (b) brief verbal feedback (specific praise or error correction) about the student's performance during that period.
- At the end of the day, the student returns to the same assigned adult who reviews their point sheet, determines if the student met his/her daily goal (i.e., earned the required number of points), provides a reward contingent on meeting the goal and gives the student a copy of the point sheet to take home.
- At home, students share their point sheet with their parent(s) or guardian(s) who are asked to provide positive feedback or help the student problem solve for the next day, depending on the indicated level of performance.
- Carefully monitor this intervention, use data to make decisions and provide students with an opportunity to transition to self-management (where they rate themselves) and/or to return to Tier 1 if successful.

c. Mentoring

- Mentoring programs link students with adults from the community. Mentoring can take place in a variety of settings (e.g., school, community and recreation center) and include either structured or less structured activities (e.g., planned academic support, social interaction and recreation).

- One example of a more intensive mentoring program that has demonstrated initial effectiveness is Big Brothers Big Sisters. Big Brothers Big Sisters pairs students with community members who share similar characteristics and interests. Mentoring consists of two types of activities: "site-based mentoring," which includes weekly visits a the child's school and "community-based mentoring," which involves the "Big" and "Little" engaging in preferred activities together in the community (e.g., sports and recreation).

d. School-related Group Counseling Interventions

- Structured small-group activities focused on areas of concern (social skills groups, behavioral contracting and organizational support)

Tier 3: Interventions Included in Previous Tier and Individualized and Intensive Interventions

Tier 3 interventions are by their very nature more intensive and individualized. Students who are not making progress using Tier II interventions, need a much more structured, individualized and intensive intervention. According to the National Association of School Psychologists (NASP) these interventions are best implemented using the best practice of teaming and behavioral consultation. The interventions will be most successful when multiple, simultaneous causes are considered and linked to multiple interventions designed to treat the individual. The team should consider the following characteristics: cognitive, behavioral, health, peer, curriculum, teacher, classroom/school district, as well as, family /neighborhood/community and cultural and linguistic factors.

a. Assessment of the Function of Behavior(s) and Positive Support Planning

- Assessing the function of student behavior(s) is a process of (a) identifying behaviors to target with intervention, (b) operationally defining each behavior, (c) collecting information via records reviews, inter views and observations to identify the context in which the behaviors occur (antecedents that trigger and consequences that maintain the behavior), and (d) determining the function that the behavior serves for the individual (positive or negative reinforcement). The outcome of such an assessment is a confirmed summary statement which specifies ABC and may be formatted as follows: Given _____ (antecedents), the student engages in _____ (behaviors) to _____ (get/obtain or escape/avoid) _____ (stimuli).
- After conducting an assessment of the function of the behavior, an individualized, positive behavior support/BIP should be developed by (a) identifying an appropriate alternative behavior to replace the problem behavior and meet the same function, (b) devising a behavior support plan that describes the ways in which the environment is rearranged to

make the replacement behavior more efficient, effective, relevant and durable than the problem behavior, (c) monitoring for fidelity of implementation and (d) taking data to guide the modification and eventual fading of the plan.

b. Individualized Student/family Supports Planned Through a Wraparound or Person-centered Process

- Wraparound services for children with significant mental health issues are family and child-centered. They take place in a variety of settings and include behavior treatment or care planning. Progress is monitored with date, updated regularly and reevaluated every three months.
- In Connecticut, the local systems of care incorporate a continuum of services for children with significant mental health issues, as well as provide a structure for communities to come together, to address systems in the children's behavioral health system.
- Connecticut community collaboratives work together to coordinate services and advocate for children who have significant mental health issues and their families.

c. Counseling Interventions

- Frequency and intensity of structured small-group activities focused on areas of concern (social skills groups, behavioral contracting and organizational support) may increase.
- Conduct structured goal-oriented counseling sessions in systematic response to identified needs of groups of children. Themes include academic skill building, social skill development, career awareness, conflict resolution, family issues and making healthy choices.
- Provide individual counseling in response to student requests.

Recap of Tier Strategies

Recap of Tier 1 Strategies

- State, post, and teach positively stated expectations.
- Select and implement instructional practices that maximize opportunities to respond to and promote active student engagement in a variety of ways.
- Maximize structure and predictability in school and classroom environments.
- Implement a variety of strategies to recognize and reinforce (i.e., increase) appropriate student behavior.
- Implement a variety of strategies to discourage and decrease inappropriate student behavior.
- Collect progress-monitoring data on social behavior, and use those data to make decisions.

Recap of Tier 2 Strategies

- Small-group social skills Interventions.
- Mentoring.
- School-related group counseling interventions.
- Check-in/check-out interventions.

Recap of Tier 3 Strategies

- Assessment of the function of behavior.
- Individualized student/family supports.
- Individualized counseling interventions.
- Consultation/teaming.

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