

# Evaluation to Determine the Need for Special Circumstance Instructional Assistance

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San Luis Obispo County Special Education Local Plan Area (SELPA)



September, 2004

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Parent Guide to Special Circumstance Instructional Assistance

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## Procedure

Special Circumstance Instructional Assistance (SCIA) is provided for students with disabilities when additional support is necessary for the student to meet his or her goals and objectives. Whenever possible, additional assistance is assigned to a school environment, class or case manager. Occasionally, however, a student requires individual support for a designated period of time to address a unique need. When the IEP team is considering SCIA, all aspects of the student's program must be considered. A request for SCIA is made only after other site interventions have proven unsuccessful. A student's educational program must be carefully evaluated to determine when and where the additional support is required. Natural support and existing staff should be used whenever possible to promote the least restrictive environment. A primary goal for all students with special needs is to encourage, promote, and maximize independence. If not carefully monitored, additional assistance can easily and unintentionally foster dependence; as a result, the IEP team must periodically review the continued need and effectiveness of this additional support. Information from the items of the evaluation plan should be used to determine a student's individual need for SCIA. This does not mean that all items contained in this handbook will be appropriate for all students. **Items should be selected based on their relevancy in providing a comprehensive, detailed plan for support. The plan should be written with the primary goal to maximize and promote student independence.**

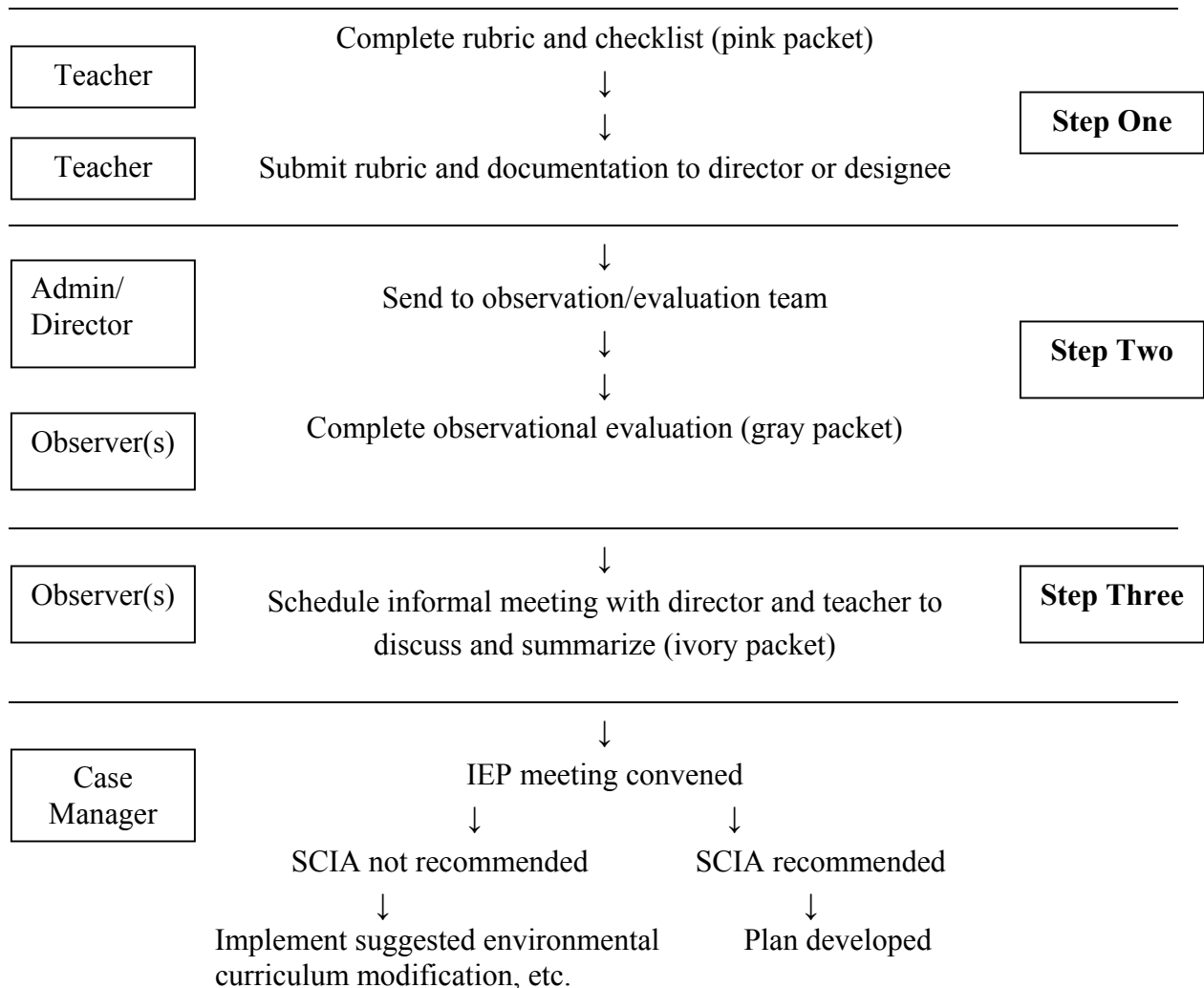
**STEP ONE  
TEACHER**

Consideration for Special Circumstance Instructional Assistance

Flow Chart

Following request by teacher, parent, IEP team:  
Review IEP to ensure goals address all areas of need  
Assessment plan developed, signed, parent receives parent guide

**Preliminary**



## STEP ONE TEACHER

*Please submit the following information to begin the process to consider a need for additional support. Collaborate with regular education teacher and/or other services, as appropriate.*

- ❑ Current collection of data on IEP goals specific to areas of needed support. *(Submit copy of IEP or use sample form. Summarize data in written, graphed or other form.)*
- ❑ Completed rubric.
- ❑ Documentation of concerns noted in box 3 and/or 4 of rubric *(i.e., logs, charts, written narrative, etc.)*.
- ❑ Class schedule. *(Include time, staff name, students, and activities where applicable.)*
- ❑ Individual student schedule, including related services.
- ❑ Notes of communication logs and/or student staffing meetings *(formal and informal)*. Include participants.
- ❑ Diagram of the physical structure of the classroom environment. *(Diagram the arrangement of furniture, small group instruction areas and equipment that provides the physical structure of the classroom.)*

## Student Needs for Additional Support Rubric

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Disability: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_  
 Teacher: \_\_\_\_\_ Current Program: \_\_\_\_\_

Select the number that best describes the student in each rubric category that is appropriate.

|    | Health/Personal Care/Rating   | Behavior/Rating  | Instruction/Rating  | Inclusion/Mainstreaming/Rating   |
|----|---|--|---|--|
| 0  | General good health. No specialized health care procedure or medications taken. No time required for health care. Independently maintains all “age appropriate” personal care needs. <input type="checkbox"/>   | Follows adult directions without frequent prompts or close supervision. Handles change and redirection. Usually gets along with peers and adults. Seeks out friends. <input type="checkbox"/>  | Participates fully in whole class instruction. Stays on task during typical instruction activity. Follows direction with few to no additional prompts. <input type="checkbox"/>   | Participates in some core curriculum within general education class and requires few modifications. Can find classroom. Usually socializes well with peers. <input type="checkbox"/>   |
| 1  | Mild or occasional health concerns. Allergies or other chronic health conditions. No specialized health care procedure. Medications administration takes less than 10 minutes time. Needs reminders to complete “age appropriate” personal care activities. <input type="checkbox"/>  | Follows adult direction but occasionally requires additional encouragement and prompts. Occasional difficulty with peers or adults. Does not always seek out friends but plays if invited. <input type="checkbox"/>  | Participates in groups at instructional level but may require additional prompts, cues or reinforcement. Requires reminders to stay on tasks, follow directions and to remain engaged in learning. <input type="checkbox"/>   | Participates with modification and accommodation. Needs occasional reminders of room and schedule. Requires some additional support to finish work & be responsible. Needs some social cueing to interact with peers appropriately. <input type="checkbox"/>   |
| 2  | Chronic health issues (ear infections, ADD, diabetes, bee sting allergy). Generic specialized health care procedure and takes medication. Health care intervention for 10-15 min. daily (diet, blood sugar, medication). Requires reminders and occasional additional prompts or limited hands-on assistance for washing hands, going to the bathroom, wiping mouth, shoes, buttons, zippers, etc. Occasional toileting accidents. <input type="checkbox"/> | Has problems following directions and behaving appropriately. Can be managed adequately with a classroom behavior management plan, but unable to experience much success without behavior support plan implementation. <input type="checkbox"/>  | Cannot always participate in whole class instruction. Requires smaller groups and frequent verbal prompts, cues, or reinforcement. On task about 50% of the time with support. Requires more verbal prompts to follow directions. <input type="checkbox"/>  | Participates with visual supervision and occasional verbal prompts. Requires visual shadowing to get to class. Needs modifications & accommodations to benefit from class activities. Regular socialization may require adult facilitation. <input type="checkbox"/>   |
| 3* | Very specialized health care procedure and medication. Limited mobility or physical limitations requiring assistance (stander, walker, gait trainer or wheelchair). Special food prep or feeding. Health related interventions 15-45 min. daily. Frequent physical prompts and direction assistance to participate in personal care. Food prep required regularly. Requires toilet schedule, training, direct help, diapering. <input type="checkbox"/>     | Serious behavior problems almost daily. Defiant and/or prone to physical aggression. Requires a Behavior Intervention Plan (BIP) and behavior goals and objectives on the IEP. Requires close visual supervision to implement BIP. Medication for ADD/ADHD or other behaviors. <input type="checkbox"/>  | Difficult to participate in a large group. Requires low student staff ratio, close adult proximity and prompts including physical assistance to stay on task. Primarily complies only with 1:1 directions & monitoring. Cognitive abilities & skills likely require modifications not typical for class as a whole. Needs individualized methodologies (ABA, DTT, etc). Requires signing over 80% of the time. <input type="checkbox"/> | Participation may require additional staff for direct instructional and behavioral support. Requires direct supervision going to & from class. Always requires modifications & accommodations for class work. Requires adult to facilitate social interaction with peers. <input type="checkbox"/>             |
| 4* | Specialized health care procedures requiring care by specially trained employee (G tube, tracheotomy, cauterization.) Takes medication, requires positioning or bracing multiple times daily. Health related interventions 45 min. daily. Direct assistance with most personal care. Requires two-person lift. Direct 1:1 assistance 45 or more min. daily. <input type="checkbox"/>  | Serious behavior problems with potential for injury to self and others, runs-away, aggressive on a daily basis. Functional Analysis of Behavior or Hughes Bill has been completed and the student has a well-developed BIP, which must be implemented to allow the student to safely attend school. Staff has been trained in the management of assaultive behaviors. <input type="checkbox"/> | Cannot participate in a group without constant 1:1 support. Requires constant verbal and physical prompting to stay on task and follow directions. Regularly requires specific 1:1 instructional strategies to benefit from the IEP. Cognitive abilities and skills require significant accommodation and modification not typical for the class group. <input type="checkbox"/>  | Always requires 1:1 staff in close proximity for direct instruction, safety, mobility or behavior monitoring. Requires 1:1 assistance to go to and from class 80% of the time. Requires adult to facilitate social interaction with peers and remain in close proximity at all times. <input type="checkbox"/> |

**Attach a copy of documentation indicating frequency and duration over a period of time to determine further consideration of special circumstance instructional assistance. If mostly ratings of 3's & 4's, in two or more areas, continue with needs assessment process. If mostly ratings of 0, 1, or 2, refer to Classroom Adaptations.**

## Classroom Adaptations

|   | <b>Health/Personal Care/Rating</b>   | <b>Behavior/Rating</b>   | <b>Instruction/Rating</b>  | <b>Inclusion/Mainstreaming/Rating</b>  |
|---|--|--|--|--|
| 1 | Mild or occasional health concerns. Allergies or other chronic health conditions. No specialized health care providers. Medications administration takes less than 10 minutes time. Needs reminders to complete "age appropriate" personal care activities.  | Follows adult direction but occasionally requires additional encouragement with peers or prompts. Occasional difficulty with peers or adults. Does not always seek out friends but plays if invited.                   | Participates in groups at instructional level but may require additional prompts, cues or reinforcement. Requires reminders to stay on task, follow directions and to remain engaged in learning.                                | Participates with modification and accommodation. Needs occasional reminders of room and schedule. Requires some additional support to finish work and be responsible. Needs some social cueing to interact with peers appropriately.        |
| 2 | Chronic health issues, generic specialized health care procedure. Takes medication. Health care intervention for 10-15 min. daily (diet, blood sugar, medication). Requires reminders and additional prompts or limited hands on assistance for washing hands, using bathroom, wiping mouth, shoes, buttons, zippers, etc. Occasional toileting accidents. | Has problems following directions and behaving appropriately. Can be managed adequately with a classroom behavior management plan, but unable to experience much success without behavior support plan implementation. | Cannot always participate in whole class instruction. Requires smaller groups and frequent verbal prompts, cues or reinforcement. On task about 50% of the time with support. Requires more verbal prompts to follow directions. | Participates with visual supervision and occasional verbal prompts. Requires visual shadowing to get to class. Needs modification and accommodations to benefit from class activities. Regular socialization may require adult facilitation. |

### **Environment**

- Clarify rules
- Active rule teaching
- Change seating
- Change groups
- Reduce distractions
- Special study area
- Peer supports
- Visual/posted schedule followed
- Rearrange physical environment

### **Assignments**

- Shorten
- Individual contracts
- Extended time
- Use of tape recorder
- Daily assignment sheet
- Assignment notebook/calendar
- Start buddy

### **Requests for Assistance**

- Conference with parents
- Confer with other school staff (i.e., counselor, administrator, reading spec., etc.)
- Consider district/county resources for additional training
- Behavior support plan
- Classroom team meetings

### **Curriculum/Materials**

- Change instructional materials
- High-interest reading materials
- Use of computer
- Calculator
- Books on tape, taped notes
- Learning games
- Assistive devices
- Reinforcers
- Reinforcement schedule (variety) in place
- Lesson plans clearly written
- IEP objectives address deficit areas

### **Teaching Techniques**

- Consistent rules and consequences (consistency across staff)
- Teach notetaking & study skills
- Strategies instruction
- Repeat instructions, assignments
- Verbal praises
- Frequent feedback
- Eye contact
- Use of visual aids, hands on
- Small-group instruction
- Cross-age tutor

### **Communication**

- Student has ways to communicate need appropriately
- Staff recognizes communication attempts (encourages)
- Home/school communication (logs, email, etc.)

## **Observational Evaluation To Determine the Need For Additional Support**

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Section I: Please complete the following review of the structure of the classroom, curriculum design, etc.  
Some sections may not be applicable to all students:*

### **A. Class routines**

1. The following are included in the posted class schedule (attach teacher sample):

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> time       | <input type="checkbox"/> student  |
| <input type="checkbox"/> staff name | <input type="checkbox"/> activity |
| <input type="checkbox"/> location   |                                   |

2. Posted schedule is reviewed and followed daily, changes noted:  yes  no

### **B. Personal independence**

1. Student uses the following for individualized schedule (i.e., personal calendar, daily planner, etc.):

- |                                     |                                |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> object     | <input type="checkbox"/> icon  |
| <input type="checkbox"/> photograph | <input type="checkbox"/> words |
| <input type="checkbox"/> picture    |                                |

2. Student use of the schedule:

- |  |   |
|--|---|
| <input type="checkbox"/> student refers to posted schedule | <input type="checkbox"/> student has schedule on desk           |
| <input type="checkbox"/> student carries schedule          | <input type="checkbox"/> student uses transition cards          |
| <input type="checkbox"/> student goes to schedule board    | <input type="checkbox"/> teacher carries and shows the schedule |

3. Room is arranged with a structure to show where activities take place per schedule:

- |   |  |
|---|--|
| <input type="checkbox"/> area for work one-to-one | <input type="checkbox"/> area for independent work |
| <input type="checkbox"/> area for group work      | <input type="checkbox"/> area for leisure          |
| <input type="checkbox"/> area for completed work  | <input type="checkbox"/> other _____               |

4. Level of student following the schedule:

- |  |  |
|--|--|
| <input type="checkbox"/> independent                       | <input type="checkbox"/> physical prompt |
| <input type="checkbox"/> indirect verbal or gesture prompt | <input type="checkbox"/> not at all      |
| <input type="checkbox"/> direct verbal prompt              |  |

5. Level of student completing activities:

- |  |  |
|--|--|
| <input type="checkbox"/> independent                       | <input type="checkbox"/> physical prompt |
| <input type="checkbox"/> indirect verbal or gesture prompt | <input type="checkbox"/> not at all      |
| <input type="checkbox"/> direct verbal prompt              |  |

**C. Curriculum and instructional planning**

1. Check the curricular domains included in student program:

- |  |   |
|--|---|
| <input type="checkbox"/> communication         | <input type="checkbox"/> pre-vocational |
| <input type="checkbox"/> self care             | <input type="checkbox"/> behavior       |
| <input type="checkbox"/> academics             | <input type="checkbox"/> other _____    |
| <input type="checkbox"/> motor skills/mobility |   |

2. Grouping strategies for instruction throughout the day:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> one to one           | <input type="checkbox"/> peer partner |
| <input type="checkbox"/> small group          | <input type="checkbox"/> whole group  |
| <input type="checkbox"/> cooperative learning | <input type="checkbox"/> independent  |

3. Instruction presented in multiple formats: visual, tactile, auditory, etc.:  yes  no

4. Tasks completed in alternative modes: matching, drawing, labeling etc.:  yes  no

5. List equipment or devices used that may relate to the need for assistance (may be low-incidence equipment or assistive technology device.)

6. List age-appropriate materials and activities unique to student.

7. Choose a goal(s) and attach a sample task analysis for an activity with the student (use sample form or your own).

**D. Classroom/behavior management - describe reinforcers and reinforcement schedule used**

**E. Attach a description of assistance not provided during the school day (use sample form or your own)**

**F. Check other types of assistance that may be needed**

- |   |  |
|---|--|
| <input type="checkbox"/> training for instructional staff | <input type="checkbox"/> in classroom coaching |
| <input type="checkbox"/> consultation for the classroom   | <input type="checkbox"/> other _____           |
| <input type="checkbox"/> site visitation                  |  |

**Section II: Please review the information submitted by the teacher and respond to the following information:**

**G. Current collection of data**

1. Is there current data on each objective that include:
  - date
  - task
  - level of independence
  
2. How often is data collected?
  - daily
  - weekly
  - trimester
  - biweekly
  - monthly
  
3. Is current data demonstrating?
  - progress
  - lack of progress-specify degree \_\_\_\_\_
  
4. How is data summarized?
  - graphed
  - written narrative
  - log
  - other \_\_\_\_\_

**H. Communication logs kept**  yes  no

**I. Student staffing meetings and how often (formal or informal)**

1. How often are planning meetings held?
  - biweekly
  - monthly
  - other \_\_\_\_\_
  
2. Attach format and notes.

**J. Classroom Environment (Physical Structure)**

Review the arrangement of furniture, small group instruction areas and equipment that provides the physical structure of the classroom.



## MEETING

The informal meeting addresses the following:

- ❑ The Special Circumstance Instructional Assistance (SCIA) philosophy indicates that staff should always work to promote student independence. School teams need to be creative in using natural supports to the maximum extent possible. Team members can share ideas, expertise and resources in planning as well as in carrying out needed support/assistance for identified students with special needs.
- ❑ A review and discussion of the results of the Observational Evaluation.
- ❑ Consideration of natural support and a look at options related to more effective use of existing staff. Implementing small group instruction, peer modeling, tutoring, cooperative learning, and opportunities for regrouping students for instruction. How much individual assistance does the student need and who might be able to assist the student at a "high need" time.
- ❑ A review of classroom management, development or revision of behavior support plan. Discussion of whether a full functional analysis is needed.
- ❑ Consideration of district as well as county resources and staff to provide training to meet the child's needs.
- ❑ Consideration of alternative placements in district or county classes.
- ❑ Completion of the Summary of Evaluation for Additional Support.
- ❑ Discussion that specifies activities, environments and circumstances where additional assistance is needed and whether part-time SCIA, full time SCIA, or adding assistance to the whole class is recommended.
- ❑ Discussion of a plan for fading the extra support to maximize student independence.

# Summary of Evaluation for Additional Support

## STEP THREE INFORMAL MEETING

Student: \_\_\_\_\_ District: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_  Male  Female Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Based on documentation and observation the following is recommended:

- Implementing alternative strategies
- Structuring the environment
- Using existing staff members (specify time and activity)
- Increasing training
- Special circumstance instructional support in the following areas of intensive need:

| <b>Health/Personal Care</b>  | <b>Behavior</b>  | <b>Instruction</b>  | <b>Inclusion/Mainstreaming</b>                                      |
|--|--|---|---|
| <input type="checkbox"/> Implementation of specialized health plan | <input type="checkbox"/> Implementing individualized behavior plan   | <input type="checkbox"/> Provide physical prompts               | <input type="checkbox"/> Direct adult instruction                   |
| <input type="checkbox"/> G-tube                                    | <input type="checkbox"/> Implementing crisis intervention techniques | <input type="checkbox"/> Provide verbal prompts                 | <input type="checkbox"/> Provide physical support/positioning       |
| <input type="checkbox"/> Suctioning                                | <input type="checkbox"/> Redirecting/removing from class             | <input type="checkbox"/> Structured teaching/ assignments       | <input type="checkbox"/> Provide safety/close visual supervision    |
| <input type="checkbox"/> Providing physical support/positioning    | <input type="checkbox"/> Prohibiting elopement of student            | <input type="checkbox"/> Support use of assistive technology    | <input type="checkbox"/> Facilitating social interaction with peers |
| <input type="checkbox"/> Toileting                                 | <input type="checkbox"/> Providing safety supervision                | <input type="checkbox"/> Implement individualized methodologies | <input type="checkbox"/> Adapting materials                         |
| <input type="checkbox"/> Feeding-full support                      | <input type="checkbox"/> Supervision during breaks                   | <input type="checkbox"/> Provide signing                        | <input type="checkbox"/> Other: _____                               |
| <input type="checkbox"/> Other: _____                              | <input type="checkbox"/> Other: _____                                | <input type="checkbox"/> Other: _____                           |   |

Describe how assistant will be provided training.

For EACH area of intensive need marked above indicate which IEP goal objective addresses the area of intense need. Use additional paper if needed to describe all the needs.

Describe school day description and assistance needed. Specify time(s) and activity(ies). Use additional paper if needed.

When the IEP team determines the need for Special Circumstance Instructional Assistance (SCIA), the plan developed should include:

- ❑ goals and objectives that address skills to be taught to fade SCIA and transition to natural supports and existing staff
- ❑ how support will be monitored
- ❑ data collection method and who will review data
- ❑ modifications that will be used
- ❑ review dates to monitor fading (3 months)
- ❑ specific activities, environments and circumstances for SCIA
- ❑ role of SCIA, role of special education teacher, regular education teacher and any other adult interfacing with the child in the educational setting
- ❑ schedule of team meetings and composition, if appropriate
- ❑ frequency and duration of services (use SIF or Amendment form)





# IEP Goals and Objectives Charting

Student: \_\_\_\_\_

School Year: \_\_\_\_\_

**LEVELS OF ASSISTANCE**

- 5 = INDEPENDENT
- 4 = GESTURE/NON VERBAL/VISUAL CUE
- 3 = VERBAL CUE
- 2 = MODEL
- 1 = PHYSICAL PROMPT

| GOAL NUMBER | LEVEL OF ASSISTANCE   | COMMENTS |
|-------------|-----------------------|----------|
|             | 5    4    3    2    1 |          |
|             | 5    4    3    2    1 |          |
|             | 5    4    3    2    1 |          |
|             | 5    4    3    2    1 |          |
|             | 5    4    3    2    1 |          |
|             | 5    4    3    2    1 |          |
|             | 5    4    3    2    1 |          |
|             | 5    4    3    2    1 |          |

**SAMPLE**

## Planning Meetings

Student: \_\_\_\_\_ Date: \_\_\_\_\_ Time \_\_\_\_\_

Staff Present: \_\_\_\_\_

| Date | Goals Discussed | Positive Progress | Areas to Improve/Staff Responsible |
|------|-----------------|-------------------|------------------------------------|
|      |                 |                   |                                    |
|      |                 |                   |                                    |
|      |                 |                   |                                    |
|      |                 |                   |                                    |

**SAMPLE**

## Student Needs for Additional Support Rubric

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Disability: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Current Program: \_\_\_\_\_

Select the number that best describes the student in each rubric category that is appropriate.

|    | Health/Personal Care/Rating   | Behavior/Rating  | Instruction/Rating  | Inclusion/Mainstreaming/Rating   |
|----|---|--|---|--|
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| 2  | Chronic health issues (ear infections, ADD diabetes, bee sting allergy). Generic specialized health care procedure and takes medication. Health care intervention for 10-15 min daily (diet, blood sugar, medication). Requires reminders and occasional additional prompts or limited hands-on assistance for washing hands, going to the bathroom, wiping mouth, shoes, buttons, zippers, etc. Occasional toileting accidents. <input type="checkbox"/> | Has problems following directions and behaving appropriately. Can be managed adequately with a classroom behavior management plan, but unable to experience much success without behavior support plan implementation. <input type="checkbox"/>  | Cannot always participate in whole class instruction. Requires smaller groups and frequent verbal prompts, cues, or reinforcement. On task about 50% of the time with support. Requires more verbal prompts to follow directions. <input type="checkbox"/>  | Participates with visual supervision and occasional verbal prompts. Requires visual shadowing to get to class. Needs modifications & accommodations to benefit from class activities. Regular socialization may require adult facilitation. <input type="checkbox"/>   |
| 3  | Very specialized health care procedure and medication. Limited mobility or physical limitations requiring assistance (stander, walker, gait trainer or wheelchair). Special food prep or feeding. Health related interventions 15-45 min. daily. Frequent physical prompts and direction assistance to participate in personal care. Food prep required regularly. Requires toilet schedule, training, direct help, diapering. <input type="checkbox"/>   | Serious behavior problems almost daily. Defiant and/or prone to physical aggression. Requires a Behavior Intervention Plan (BIP) and behavior goals and objectives on the IEP. Requires close visual supervision to implement BIP. Medication for ADD/ADHD or other behaviors. <input type="checkbox"/>  | Difficult to participate in a large group. Requires low student staff ratio, close adult proximity and prompts including physical assistance to stay on task. Primarily complies only with 1:1 directions & monitoring. Cognitive abilities & skills likely require modifications not typical for class as a whole. Needs individualized methodologies (ABA, DTT, etc). Requires signing over 80% of the time. <input type="checkbox"/> | Participation may require additional staff for direct instructional and behavioral support. Requires direct supervision going to & from class. Always requires modifications & accommodations for class work. Requires adult to facilitate social interaction with peers. <input type="checkbox"/>             |
| 4* | Specialized health care procedures requiring care by specially trained employee (G tube, tracheotomy, cauterization.) Takes medication, requires positioning or bracing multiple times daily. Health related interventions 45 min. daily. Direct assistance with most personal care. Requires two-person lift. Direct :1 assistance 45 or more minutes daily. <input type="checkbox"/>  | Serious behavior problems with potential for injury to self and others, runs-away, aggressive on a daily basis. Functional Analysis of Behavior or Hughes Bill has been completed and the student has a well-developed BIP, which must be implemented to allow the student to safely attend school. Staff has been trained in the management of assaultive behaviors. <input type="checkbox"/> | Cannot participate in a group without constant 1:1 support. Requires constant verbal and physical prompting to stay on task and follow directions. Regularly requires specific 1:1 instructional strategies to benefit from the IEP. Cognitive abilities and skills require significant accommodation and modification not typical for the class group. <input type="checkbox"/>  | Always requires 1:1 staff in close proximity for direct instruction, safety, mobility or behavior monitoring. Requires 1:1 assistance to go to and from class 80% of the time. Requires adult to facilitate social interaction with peers and remain in close proximity at all times. <input type="checkbox"/> |

\*Attach a copy of documentation indicating frequency and duration over a period of time to determine further consideration of special circumstance instructional assistance. If mostly ratings of 3’s & 4’s, in two or more areas, continue with needs assessment process. If mostly ratings of 0, 1, 2, refer to Classroom Adaptations.

## Appendix A

# **Parent Guide to Special Circumstance Instructional Assistance Services as Part of the IEP**

## **Frequently Asked Questions**

### **Q. What is the role of the parent in considering the need for additional, instructional support personnel?**

A. Parents are participants in IEP team decisions. The primary goal for any child with special needs is to encourage, promote, and maximize student independence. If not carefully monitored, additional assistance can easily and unintentionally foster dependence. The IEP goals and objectives are driven by assessment. They determine where support is needed.

### **Q. What accommodations or modifications are needed and who will deliver those accommodations?**

A. Using assessment data, the IEP team specifically describes the setting(s) where the student can meet the goals and objectives on the IEP. Once those are designed, support services are requested for the various settings, including when and where instructional assistance may be required.

As team members plan for meeting the needs of individual students, they consider all available resources. The use of additional support staff may or may not be the most appropriate option for meeting student needs. Available resources include:

- Peer tutoring
- Cooperative learning practices
- Training for staff regarding accommodations
- Developing a transition period into a new setting for a specific amount of time
- Volunteers and foster grandparents
- Assistive technology to encourage more independent functioning
- Team teaching with the instructional assistant alternating between two classrooms
- Reviewing/revising the behavior management plan
- Increasing instructional support to the classroom

Once a decision is made regarding additional services, a request is made to the district administrator responsible for special education programs and services who will then involve the Personnel Department. The employer retains the rights and responsibilities for all hiring, scheduling, supervision and salary placement of instructional assistants and other support staff.

If additional instructional services are determined to be the appropriate service delivery model, the following questions need to be asked:

### **Q. What support services will be provided by the additional instructional assistant?**

A. The IEP should include a specific description of the services the assistant will be expected to provide.

### **Q. Where will the services be provided?**

A. The IEP should describe the educational setting in which the student will be working with the assistant. For instance, whether the student will work with the assistant in the general education setting or the special education setting should be discussed and documented in the IEP.

**Q. How much time will the assistant be working with the child?**

A. The IEP team should specify the approximate amount of time per day/week for additional support to be provided.

**Q. How long will the services be needed?**

A. Additional support service will be discontinued when specific skills are accomplished, when levels of independence have been achieved, or when specific conditions are met. Usually a three to six month review is recommended. If not carefully monitored, individual support can easily and unintentionally foster dependence.

**Q. How will we know when the student will be able to be successful without these additional services?**

A. The IEP team should list the level of independence or skill acquisition that will indicate the need to revise the level of support and the type of modification and services needed. Discussion at the IEP meeting might include:

- What skills need to be accomplished before the student is able to be successful without the support of an individual assistant?
- How will we know when the student has attained mastery of these skills?

**Questions the family may direct to the principal of the program:**

- How can I help provide support?
- What ongoing staff development or training will be provided to the assistant?

**Questions for the family to consider to ensure effective communication throughout the school year:**

- Who should I call to discuss routine issues such as day-to-day care or ordinary events that arise?
- Who should I call about programming issues such as my child's progress, class scheduling, instructional needs, or social interaction with peers?
- How will the information the instructional assistant has about my child's experiences at school be shared with me?

**Note: The school district has the right and responsibility for hiring and supervising all of its employees. When you have questions regarding an employee, contact the school principal or program supervisor. All visitations to the classroom shall be made through an appointment with the teacher. All visitors shall check in with the school office and obtain a visitor badge before entering a classroom.**

## **Appendix B**



Division of Student Programs and Services  
Special Education Unit  
Special Circumstance Instructional Assistance  
Sample Goals and Objectives

Appreciation is expressed to the Riverside County Office of Education for providing these sample goals and objectives for this handbook.

***Health/Personal Care Area***

**By \_\_\_ when being fed via a “G-tube,” student will cooperate with staff to complete the health procedure by not pushing staff or objects away 2 times a day with only 1 verbal prompt per day for 5 consecutive days as measured by data.**

1. By \_\_\_ when being fed via a "G-tube," student will cooperate with staff to complete the health procedure by not pushing staff or objects away 2 times a day with physical and verbal prompts for 5 consecutive days as measured by data.
2. By \_\_\_ when being fed via a "G-tube," student will cooperate with staff to complete the health procedure by not pushing staff or objects away 2 times a day with no more than 2 verbal prompts for 5 consecutive days as measured by data.

**By \_\_\_ when being fed and food has been scooped with hand-over-hand prompting, student will lift spoon to mouth and put food into mouth, chew food and swallow food and return spoon to plate with no physical prompt for at least 6 times per session for 4 out of 5 consecutive days as measured by data.**

1. By \_\_\_ when being fed and food has been scooped with hand-over-hand prompting, student will lift spoon to mouth and put food into mouth, chew food and swallow food and return spoon to plate with no physical prompt for at least 2 times per session for 4 out of 5 consecutive days as measured by data.
2. By \_\_\_ when being fed and food has been scooped with hand-over-hand prompting, student will lift spoon to mouth and put food into mouth, chew food and swallow food and return spoon to plate with no physical prompt for at least 4 times per session for 4 out of 5 consecutive days as measured by data.

**By \_\_\_ when being habit trained, student will void in the toilet at least two times a day and keep his/her underwear dry throughout the day for 4 out of 5 trial days as measured by staff data.**

1. By \_\_\_ when being habit trained, student will void in the toilet at least 2 times a day and keep his/her underwear dry throughout the day for 2 out of 5 trial days as measured by staff data.
2. By \_\_\_ when being habit trained, student will void in the toilet at least 2 times a day and keep his/her underwear dry throughout the day for 3 out of 5 trial days as measured by staff data.

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| <i>Behavior Area</i> |
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**By \_\_\_\_ when in a conflict situation, student will request staff assistance to solve the problem without name calling or hitting others on 4 out of 5 occasions over 5 consecutive trial days as measured by data.**

1. By \_\_\_\_ when in a conflict situation, student will request staff assistance to solve the problem without name calling or hitting others on 2 out of 5 occasions over 5 consecutive trial days as measured by data.
2. By \_\_\_\_ when in a conflict situation, student will request staff assistance to solve the problem without name calling or hitting others on 3 out of 5 occasions over 5 consecutive trial days as measured by data.

**By \_\_\_\_ when given a direction, student will follow that direction within 30 seconds with no protest or complaining on 4 out of 5 requests for 5 consecutive trial days as measured by staff.**

1. By \_\_\_\_ when given a direction, student will follow that direction within 30 seconds with no more than 3 protests or complaints on 4 out of 5 requests for 5 consecutive trial days as measured by staff.
2. By \_\_\_\_ when given a direction, student will follow that direction within 30 seconds with no more than 1 protest or complaint on 4 out of 5 requests for 5 consecutive trial days as measured by staff.

**By \_\_\_\_ during unstructured time, student will keep hands and feet to self and refrain from negative comments to others with at least 20 points earned for behavior for 5 consecutive days as measured by staff data records.**

1. By \_\_\_\_ during unstructured time, student will keep hands and feet to self with at least 20 points earned for behavior for 5 consecutive days as measured by staff data records.
2. By \_\_\_\_ during unstructured time, student will refrain from negative comments to others with at least 20 points earned for behavior for 5 consecutive days as measured by staff data records.

**By \_\_\_\_ when work becomes difficult or tiring, instead of having verbal outbursts or throwing school work off desk, student will ask for adult help to complete school tasks on 4 out of 5 situations over 5 trial days as measured by staff data.**

1. By \_\_\_\_ when work becomes difficult or tiring, instead of having verbal outbursts or throwing school work off desk, student will ask for adult help to complete school tasks on 2 out of 5 situations over 5 trial days as measured by staff data.
2. By \_\_\_\_ when work becomes difficult or tiring, instead of having verbal outbursts or throwing school work off desk, student will ask for adult help to complete school tasks on 3 out of 5 situations over 5 trial days as measured by staff data.

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| <i>Instruction Area</i> |
|-------------------------|

**By \_\_\_ student will compose/write a complete sentence, including correct grammar, syntax and spelling with 80% accuracy for 5 consecutive trial days as measured by work samples.**

1. By \_\_\_ student will compose/write a complete sentence, including correct grammar and syntax with 80% accuracy for 5 consecutive trial days as measured by work samples.
2. By \_\_\_ student will compose/write a complete sentence, including correct spelling with 80% accuracy for 5 consecutive trial days as measured by work samples.

**By \_\_\_ student will improve comprehension skills by answering questions on main idea and specific details following reading of short stories within his reading level with 75% accuracy for 5 consecutive trial days as measured by test results.**

1. By \_\_\_ student will improve comprehension skills by answering questions on main idea following reading of short stories within his reading level with 75% accuracy for 5 consecutive trial days as measured by test results.
2. By \_\_\_ student will improve comprehension skills by answering questions on specific details following reading of short stories within his reading level with 75% accuracy for 5 consecutive trial days as measured by test results.

**By \_\_\_ when given two objects that are the same as the staff's, student will match the like object with the like object 4 out of 5 times for 5 consecutive trial days as measured by staff data.**

1. By \_\_\_ when given two objects that are the same as the staff's, student will match the like object with the like object 4 out of 5 times with physical prompts for 5 consecutive trial days as measured by staff data.
2. By \_\_\_ when given two objects that are the same as the staff's, student will match the like object with the like object 4 out of 5 times with verbal prompts for 5 consecutive trial days as measured by staff data.

**By \_\_\_ when given a matching work task with at least 10 items to be sorted, student will sort items into 2 different categories with 8 out of 10 correct for 5 consecutive trial days as measured by staff data.**

1. By \_\_\_ when given a matching work task with at least 10 items to be sorted, student will sort items physical prompts into 2 different categories with 8 out of 10 correct for 5 consecutive trial days as measured by staff data.
2. By \_\_\_ when given a matching work task with at least 10 items to be sorted, student will sort items indirect prompts into 2 different categories with 8 out of 10 correct for 5 consecutive trial days as measured by staff data.

**By \_\_\_\_ when given a 3-5 piece inset puzzle, student will put all the pieces in the correct position within 3 minutes, when given the instructions to “do your work” on 4 out of 5 trial days as recorded by staff.**

1. By \_\_\_\_ when given a 3-5 piece inset puzzle, student will put all the pieces in the correct position within 5 minutes, when given the instructions to "do your work" on 4 out of 5 trial days as recorded by staff.
2. By \_\_\_\_ when given a 3-5 piece inset puzzle, student will put all the pieces in the correct position within 4 minutes, when given the instructions to "do your work" on 4 out of 5 trial days as recorded by staff.

**By \_\_\_\_ student will name at least 6 body parts when asked by an adult “what is this?” with 80% accuracy on 4 out of 5 trial days as recorded by staff (nose, eye, ear, mouth, foot, hand).**

1. By \_\_\_\_ student will name at least 3 body parts when asked by an adult “what is this?” with 80% accuracy on 4 out of 5 trial days as recorded by staff (nose, eye, ear, mouth, foot, hand).
2. By \_\_\_\_ student will name at least 5 body parts when asked by an adult “what is this?” with 80% accuracy on 4 out of 5 trial days as recorded by staff (nose, eye, ear, mouth, foot, hand).

***Inclusion/Mainstreaming***

**By \_\_\_\_ student will participate in a general education kindergarten class by following directions given to whole class, with no prompts, 4 out of 5 times on 5 consecutive trial days as measured and recorded by staff.**

1. By \_\_\_\_ student will participate in a general education kindergarten class by following directions given to whole class, with verbal prompts, 4 out of 5 times on 5 consecutive trial days as measured and recorded by staff.
2. By \_\_\_\_ student will participate in a general education kindergarten class by following directions given to whole class, with indirect prompts, 4 out of 5 times on 5 consecutive trial days as measured and recorded by staff.

**By \_\_\_\_ student will participate in a general education 3rd grade class by completing the modified classwork, as developed by the teacher and instructional assistant, with 75% accuracy over 5 consecutive trial days as measured by student work.**

1. By \_\_\_\_ student will participate in a general education 3rd grade class by completing the modified classwork, as developed by the teacher and instructional assistant, with 75% accuracy over 2 consecutive trial days as measured by student work.
2. By \_\_\_\_ student will participate in a general education 3rd grade class by completing the modified classwork, as developed by the teacher and instructional assistant, with 75% accuracy over 4 consecutive trial days as measured by student work.

## **Sample Goals and Objectives/Benchmarks**

Goal 1 By (date), (student) will increase independence skills by demonstrating handraising at least three times each day to ask the classroom teacher a question, with indirect prompting from support staff.

Obj. 1 By (date), when verbally prompted, (student) will ask support staff a question when he needs help.

Obj. 2 By (date), (student) will demonstrate raising his/her hand to ask support staff a question, when verbally prompted by support staff, at least three times per day.

Obj. 3 By (date), (student) will raise his/her hand to ask a question of the classroom teacher at least one time per day with verbal prompting from support staff.

Goal 2: By (date), (student) will demonstrate appropriate playground behavior by lining up within one minute after the bell rings, at least one time per day.

Obj. 1 By (date), when given a verbal prompt, (student) will seek out support staff when he/she hears the bell ring.

Obj. 2 By (date), (student) will independently stand next to support staff who is in the children's line, within one minute after the bell rings.

Goal 3: By (date), (student) will demonstrate on-task behavior for 10 minute time segments independently 90% of the time as measured by staff data.

Benchmark 1: By (date), the above goal will be at 50%.

Benchmark 2: By (date), the above goal will be at 70%.

## Appendix C

## **Suggested IEP Language When SCIA is Not Recommended**

Indicate in the IEP Team Meeting Notes what has been successful in the current program. Address natural supports that are in place and effective. Specify accommodations and/or modifications that are already meeting the student's needs. Indicate in the IEP Team Meeting Notes any additional supports to be provided, such as accommodations and/or modifications, a behavior support plan, and/or natural supports that are available in the environment. Consider adding IEP goals to address student independence.

Example 1 (for student with academic concerns only): (Student) is receiving the following services and supports: reading intervention instruction twice weekly for 30-minute sessions, classroom aide assigned to the regular education class during reading instruction, RSP collaboration daily for 55 minutes, cross-age tutoring once weekly for 30 minutes, homework club four times a week for 60 minutes, appropriate reading goals on IEP, and access to computerized reading software. In considering current SCIA evaluation results and the services and supports that are being provided, the IEP team agrees (or the IEP team agrees, with the exception of the parents) that (student) is receiving adequate support at the present time to make satisfactory progress toward all goals.

Example 2 (for a student with behavioral and/or social issues): (Student) is receiving the following services and supports: visual schedule, OT, Speech and Language services, school-based counseling, assigned peer buddy during transitions and in social situations, high staff/student ratio in all school settings including lunch and recess, consultation with autism specialist bi-weekly for 60 minute sessions, and behavior support plan (or BIP) which has decreased targeted maladaptive behavior by 50% in the last two months. In considering current SCIA evaluation results and the services and supports that are being provided, the IEP team agrees (or the IEP team agrees, with the exception of the parents) that (student) is receiving adequate support at the present time to make satisfactory progress toward all goals.

**Where to Write the Special Circumstances Instructional Assistance (SCIA)  
Support on the IEP**

SCIA should not be written as a DIS service. SCIA is more correctly written on the Special Factors/Support page under “Describe modifications, supports, and supplementary aids and services required for the student to benefit and progress in the regular educational program.” You may indicate in this section the duration, frequency, and location of SCIA. Additional language to clarify SCIA can be written on the IEP Notes page.

Sample language on the Special Factors/Support page:

*“In addition to natural supports and existing staff support in the classroom, additional special circumstances instructional assistance will be provided for (student's name) in the general education setting.”*

**OR**

*“SCIA will be provided in the classroom setting for four hours each day.”*

**OR**

*“SCIA will be provided in the general education classroom with decreasing intensity to support the implementation of the Behavior Support Plan.”*

Sample language on the IEP Notes page:

*“In addition to natural supports and existing staff support in the classroom, additional special circumstances instructional assistance will be provided for (student's name) as follows . . .”*

Indicate how SCIA will be utilized, including hours per day, educational settings (e.g., RSP/SDC vs general education classroom), and specific tasks (e.g. toileting, feeding/eating, academics, mobility, at recess to promote appropriate social behavior on the playground, during individual reading instruction).

## Writing a Fade Plan

A plan for fading should be specifically written which is clearly understood by the entire team and is very exact. It is important that everyone, especially the parent(s), understand the fading schedule. If needed, the Observational Evaluation to Determine the Need for Additional Support (p. 5-7) may be used as a guide and reviewed at the next meeting (within 3-6 months) to determine the effectiveness of SCIA.

Example 1: In order to promote and maximize student independence, special circumstances instructional assistance will be discontinued when (list the level of independence achieved, skills acquired, or certain conditions met that would indicate SCIA no longer needed).

Example 2: Short-term special circumstances instructional assistance not to exceed \_\_\_ weeks. (Use this statement when SCIA is needed for a specific period of time, such as for a special project, or for a temporary medical condition, etc.)

Example 3: By (date), support staff will decrease direct proximity (standing next to the student) by 40% as documented on a daily log and by (2 months later) direct support will be faded by 60%. When not indirect proximity to the student, the additional support staff will be in the same classroom, working with other students or other tasks in order to be available, if necessary, for (student). An IEP meeting will be scheduled for (within 3-6 months) to review the effectiveness of the additional special circumstances instructional assistance. (Name/Title of staff member) will complete the "Observational Review to Determine Continued Need for SCIA" form, and this information will be reviewed at the next IEP meeting.

Example 4: (Student) will receive special circumstances instructional assistance for six periods beginning in September, and decreasing one period per month, for a three month period.

## Appendix D

The following is an excerpt from:

Turnball, A.P., Turnball, R., Shank, M., and Leal, D. *Exceptional Lives: Special Education in Today's Schools*. 2d.ed. New Jersey: Prentice Hall, 1999, p. 29.

"In the case *Board of Education, Sacramento City Unified School District v. Holland* (1994), the court held that the following factors must be taken into account in determining whether a student will receive an appropriate education in the LRE:

1. The educational benefits of an integrated setting compared to those of the segregated setting.
2. The nonacademic benefits of the student's interaction with peers who do not have disabilities.
3. The effect of the student's presence in the general education program on the teacher and other students.
4. The costs of supplementary services that are required to maintain the student in the integrated program.

Thus, a student is entitled to an appropriate education (the benefits test, or factor 1) and to social benefits (factor 2). The key, of course, is the word benefit. If inclusion with students who do not have disabilities would not benefit a student academically or in any other way, then including the student is not appropriate, and the school may place the student in a less typical, less inclusive program or setting. That's all the LRE rule is. There is no absolute right to be included; if inclusion will benefit the student, fine but, if not, then inclusion is not appropriate and not required.

Moreover, the interests of other student and faculty come into play (factor 3 and 4). Inclusion is not an absolute right that "trumps" the rights or interests of other students to receive their own appropriate education. Indeed, the last factor safeguards against the costs of one student's education becoming so expensive that few funds are left over for education other students."

# *Helping or Hovering? Effects of Instructional Assistant Proximity on Students with Disabilities*

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**ABSTRACT:** *This study presents data on the effects of the proximity of instructional assistants on students with multiple disabilities who are placed in general education classrooms. Based on extensive observations and interviews, analyses of the data highlighted eight major findings of educational significance, all related to proximity of instructional assistants. Categories of findings and discussion include (a) interference with ownership and responsibility by general educators, (b) separation from classmates, (c) dependence on adults, (d) impact on peer interactions, (e) limitations on receiving competent instruction, (f) loss of personal control (g) loss of gender identity, and (h) interference with instruction of other students. The article concludes with implications for practice related to policy development, training, classroom practices, and research.*

As students with disabilities increasingly are placed in general education schools and classes, the use of instructional assistants has greatly expanded. Recent national figures estimate that over 500,000 instructional assistants are employed in public schools, and increases are anticipated in the coming years (Schelble, 1996). Although their changing roles and responsibilities have gained recent attention (Pickett, 1986; Pickett, Faison, & Formanek, 1993), the proliferation of instructional assistants in public schools often has outpaced conceptualization of team roles and responsibilities, as well as training and supervision needs of instructional assistants. Nowhere is this more evident than in schools where students with severe or multiple disabilities are included in general education classrooms.

In our work in public schools, we have noticed instructional assistants playing increasingly prominent roles in the education of students with disabilities. With pressure from parents, who want to ensure that their children are adequately supported, and general educators, who want to make sure they and their students are adequately supported, the use of special education instructional assistants has become a primary mechanism to implement more inclusive schooling practices. Although we have been encouraged by situations where students with disabilities have been provided with previously unavailable educational opportunities, we are concerned that some current approaches to providing instructional assistant support might be counterproductive. Current research on the use of instructional assistants to support students with disabilities in general education classes is limited to a small number of studies that sought to clarify existing roles and responsibilities (Doyle, 1995), to explore the expanded use of natural supports (Erwin, 1996), and to use activity schedules and decreased prompts to foster greater student autonomy (Hall, McClannahan, & Krantz, 1995).

The purpose of this study was to further extend this recent research by highlighting some of the key issues we observed in general education classrooms where students with disabilities were supported by instructional assistants. The nature of these findings holds important implications for evaluating how we use, train, and supervise instructional assistants so that their work can be supportive of valued educational outcomes for students with disabilities and their peers without disabilities in general education classrooms.

## **METHOD**

### **Research Sites and Study Participants**

Throughout the 1994-95 and 1995-96 school years, data were collected in 16 classrooms in 11 public schools in Connecticut, Massachusetts, Utah, and Vermont where students with multiple disabilities were educated in general education classrooms. The grade levels included preschool (with students without disabilities), kindergarten, and Grades 1, 2, 3, 5, and 11 (Grade 11 was primarily education within integrated community and vocational settings). Primary study participants included students with disabilities and the adults who supported their education in these general education classes.

The seven female and four male students with disabilities all were identified as deaf-blind, though each had some residual hearing and or vision. The students ranged in age from 4 through 20 years. All of these students were reported to have significant cognitive delays and additional disabilities such as orthopedic impairments ( $n = 10$ , 91%), health impairments ( $n = 7$ , 64%), and behavioral impairments ( $n = 4$ , 36%).

A total of 134 educational team members participated in this study, including 123 females (92%) and 11 males (8%). This number does not include the many special area teachers (e.g., physical education, music, art, library), other school personnel or volunteers, and classmates encountered in the course of our observations. Thirty-four of the team members were related services providers (i.e., speech/language pathologists ( $n = 14$ ), physical therapists ( $n = 13$ ), nurses ( $n = 8$ ), occupational therapists ( $n = 7$ ), itinerant teachers of the blind and visually impaired ( $n = 4$ ), itinerant teachers of the deaf and hearing impaired ( $n = 4$ ), deaf-blind specialist ( $n = 2$ ), orientation and mobility specialist ( $n = 1$ ), employment specialist ( $n = 1$ ), and family support consultant ( $n = 1$ )). The remaining respondents included 20 special educators, 17 instructional assistants, 16 general education teachers, 15 parents (i.e., mothers ( $n = 11$ ), fathers ( $n = 4$ ), and 9 school administrators. In all but one classroom, one or more instructional assistants were assigned to support the student with disabilities. Four of the instructional assistants had completed a bachelor's degree, 12 had graduated from high school, and one had not completed high school.

### Data Collection

This qualitative research study relied primarily on extensive classroom observations ( $n = 110$ ) of the students with disabilities and their teams, averaging 2 to 3 hr each. Observations consisted of typical school day activities such as large and small groups with peers who did not have disabilities, individual and community-based activities, lunch, recess, class transitions, and individual therapy sessions. Field notes were collected using laptop computers by the five-person research team.

Semistructured interviews were conducted with team members in an effort to more fully understand the classroom observations. From May through September 1995, the research team conducted 40 semistructured interviews with a subset of team members from each team, including related services providers ( $n = 14$ ), special educators ( $n = 9$ ), parents ( $n = 8$ ), classroom teachers ( $n = 4$ ), instructional assistants ( $n = 3$ ), and administrators ( $n = 2$ ). Interviews typically lasted between 45 and 75 min; they were audiotaped and later transcribed. Each interviewer asked questions pertaining to (a) how support service decisions were made by the team historically, (b) the interactions among classroom staff providing and receiving support (e.g., classroom teacher, instructional assistant, special educator, related services providers), (c) the roles and responsibilities of the instructional assistants, (d) strengths and weaknesses of the teams' approach to providing classroom support, and (e) potential improvements in the provision of support services.

### Data Analysis

The observational and interview data were analyzed by the first author inductively using categorical coding (Bogdan & Biklen, 1992). These analyses were reviewed by the other research team members in an attempt to clarify the data presentation and ensure accuracy. The first author ensured his familiarity with the data by (a) participating in data collection (i.e., 31 observations, 17 interviews), (b) reviewing all transcripts of observations and interviews conducted by other research team members, (c) maintaining ongoing contact with research team members, and (d) being involved with research sites over an extended period of time.

First, transcripts of observations and interviews were read and marked by hand using over 150 separate codes consisting of words or phrases descriptive of text content (e.g., scrutiny, fringe, defer); particularly descriptive passages were highlighted and separate notes were maintained on emerging themes. Each observation and interview transcript was imported from a word processing program into HyperQual2 (Padilla, 1992), a textsorting program designed to assist in qualitative data analysis. Each observation and interview was reread and codes were rearranged and collapsed into 25 categories using HyperQual2 to generate 25 code-specific reports. Inductive analysis (Patton, 1990) was applied to the code-specific reports to assist in the identification of themes. One theme with extensive data pertained to the proximity between the student with disabilities; and the instructional assistants. Further analysis of this data highlighted eight distinct subthemes, which are presented in the results.

Triangulation was employed, using a series of techniques that can, "contribute to verification and validation of qualitative analysis" (Patton, 1990, p. 464). Credibility of the finding in this study was supported using methods triangulation to explore the consistency of findings generated by different methods. In this case, extensive observations and interviews allowed for comparison across time at the same sites. Additionally, this allowed for comparison of what was actually observed with what people reported in their interviews. Triangulation of sources was also used to explore the consistency of different data sources using the same method. For example, because teams were studied, it provided a unique opportunity to explore the nature of participant responses to the same issues queried during interviews.

## RESULTS

One of the most prominent findings that emerged from the data was that instructional assistants were in close proximity to the students with disabilities on an ongoing basis. This was evidenced by (a) the instructional assistant maintaining physical contact with the student (e.g., shoulder, back, arms, hands) or the student's wheelchair; (b) the instructional assistant sitting in a chair immediately next to the child; (c) the student sitting in the instructional assistant's lap when classmates were seated on the floor; and (d) the instructional assistant accompanying the student with disabilities to virtually every place the student went within the classroom, school building, and grounds.

Although study participants indicated that some level of close proximity between students with disabilities and instructional assistants was desirable and sometimes essential (e.g., tactile signing, instructional interactions, health management), they also recognized that unnecessary and excessive adult proximity was not always necessary and could be detrimental to students. As one mother who had observed her son's classroom stated:

At calendar time in the morning she (instructional assistant) doesn't have to be right by his side. She could kind of walk away. She doesn't have to be part of his wheelchair. That's what it feels like. I just think that he could break away a little bit (from the instructional assistant) if he were included more into all the activities with the regular classroom teacher.

A speech/language pathologist from the same team independently stated, "I think there is some unnecessary mothering or hovering going on."

Analysis of the data revealed eight subthemes pertaining to proximity between instructional assistants and students with disabilities that are presented in the following sections (see Figure 1).

#### Interference with Ownership and Responsibility by General Educators

Most of the classroom teachers in this sample did not describe their role as including responsibility for educating the student with disabilities who was placed in their class. Team members reported that the proximity and availability of the instructional assistants created a readily accessible opportunity for professional staff to avoid assuming responsibility and ownership for the education of students with disabilities placed in general education classrooms.

Different expectations regarding the role of the classroom teacher was a point of conflict within many of the teams. As one related services provider stated, "She (the classroom teacher) doesn't take on direct instruction (of the students with disabilities). In fact, . . . she stated at meetings that she doesn't see that as her role. And I disagree with that. I mean she is a teacher."

Although special educators and related services providers were involved in each case, almost universally it was the instructional assistants who were given the responsibility and ownership for educating the students with disabilities. Teachers were observed having limited interactions with the student with disabilities, proportionally less than those with other class members. Involvement by the teachers that did occur most often was limited to greetings, farewells, and occasional praise. Instructional interactions occurred less frequently (e.g., being called on to answer a question in class). A special educator summed up the need for clarification sought by many educational team members when she said, "What should the classroom teacher's role be? Even in our most successful situations we don't have a lot of classroom teachers who are saying, 'I have teaching responsibility for this kid.'" Most teams we observed had not confronted this issue. "We haven't as a team come out and said, 'All right, what is the role of the classroom teacher in teaching this child?'"

Data consistently indicated that it was the instructional assistants, not the professional staff, who were making and implementing virtually all of the day-to-day curricular and instructional decisions. One speech pathologist said, "[W]e (the team) have talked about this many times. We have our most seriously challenging students with instructional assistants." A special educator explained, "The reality is that the instructional assistants are the teachers. Though I'm not comfortable with them having to make as many instructional decisions." An experienced instructional assistant explained, "I never get that kind of information (about instruction related issues and planning). I just wing it!"

The instructional assistants demonstrated unfettered autonomy in their actions throughout the day as evidenced by entering, leaving, and changing teacher-directed whole class activities whenever they chose with no evidence of consulting the teacher. As one instructional assistant said, "We do not do a lot of what the class does. I do what I think he can do." She justified her role as decision maker by saying, "I am the one that works with him all day long." Instructional assistants reported becoming increasingly comfortable with their role as the primary instructor for the student with disabilities, as one stated, "[We are] the only people who really feel comfortable with Holly."

### FIGURE 1

#### *Problems Related to Instructional Assistant Proximity*

##### Interference with Ownership and Responsibility by General Educators

- "I'm not sure how Holly is going to be involved in this activity, but that's her aide's job." (Physical education teacher)
- "The teachers tend to kind of let the individual (assistants) kind of run the program." (Mother of a student with disabilities)

##### Separation from Classmates

- An instructional assistant waited until all the other students had lined up at the teacher's direction and had filed out of the classroom before prompting the student with disabilities to leave the room, trailing the group by about 10 yards.
- In the middle of an activity, after James had one turn, the instructional assistant quietly removed him from the group while the class continued their activity.

##### Dependence on Adults

- During a large group literacy activity, the instructional assistant had positioned herself near the back of the group, a few feet away from Annie (the student with disabilities). Annie looked away from the teacher and toward her instructional assistant every few seconds as the instructional assistant offered her signed instructions (e.g., look at the teacher, sit down). After a couple of minutes, Annie walked back to the instructional assistant and sat on her lap.

##### Impact on Peer Interactions

- "A shadow is not necessarily good. It's more of a stigma. I really hadn't considered the fact that Mrs. Kinney (the instructional assistant) is always very close to Jaime, although there are times when she is out on a break or whatever and he is in very capable hands with his peers. I think it would be better to have her integrated more in the classroom and maybe not feel that she needs to hover so much. (Classroom teacher)

- "It (close proximity of instructional assistants) may be kind of intimidating to them (peers). It may sort of be a barrier to them interacting with him." (Speech/language pathologist)

#### Limitations on Receiving Competent Instruction

- In attempting to use discrimination learning to teach the differences between named objects, pictures, symbols, or colors, lessons yielded little because the instructional assistants demonstrated limited knowledge or application of basic instructional design issues such as position bias, use of negative exemplars/distracters, and establishing mastery criteria prior to introducing new items.

#### Loss of Personal Control

- Did Holly really want to eat lunch apart from her classmates in a separate room? Did Helen really want to play the math game with an adult rather than a classmate like all the other students were doing?

#### Loss of Gender Identity

- Loss of gender identity was most commonly observed in reference to bathroom use when a male student was taken into a women's bathroom by a female instructional assistant.

#### Interference with Instruction of Other Students

- An occupational therapist reported that the students without disabilities were more distracted by the instructional assistant doing different activities than by the "noises" of the student with disabilities.

The instructional assistants in this study reported that they received mostly on-the-job training from other instructional assistants by talking with each other and job shadowing so that patterns of interaction by instructional assistants were passed on. Inservice training that a small number received typically was conducted in groups that included only other instructional assistants. Ironically, experienced professionals who said things like, "We do not have the training to work with these high needs kids" turned over the education of their most challenging students to instructional assistants, many of whom were high school educated, had no previous classroom experience, and had minimal training. As one special educator acknowledged, from a logical perspective, "It doesn't make sense."

In one site where an instructional assistant was not present, the classroom teacher, with support from special educators and related services providers, successfully assumed the primary role for instructing the student with disabilities. She directed his instructional program, spent time teaching him within groups and individually, used sign language to communicate with him, and included him in all class activities. This teacher stated, "You know the teacher needs to be the one who makes the decisions a lot because she is working with Mark (student with disabilities) and she knows Mark and knows which areas he needs help in." A special educator in this site acknowledged that not every aspect of this student's individualized education program (IEP) requires significant support and that some aspects of the IEP, "left to the regular educator would be just fine." The specialist for the deaf-blind on this team said, "I think a lot of it (the teacher's success with the students with disabilities) is that she has high expectations for Mark. She does not do for him; instead she shows him how to do things. She considers him very much part of the class."

#### *Separation from Classmates*

Instructional assistants were regularly observed separating the student with disabilities from the class group. For example, when it was time to go to a special area class (e.g., art, music, physical education) one instructional assistant consistently left class a couple minutes before the rest of the class to wheel the student with disabilities to the specialty classroom.

Even when the students were basically stationary, such as seated on a rug to hear a story, the instructional assistant often physically separated the student with disabilities from the group by positioning him on the fringe of the group (e.g., the farthest away from the teacher). Instructional assistants reported that their positioning of the student allowed them to leave the activity whenever they chose.

Sometimes separation from the class occurred during circumstances where the match between class activity and the student's individual needs appeared highly compatible. For example, Annie entered the classroom during an individual writing time. As the instructional assistant began an adapted writing activity using large chart paper and markers, a second instructional assistant approached her and said, "She can do this writing just as easily in the other room as here." With that prompt, the instructional assistants separated Annie from the class without consultation with, or resistance from, the classroom teacher.

#### *Dependence on Adults*

Instructional assistants in close proximity to students with disabilities were observed prompting most every behavior exhibited by the students in this study (e.g., using writing implements, using gestures, following instructions, using materials). There was little evidence of fading prompts to decrease dependence and encourage students to respond to other people (e.g., school staff, peers) and more naturally occurring cues (e.g., the presence of certain toys or school supplies). Alternatively, an instructional assistant who was cognizant of Helen's dependence on her, encouraged her to do things for herself through redirection, especially when the student sought unneeded assistance with tasks such as dressing and grooming.

An example of dependence on adults was observed on the school playground during recess. The student with disabilities was being shadowed on a large wooden play structure by an instructional assistant. The student was capably crossing a wooden bridge where safety was not a concern. The student charged toward the bridge, letting go of her assistant's hand. A few steps onto the bridge she stopped abruptly and quietly turned back toward the instructional assistant who was only a foot behind her. The instructional

assistant smiled, saying, "You know me. I stick right with you." The student reached back and took the instructional assistant's hand instead of crossing the short span of the playground bridge on her own. Sometimes the school system's dependence on instructional assistants was so strong that when the instructional assistants were absent, the family was asked to keep the child home from school or the mother was asked to be the substitute instructional assistant.

#### Impact on Peer Interactions

Data indicated that close proximity of instructional assistants had an impact on interactions between students with disabilities and their classroom peers. As one special educator shared:

Sometimes I think it inhibits her relationship with her peers because a lot is done for Holly and Holly doesn't have the opportunity to interact with her peers because there is always somebody hovering over her, showing her what to do or doing things for her. I'd like to get the instructional assistant away from Holly a little bit more so that peers will have a chance to get in there and work more with Holly.

A classroom teacher offered her perspectives on how instructional assistants might be used differently.

I would definitely prefer having a paraprofessional assigned to the classroom and then just as necessary to have her work with a child (with special educational needs) when there is a specific activity, but not exclusively to work with just that child. I think it is important for two reasons. One is that you don't want to give the child any extra stigma that is associated with a special education label. Second is that it is more healthy for the paraprofessional to work with other children so that he or she doesn't get burned out with working with just one child all the time.

Interference with peer interactions did not occur in all cases. Some team members said that if the instructional assistant was well liked by the other children it had a positive impact on the student with disabilities' access to peers. As a physical therapist described, "I have also seen it (proximity of instructional assistants) be very, very positive, in that the instructional assistant is really well liked and has done a lot to establish wonderful friendships for the student."

Conversely, if the instructional assistant was not well liked it had a corresponding negative impact. Sometimes the close proximity students had with instructional assistants led peers to perceive them as a package deal. As one mother cautiously shared, "I don't know if I should say this or not, but a lot of it was that kids didn't like the aide, so they would stay away from Annie for that reason."

When teachers assigned students to student-directed pairs or small groups, instructional assistants were often observed dominating the group's interactions. In some cases, the involvement of the instructional assistant was so omnipresent that children without disabilities simply left the group with the instructional assistant and joined a different group with only classmates, no adults. In other cases when students without disabilities initiated interactions, they were rebuffed by the instructional assistant. Ronny (a student without disabilities) asked the instructional assistant, "Do you want me to help Jamie?" She answered, "No, not yet." Ronny was never asked back to assist his classmate. At other times instructional assistants interrupted initiations made by peers. For example, in a physical education class, Michael went over to Jaime and began to run with him in his wheelchair to participate in the activity. The instructional assistant interrupted this interaction saying to Michael, "If you want to run, I'll push Jaime." After a hesitant pause, Michael reluctantly gave way to the instructional assistant. At times, prolonged close adult proximity adversely affected peer involvement even when the instructional assistant was not present. As one special educator shared:

We've tried (reducing adult proximity) . . . like in the lunchroom. Like putting Maria or any of the other students (with disabilities) in the lunchroom and then backing off a little bit. But I think that it (close adult proximity) has been done for so long, that the peers have stayed away for so long, that they are just kind of hesitant to jump right in and do anything.

When the instructional assistant was not in close proximity to the student with disabilities, peers were more likely to fill the space the instructional assistant had vacated. The following example is typical of what we observed.

As the instructional assistant leaves momentarily to get some materials, Mallory (student without disabilities) walks over to Elena (student with disabilities). She puts her hand gently on her shoulder and calmly says "easy hands" in response to Elena being a bit rough with her book. Elena turns to look at Mallory and then makes some vocalizations and moves her hands as Mallory talks to her about her book. As the instructional assistant starts to return, Mallory stops talking with Elena and returns to her seat.

#### *Limitation on Receiving Competent Instruction*

Observations and interviews indicated that students in this study participated in classroom activities that typically were not planned by trained professional staff. While several team members praised the work of instructional assistants in their "caregiving duties" (e.g., feeding, dressing), they expressed concerns about their role as assistants of instruction.

Many classroom teachers expected capabilities and performance from instructional assistants that were potentially unrealistic.

As one teacher explained, "My problem is that I will be teaching a class and my expectations are that the paraprofessional will get the gist of what I am doing and glean some kernel out of it that can be used right then on the spot." Making such on-the-spot decisions requires a depth of instructional knowledge and skill that many paraprofessionals and professionals do not possess.

When instructional assistants are assigned to a task, many of them say they feel compelled to go through the motions of an activity even when it seems apparent to them that their efforts are not being effective. As one instructional assistant explained, "Sometimes it gets discouraging because he is asleep, but I try. I just feel like I'm baby-sitting. I don't feel like I'm doing what I am supposed to be doing." This instructional assistant was observed repeatedly continuing to speak to the student and presenting activity-related objects, even though it was obvious that the student was asleep. In other cases, instructional assistants would both ask and answer questions posed to students with disabilities. "Would you like to paint the turkey?" (after a 1 sec pause with no observable response) "You would!," then the activity would begin.

### *Loss of Personal Control*

When students have significant communication, motor, and/or sensory difficulties, it can be a challenge for students to advocate for themselves, express their preferences, or at times to reject the decisions of the adults who control most aspects of their personal daily functions at school (e.g., eating, toileting, mobility, selection of leisure activities, choice of friends with whom to spend time). A vision specialist put it succinctly when she pointed out the limited opportunities for choices provided to students with disabilities who "can't verbalize and say 'stop talking to me like that' or can't run away." Instructional assistants frequently made such choices for the student under their supervision. In cases where student communication is unclear, we are left to wonder if the decisions are those the student would make. As one parent wondered, "I think it would be intimidating for me if I was a kid. Just being watched over all the time."

The following examples from our observations, presented as questions, highlight the kinds of decisions made every day that represent a loss of personal control by the students:

- Did Mary really want her cheeseburger dipped in applesauce before she ate each bite?
- Did James really need to be excused from the fun activities in the gymnasium early to have his diapers changed?
- Did James really want to stay inside during recess because it was too cold outside?

### *Loss of Gender Identity by Students with Disabilities*

In cases where the instructional assistant and the student were the opposite gender we observed some interactions that suggested the gender of the student with disabilities was secondary to the gender of the instructional assistant. For example, the gender of the instructional assistant superseded that of the student with disabilities in a physical education class. The teacher divided the class into two groups for warm-up activities. The girls were directed to take five laps around the gym and the boys were directed to do jumping-jacks. As the physical education teacher said, "OK. Let's go!," the female instructional assistant grabbed James' wheelchair and began running around the gym with him along with all the other girls. When the activity was switched, she assisted him in moving his arms to partially participate in jumping-jacks, again with the girls.

### *Interference with Instruction of Other Students*

Students without disabilities did not seem to be distracted much by idiosyncratic behaviors of their classmate with disabilities (e.g., coughing, vocalizations, stereotyped body movements) or common classroom sounds and movements (e.g., small group discussions, questions being asked of the teacher, talk among classmates, computers, pencil sharpener being used, doors and drawers being opened and closed). However, in some cases instructional assistant behaviors were observed to cause distraction during large group lessons taught by the teacher. During these times, if the instructional assistant began doing a different activity with the student with disabilities in the midst of the teacher's large group activity (e.g., reading a story, playing a game, using manipulative materials), those students without disabilities closest to the instructional assistant turned their attention away from the teacher and toward the instructional assistant.

## **DISCUSSION**

Although many team members acknowledged that instructional assistants can and do play an important role in educating children with disabilities, our interviews and observations identified a series of concerns regarding their proximity to the students they are assigned to support. These data are limited to the cases that were studied, and any generalization to other situations should be approached cautiously, especially considering the modest number of sites, the limited geographic distribution of sites, and their homogeneity in terms of serving students with multiple disabilities in general education classrooms.

It is hoped that results from this study can be used to address related issues and practices in other situations where students with disabilities are supported using instructional assistants. Too often students with disabilities are placed in general education classrooms without clear expectations established among the team members regarding which professional staff will plan, implement, monitor, evaluate, and adjust instruction. This absence of clarity helps create an environment in which the instructional assistant directs a student's educational program and maintains excessive proximity with the student. We believe this occurs not because instructional assistants seize control, but rather because instructional assistants are the people in the most subordinate position in the school hierarchy. When supervisory personnel (e.g., classroom teachers, special educators) engaged in limited planning and implementation of instruction for the student with disabilities, the responsibility fell to the assistants. These observations highlight that some decisions about the use of instructional assistants are not necessarily rational, but rather may be driven by teachers' (a) fear of difference or change, (b) adherence to customary routines, (c) a reluctance to add another substantial task to what many perceive as an already extensive set of responsibilities, or (d) lack of knowledge and/or support for teaching the student with disabilities. Instructional

assistants can play a valuable educational role in assisting the teaching faculty, but generally we believe it is inappropriate and inadvisable to have instructional assistants serve in the capacity of "teacher."

Although awareness of the effects of proximity is an important first step in addressing its potential hazards, teachers and instructional assistants may need specific training in basic instructional methods designed to fade assistance and encourage students to respond to natural cues (e.g., chaining, time delay procedures, errorless learning, fading, cue redundancy, task analyses, correction procedures that use naturally occurring cues as prompts for the next steps; Alberto & Troutman, 1995; Snell, 1992). Otherwise adults may inadvertently be strengthening the student's cue and prompt dependence. To some extent, many students are initially dependent on cues and supports from the adults who teach them. This starting point needs to change so that adults are increasingly aware of fading their supports to allow students greater autonomy. While capable learners can often overcome less than stellar teaching approaches, those students with more significant learning difficulties often require more precise planning and instruction in our efforts to help them learn. We believe that this problem is not an issue of placement location, since these same problems can exist in special education classes. Therefore, the concern over increasing instructional integrity is appropriately an important issue that can and should be addressed within the context of general education classrooms. We suggest that the classroom involvement of instructional assistants must be compatible within the context of the broader plan for the classroom that is developed and implemented by the classroom team for the benefit of all the students.

## **CONCLUSIONS AND IMPLICATIONS FOR PRACTICE**

The findings of this study demonstrate that there are a number of areas of concern regarding the roles of instructional assistants who support the education of students with disabilities in general education settings. The following is a list of considerations for future policy development, schoolbased practices, training, and research.

- School districts need to rethink their policies on hiring instructional assistants for individual students. We suggest that alternatives be explored that include hiring assistants for the classroom rather than an individual student. This would allow general and special education teachers to distribute instructional assistants' time and job responsibilities more equitably to benefit a variety of students, both with and without disabilities.
- School staff and families need to reach agreement on when students need the close proximity of an adult, when that proximity can be appropriately provided through natural supports such as classmates, and when to appropriately withdraw supports that require close proximity.
- School staff and community members (e.g., classroom teachers, special educators, parents) need awareness training on the effects and potential harm to children caused by excessive adult proximity, such as described in this study (e.g., loss of personal control, loss of gender identity, interference with peer interactions, dependence on adults).
- School teams need to explicitly clarify the role of the classroom teacher as the instructional leader in the classroom including their roles and responsibilities as the teacher for their students with disabilities. It is the classroom teacher's role to direct the activities of the classroom, including the activities of instructional assistants in their charge.
- School staff (e.g., classroom teachers, instructional assistants) should be afforded training in basic instructional procedures that facilitate learning by students with special educational needs in the context of typical classroom activities. Additionally, training should specifically include approaches related to decreasing dependence and fading prompts often associated with excessive and prolonged proximity of adults.
- Students with disabilities need to be physically, programmatically, and interactionally included in classroom activities that have been planned by a qualified teacher in conjunction with support staff as needed (e.g., special educators, related services providers). Such changes in practice should decrease problems associated with students with disabilities being isolated within the classroom.
- Instructional assistants should be provided with competency-based training that includes ongoing, classroom-based supervision by the teacher.
- Instructional assistants should have opportunities for input into instructional planning based on their knowledge of the student, but the ultimate accountability for planning, implementing, monitoring, and adjusting instruction should rest with the professional staff, just as it does for all other students without disabilities.
- Use of instructional assistants in general education classrooms must increasingly be done in ways that consider the unique educational needs of all students in the class, rather than just those with disabilities.
- Research on the aforementioned items should be ongoing in order to explore efficacious ways of supporting students in our schools.

This study suggests that assigning an instructional assistant to a student with special educational needs in a general education class, though intended to be helpful, may sometimes result in problems associated with excessive, prolonged adult proximity. In questioning the current use of instructional assistants, we are not suggesting that instructional assistants not be used or that the field revert to historically ineffective ways of educating students with disabilities (e.g., special education classes, special education schools). We are suggesting that our future policy development, training, and research focus on different configurations of service delivery that provide needed supports in general education classrooms, yet avoid the inherent problems associated with our current practices. Undoubtedly, these service provision variations will necessarily need to be individualized and flexible to account for the diverse variations in students, teachers, schools, and communities across our country. We hope that by raising the issues presented in this study, we can extend the national discussion on practices to support students with varying characteristics in general education classrooms and take corresponding actions that will be educationally credible, financially responsible-helping, not hovering!

## REFERENCES

- Alberto, P.A., & Troutman, A.C. (1995). *Applied behavior analysis for teachers*. (4th ed.). New York: MacMillan.
- Bogdan, R., & Biklen, S. (1992). *Qualitative research for education: An introduction to theory and methods* (2nd ed.). Boston: Allyn and Bacon.
- Doyle, M.B. (1995). *A qualitative inquiry into the roles and responsibilities of paraeducators who support students with severe disabilities in inclusive classrooms*. Unpublished doctoral dissertation, University of Minnesota, Minneapolis.
- Erwin, E. (1996). Meaningful participation in early childhood general education using natural supports. *Journal of Visual Impairment and Blindness*, 90, 400-411.
- Hall, L.J., McClannahan, L.E., & Krantz, P.J. (1995). Promoting independence in integrated classrooms by teaching aides to use activity schedules and decreased prompts. *Education and Training in Mental Retardation and Developmental Disabilities*, 30, 208-217.
- Padilla, R.V. (1992). HyperQual2 Version 1.0 [Computer program]. Chandler, AZ: Author. (Address: 3327 N. Dakota, Chandler, AZ 85224).
- Patton, M.Q. (1990). *Qualitative Evaluation and Research Methods* (2nd ed.). Newbury Park, CA: Sage.
- Pickett, A.L. (1986). *Paraprofessionals in special education: The state of the art*. New York: National Resource Center for Paraprofessionals in Education and Related Services, Center for Advanced Study in Education, City University of New York. (ERIC Document Reproduction Service No. ED 276 209)
- Pickett, A.L. Faison, K., & Formanek, J. (1993). *A core curriculum and training program to prepare paraeducators to work in inclusive classrooms serving school age students with disabilities*. New York: National Resource Center for Paraprofessionals in Education and Related Services, Center for Advanced Study in Education, City University of New York.
- Schelble, R. (1996, March). Paraeducation: Providing skills to meet the meet needs of students: An interview with Anna Lou Pickett. *The Utah Special Educator*, 16(6),4-6.
- Snell, M.E. (1992). *Systematic instruction of persons with severe disabilities* (4th ed.). New York: Merrill/MacMillan.

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