

*SAN LUIS OBISPO COUNTY  
SPECIAL EDUCATION LOCAL PLAN AREA*

**Regional Therapeutic Learning Class**

*Special Education Eligibility Criteria  
and Placement Procedures*

Revised September 2013



**Regional Therapeutic Learning Class**  
*Special Education Eligibility Criteria  
and Placement Procedures*

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## **PROGRAM PURPOSE AND PHILOSOPHY**

The programs for the Emotionally Disturbed (ED) are designed to assist students whose behaviors have adversely affected some aspect of their educational performance that they are unable to function or make acceptable progress with services and/or program options available in less restrictive environments. Most of the students have emotional and behavioral challenges which are demonstrated in significant interpersonal and social skills deficits as well as some students with poor academic work habits. The goal of each program is to work collaboratively with students, their families, and community agencies to promote self awareness and self-control, along with the development of productive interpersonal/social skills and necessary coping strategies. Once students acquire the necessary skills, they will return to their neighborhood school or transition out of public education into an appropriate community setting. The program provides a safe, supportive environment where students will have the opportunity to mainstream with their peers and to make progress within a time frame that meets their needs and abilities.

The students served by the Regional Therapeutic Learning Class generally fall within the low average to above average intellectual range. Therefore, the majority of students served who have had poor academic success are generally intellectually capable of learning and completing assignments but are not “emotionally” available to the task. The program focuses a significant amount of time and attention initially to activities which encourage positive social skills and personal management skills. Academic instruction continues to be a part of each student’s daily program but may be modified to accommodate each student’s current emotional/behavioral status.

## **EDUCATIONAL PERFORMANCE AND ED ELIGIBILITY**

Behavioral characteristics must have a direct bearing on educational performance. IDEA provides that all students with disabilities shall be provided specially designed programs and services in order for them to benefit from their education. Emotional Disturbance is one of 13 disabilities covered by IDEA. Public education is charged with providing special education and services in order to give students access to public education. The federal definition of emotionally disturbed is indeed restrictive. (Slenkovich)

For the student to be eligible for special education under Emotional Disturbance there must be a direct, observable connection between the emotional disturbance and the poor educational/academic performance. Therefore, as in *Rowley v. Board of Education, 1982*, the measure of whether or not a student’s emotional disturbance is “adversely affecting” the student’s educational performance is the degree to which the student benefits from academic instruction.

## **CRITERIA FOR EMOTIONALLY DISTURBED**

A student who is identified as Emotionally Disturbed exhibits one or more of the following characteristics over a long period of time, and to a marked degree, which adversely affects educational performance:

1. *An inability to learn which cannot be explained by intellectual, sensory, or health factors.*
2. *An inability to build or maintain satisfactory interpersonal relationships with peers and adults.*
3. *Inappropriate types of behavior or feelings under normal circumstances.*
4. *A general pervasive mood of unhappiness or depression.*
5. *A tendency to develop physical symptoms or fears associated with personal or school problems.*

In order to qualify, one or more of the five classifications must exist:

- over a long period of time.
- to a marked degree, and
- adversely affects educational performance.

The assessment process determines if the student's pattern of behavior meets the above criteria. When the student's behavior fits one of the categories, then the limiting conditions must be met. When eligibility in one of the categories is established, and all the limiting conditions are met, then the student is eligible for special education under the category of Emotional Disturbance.

### **Guidelines for Determining Eligibility for Emotional Disturbance**

1. **“Exists over a long period of time,”** means a target behavior(s) has been in existence for at least six months. The Individual Education Plan (IEP) team may waive the six months if the diagnosis warrants. However, during the time period used, the assessment team must document all attempts or interventions to remediate the problem behavior(s).
2. **“Exists to marked degree,”** means that a student's disturbing behaviors(s) is an attribute of that person and is observable in all life settings. In addition, the behavior(s) must be intense, severe, pervasive, consistent or habitual.
3. **“Adversely affecting educational performance,”** means that the disturbing behaviors(s) must be observed in a school setting. Educational performance can be measured by standardized tests and compared with the student's ability level. Classroom measures are work samples, criterion-referenced tests and teacher evaluations. Adverse affect can also mean that the student's disturbing behavior may be dangerous to him/herself or others. Educational performance must be compared to other students of similar age/grade, experiential, and socio-cultural backgrounds.

When performing an ED assessment, it is essential to gather information concerning all relevant aspects of the student's functioning. The assessment should include data from educational histories, previous interventions attempted, behavior plans, health status, teacher interviews, classroom observations, parent interviews, ability, language development, adaptive behavior, academic achievement in basic skills, emotional functioning, and previous contacts with outside or community agencies. No single data source should be used in making a decision in any particular assessment domain.

#### **Characteristic 1:**

*An inability to learn, which cannot be explained by intellectual, sensory or other health factors.*

#### **Limiting Conditions:**

##### **A. Over a Long Period of Time**

1. Demonstrated behaviors(s) should be a minimum of six months in length, during which time concerted efforts have been made to change the inappropriate behavior(s).

##### **B. To a Marked Degree**

1. Student cannot learn in all domains (e.g., school, home, community). Moreover, there is consistent impaired functioning in these areas that is described as a disorder in thought, reasoning, perception, and memory (fragmentation of thought and memory).
2. The impairment in learning must be intense (acute, observable, overt).

3. It must be documented that the student cannot learn even though pervasive educational interventions have been attempted by staff and the student.
4. All motivational, cultural, cognitive, sensory, attendance, and health factors must be ruled out as contributing to the student's inability to learn.

### **C. Adversely Affects Educational Performance**

1. The impaired functioning must be observable in a school setting.
2. Academic achievement is below expected grade level.
3. There should also be observable inability to stay on task, participate in group learning activities, and complete assigned work.

### **Documentation:**

The assessment should be the result of:

1. Classroom observations.
2. Achievement tests, grade reports, and work samples.
3. Documentation of interventions that span a 6-month period and show no progress being made.
4. Home visitation, parent interviews.
5. Health history.
6. Analysis of socio-cultural background.
7. Documentation that shows the ED condition as the primary disability factor in the student's inability to learn in an educational setting.
8. Behavior Support Plan.

### **Reminders:**

The inability to learn must not be due to intellectual disability or socio-cultural factors. Any assessment must show that there are primarily disorders of thought, reasoning, perception, and memory. The assessors must document that the student is so emotionally disturbed that he/she cannot learn despite extensive educational intervention. A differential assessment must also rule out all other non-emotional reasons for the inability to learn. Motivation and non-attendance as contributing factors must also be ruled out.

### **Characteristic 2:**

*Inability to build or maintain satisfactory interpersonal relationships with peers and teachers.*

### **Limiting Conditions:**

#### **A. Over a Long Period of Time**

1. The student has shown an inability to establish or maintain satisfactory interpersonal relationships with peers and teachers over at least a period of six months.

#### **B. To a Marked Degree**

1. The student must demonstrate serious impairment of ability to show sympathy and warmth toward others, have close friends, and enjoy working and playing with others.
2. The student must demonstrate an inability to utilize social skills after intensive efforts have been made to teach him/her such skills.
3. The student consistently avoids communication with peers and teachers and indicates a fear of doing so.
4. The student is excessively aggressive or withdrawn if others intrude on his/her life space.
5. Conflict and tension characterize almost all interpersonal relationships.
6. Pervasive unwillingness to relate to people, regarding them as objects.
7. Others are often alienated by the intensity of need for attention or bizarre behavior.

8. Peer relationships are pervasively poor (short-lived, a source of anxiety, and even chaotic).

### **C. Adversely Affects Educational Performance**

1. Educational performance is significantly impaired by the student's inability to participate in-group learning activities.
2. Achievement uneven; attention and concentration are impaired by anxiety.
3. Presents a threat to others in the classroom or is too disruptive for a regular class.

#### **Documentation:**

1. Parent and teacher overview.
2. Observation in classroom and other campus areas to determine reactions of others.
3. Interview with student.

#### **Reminders:**

The assessment team must document attempts to modify and accommodate the student in a regular education program. This would help to rule out temporary adjustment problems or situational stress. Evaluation of this component should include both the student's reaction to others and the reactions of others to the student. The student must show serious impairment with peers and teachers. Social adjustment problems, immaturity, or lack of social skills must be ruled out. Only after a systematic consistent effort has been made to teach social skills, and thorough documentation, can a student be eligible.

#### **Characteristic 3:**

*Inappropriate types of behavior or feelings under normal circumstances.*

#### **Limiting Conditions:**

##### **A. Over a Long Period of Time**

1. The student indicates bizarre behaviors, manic behavior, distorted or excessive affect, delusions and/or hallucinations, or unexplained rage reactions over a period of six months.

##### **B. To a Marked Degree**

1. Psychotic or overtly bizarre behaviors exist as an attribute of the student and are observable in all life settings (school, home, community).
2. Disturbing behaviors are intense, severe, and impact school performance.
3. Disturbing behaviors are consistent or habitual.
4. Observable student reactions to everyday occurrences that are described as catastrophic, delusional, or causing severe anxiety or extreme emotionality.

##### **C. Adversely Affects Educational Performance**

1. Classroom performance has been adversely affected by the occurrences of the disturbing behaviors.
2. There is an adverse affect on the classroom routines due to the student's disturbing behaviors or feelings (seriously disruptive to other students in the classroom).

#### **Documentation:**

1. Classroom observation.
2. Teacher and parent interview.
3. Student interview and projective testing.
4. Results of written behavior plan.

**Reminders:**

The behaviors and/or feelings described must be pervasive, consistent, and intense. “Inability” must be separated from “unwillingness” to exhibit appropriate behavior. Conduct disorders with only specific persons would also be excluded from the criteria. The disturbing behavior must be demonstrated at school and be adversely affecting educational performance. During the six-month period, the assessment team must document attempts to remediate the behavior.

**Characteristic 4:**

*A general pervasive mood of unhappiness or depression.*

**Limiting Conditions:****A. Over a Long Period of Time**

1. A loss of interest or pleasure in all or almost all usual activities as characterized by depression, sadness, or persistent hopelessness over a period of at least two weeks (student’s emotional history equals time qualified).

**B. To a Marked Degree**

1. Student demonstrates actual overt symptoms of depression. At least four of the following symptoms must be present nearly every day for a period of at least two weeks:
  - a) Poor appetite or significant weight loss (when not dieting) or increased appetite or significant weight gain.
  - b) Insomnia or excessive sleeping.
  - c) Psychomotor agitation or retardation.
  - d) Loss of interest or pleasure in usual activities.
  - e) Loss of energy (fatigue).
  - f) Complaints or evidence of diminished ability to think or concentrate, such as slowed thinking or indecisiveness not associated with marked loosening of associations, or incoherence.
  - g) Feelings of worthlessness, self-reproach, or excessive or inappropriate guilt.
  - h) Recurrent thoughts of death, suicidal ideation, wishes to be dead, or suicide attempts.
  - i) Cognitively, student feels worthless and helpless with feelings that things will not change. Motivation declines and simple activities become overwhelming.

**C. Adversely Affects Educational Performance**

1. Attendance at school significantly declines.
2. Achievement is often uneven – school becomes a source of confusion and anxiety.
3. Student may have superior skills in some area, but there is no application.
4. Marked decline in quality of task completion, group participation and peer/teacher interaction – grade reports decline.

**Documentation:**

1. Teacher and parent interview.
2. Classroom observation.
3. Health assessment.
4. Student interview.

**Reminders:**

The student must demonstrate the symptoms of depression listed above. No projective test can be used to solely determine eligibility of ED in this component. The “over a long period of time” qualifier should take into account the student’s emotional history, the age of the student, and the intensity of the interventions attempted

by the assessors. A suicidal act does not solely constitute evidence of ED; it may be a manipulative act as part of a behavioral disorder. However, the veracity of suicidal attempts, threats, and ideation must be assessed and extensively explored. Once the veracity of suicide has been determined, attention needs to be directed at ascertaining the disorder in which suicide is but one symptom in a constellation of behaviors comprising the condition. Disorders in which there is a general pervasive mood of unhappiness or depression are conditions in which suicide may be a prominent feature establishing the student's eligibility for ED. Lastly, it is suggested that suicide might best be viewed as symptomatic of an underlying disturbance that may or may not fall under one of the five major classifications of ED.

**Characteristic 5:**

*A tendency to develop physical symptoms or fears associated with personal or school problems.*

**Limiting Conditions:**

**A. Over a Long Period of Time**

1. The two categories are characterized by the following and should be present for six months.
2. The severity of symptom may require a shorter time if it is determined by the assessors and it relates to a specific symptom.

**B. To a Marked Degree**

1. Physical
  - a) Physical symptoms suggesting physical disorders with no demonstrable organic findings – stomach pains, headaches, or other bodily tension.
  - b) Positive evidence that symptoms are linked to psychological factors or conflict.
  - c) Symptoms which are not under voluntary control.
  - d) The physical symptoms do not, by themselves, constitute ED eligibility; they must be connected with a documented and specific emotional disturbance.
2. Fears
  - a) Persistent and irrational fear of a specific object, activity, or situation that results in compulsive avoidance behavior (specific and severe phobic reactions and panic attacks).
  - b) Intense, disabling anxiety often reaching panic proportions when the object, situation, or activity is approached.
  - c) Student is incapable of giving a meaningful explanation of the fear.
  - d) Recognition by the student that his/her fear is excessive or unreasonable in proportion to the actual event or object.
  - e) Separation anxiety may be intense and pervasive enough to qualify for ED.

**C. Adversely Affects Educational Performance**

1. Fear of school or situations associated with school that causes many absences.
2. Classroom performance declines significantly due to avoidance behaviors – lowered grades.
3. Physical and fear symptoms may be disruptive to other students and classroom procedures.

**Documentation:**

1. Health exam.
2. Parent and teacher interview.
3. Classroom observation.
4. Student interview.



**Reminders:**

The underlying psychological dynamics of the condition should be documented. Physical symptoms shall not be “chronic or acute health problems.” Symptoms should not be under conscious control (probably a behavioral disorder). Some physical problems may be related to school stress or pressures and not related to emotional disturbance.

**PROGRAM DESCRIPTION**

**STAFFING**

**A. Personnel**

1. Credentialed Special Education Teacher, 1.0 FTE.
2. Instructional Aides, Paraeducators.
3. Site Administrator as needed for staff evaluation and student disciplinary processes.

**B. Other School Personnel Who May Provide Support**

1. Behavior Intervention Specialist.
2. School Counselor.
3. Program Specialist.
4. School Psychologist.

**C. Outside Agencies Who May Provide Support**

1. Behavioral Health Therapist as assigned by Mental Health Youth Services of San Luis Obispo County.
2. Other support staff from outside agencies such as Family Care Network, Department of Social Services, and Probation. (Appendix A)
3. Local law enforcement (police/sheriff).
4. Private therapist.

**PROGRAM COMPONENTS**

**A. Students**

1. Students whose primary or secondary disability is Emotional Disturbance, or
2. IEP team determines the Regional Therapeutic Learning Class as the least restrictive environment.
3. Class size is limited to a maximum of 10 students.

**B. Hours of Program**

1. Unless specified in the IEP, students attend school for same amount of instructional minutes as their non-disabled peers.
2. Start and end times for each class vary by school site.

**C. Supervision**

1. The amount of time students are supervised is determined on an individual basis by their IEP team members.
2. If necessary, students are accompanied by an adult in their travels to and from different locations on the school site unless they are being mainstreamed.

## **D. Setting**

1. Self Contained Classroom.
  - a. Instruction is provided by the same educational staff on a daily basis in one or two main classrooms.
  - b. Most students initially will remain within a single classroom for their daily activities (this may also include breaks and lunch).
  - c. Those students who demonstrate readiness for less restrictive experiences will be given that opportunity (see mainstreaming).

## **E. Classroom Organization and Management**

1. Structured behavior modification systems such as the following may be used:
  - a. Token economy.
  - b. Positive reinforcement may include but not limited to:
    - 1) Level system-points or credits toward privilege or tangible rewards.
    - 2) Verbal praise.
    - 3) Certificates.
    - 4) Field trips.
    - 5) Advancement in status.
  - c. Skill development for age-appropriate behavior may include but are not limited to:
    - 1) Individual or small group social skills activities.
    - 2) Self initiated or staff directed “time away.”
    - 3) Self initiated or staff directed alternative activity.
    - 4) Adjustment of mainstreaming or field trip opportunities.
    - 5) Academic workload adjustment.
    - 6) Self management/monitoring programs.
2. Consequences are determined by the classroom behavior management system and school district policies and procedures.
3. Every student has an IEP that determines his/her goals for academic and social/emotional learning.
4. Primary focus of the program is the development of “school appropriate” behavior and skills.
5. Harm to self or others may require SELPA approved emergency behavior intervention, Police or Mental Health Mobile Crisis Intervention Team.

## **F. Suspensions**

1. If a student is sent home for behavioral reasons, for any part of the school day, this is considered a suspension. Suspensions may occur for students who are displaying very disturbing or dangerous behaviors.
  - a. In these cases, a parent/guardian may be contacted to remove the student from the school site for one or more days.
  - b. The classroom staff maintains current telephone numbers (also cell phones, pager numbers, work number).
  - c. It is expected that a parent/guardian (or other emergency contact person) will pick up a suspended student within one hour of the call from the school staff.
  - d. When parents are unavailable, staff will follow LEA procedures.
2. Depending upon the offense, the rest of that school day may be all that is warranted for a one day suspension. A student may be suspended for several days depending upon the degree of the offense.
3. All suspensions will be discussed and approved by the administrator or designee.
4. The parent/guardian will be expected to participate, along with the suspended student, in an “intake” meeting prior to the student returning to school.

5. An IEP team meeting is required for students who have incurred 10 days of suspensions within the current school year to discuss what changes may need to be made in the student's educational program. Any subsequent suspension days within the same year also require an IEP meeting.
6. When a student reaches 20 days of suspensions, the IEP team may identify and place the student in an alternative educational placement.

### **G. Evaluation of Student Progress/Feedback**

Students who have been identified as requiring special education services continue to have systematic progress reports sent home at the same intervals as their peers. Each classroom teacher has developed a behavior management system for the purpose of encouraging positive behaviors and discouraging unproductive behaviors (see Classroom Organization and Management).

1. Students are generally informed about their "positive" or "needs improvement" status on an hourly, daily, or weekly basis.
2. Student behavior is monitored daily by a variety of means.
3. An IEP meeting is held at least annually to discuss achievement, revision and continuation of benchmarks, and goals.
4. All students may participate in state assessment, with or without accommodations, as determined by the IEP team.
5. All students receive progress reports/report cards/parent-teacher conferences as frequently as regular education students.
6. High school students will be assigned course work for which they can receive credit toward graduation.
7. Graduation requirements are based on the district of service graduation requirements unless otherwise determined by the IEP team.
8. Parent/guardians may contact the teacher for updates on student progress.
9. Families and other support persons are encouraged to contact the classroom teacher to report any unusual or relevant happenings related to the student during non-school hours.

### **H. Student Medication Administration (based on local board policy-insert LEA form)**

1. *Authorization to Dispense Medication* signed by both physician and parent must be on file and current for each school year. (Appendix B, LEA specific)
2. The Administrative Regulations 5141.21 are followed. (Appendix B)  
\*Current medication orders and emergency 72 hour medications need to be at school for the student to attend.

### **I. Field Trips**

1. Field trips off campus are an integral part of most educational experiences.
  - a. Students and their parents/guardians will be apprised of upcoming off-campus field trips.
  - b. Students will be informed and instructed in the basic criteria needed in order for them to participate in off-campus field trips.
  - c. In the event that a student is unable or unwilling to participate on a field trip, teacher and parent will collaborate on an alternative educational option for that school day.

### **J. Curriculum and Grading**

1. The Regional Therapeutic Learning Class is self-contained. Each classroom serves an expanded age range and several academic grade levels. Classroom teachers develop a combination of pertinent group lessons, which relate to the overall grades they serve.
2. The program consists of individualized assignments that are relevant to each student's academic grade level.
  - a. The specific academic course work and grading process is individualized per student.

- b. Even though all students will have the opportunity to participate in academic instruction and receive grades, many students' IEP goals and objectives are initially focused on the need for improved behavior management. Social skills lessons and activities are an integral part of the Regional Therapeutic Learning Class.
- c. Classroom teachers will work with their IEP teams to determine an appropriate curriculum and grading system.

### **K. High School Regional Therapeutic Learning Class**

In some cases, 11<sup>th</sup> or 12<sup>th</sup> grade students enter the Regional Therapeutic Learning Class with a significant deficit in high school credits. It is expected that these students work collaboratively with the IEP team to determine a reasonable academic goal. Students with major shortages of credits often will not be able to complete all requirements prior to their targeted graduation date. In these cases, educational staff encourages the completion of as much academic coursework as possible. The ITP addresses post-secondary goals and activities required for the student to transition from school to adult life.

## **PRE-REFERRAL PROCEDURES**

**NOTE: Not all students with Emotional Disabilities are placed in Regional Therapeutic Learning Class. The least restrictive environment is what is most appropriate for that individual child.**

### **A. Interventions to be implemented prior to admission:**

1. Revise or develop and implement a Behavior Support Plan.
2. Develop and implement classroom accommodations.
3. Increase special education supports and services.
4. Modify daily schedule.
5. Consult with outside agencies that are involved with the family.

### **B. Behavioral Health services**

1. The student's home school district, in collaboration with the parent/guardian, will assist parents in the process for securing behavioral health services prior to seeking a more restrictive educational placement.

## **REFERRAL PROCESS**

Upon determining that a student's present level of services are not meeting the student's educational needs, a referral packet is compiled, requesting a "Review/Change of Placement." The packet is forwarded with accompanying documentation to the appropriate regional committee as indicated on the reverse of the Request for Review/Change of Placement. This committee meets monthly throughout the school year. Referring staff (i.e., school psychologist, program specialist, LEA representation, administrator, teacher, etc.) attend this committee meeting to present information.

The Regional Therapeutic Learning Class Advisory Committee is charged with the following responsibilities:

- a. Review submitted student referrals.
- b. Discuss alternative approaches for districts to use in order to meet educational needs of referred students when appropriate.
- c. Review the status of students currently being served by the ED/SDC programs.

- d. Prioritize student referrals.
- e. Discuss overall Regional Therapeutic Learning Class issues.
- f. Make recommendations to the IEP team regarding student referrals.
- g. Discuss and make recommendations to the IEP team relative to requests to exit Regional Therapeutic Learning Class.
- h. Consider alternative ways to implement the current IEP prior to a change in placement.

## ADMISSION PROCEDURES

- A. Once the Regional Therapeutic Learning Class Advisory Committee has made a recommendation for the IEP team to consider the following shall occur:
  - 1. The referring school district will facilitate a planned visitation for the student and parent/guardian to the proposed Regional Therapeutic Learning Class.
  - 2. The referring LEA will schedule an IEP meeting for the student, including appropriate staff and community agency personnel to consider the Regional Therapeutic Learning Class Advisory Committee recommendation.
  - 3. A separate orientation/intake meeting may be requested by the Regional Therapeutic Learning Class teacher for the purpose of explaining the specific components of their classroom such as:
    - a. Familiarize the student and parents with the classroom.
    - b. Overview.
    - c. Discuss suspension procedures.
    - d. Review “Intake Agreement.” (Appendix C)
    - e. Determine start date.
    - f. Classroom focus.
    - g. General guidelines.
  - 4. Parent/guardian will submit completed student registration packet as appropriate to the Regional Program Provider.
- B. On occasion, students are transferred into the Regional Therapeutic Learning Class after having been previously served elsewhere in a similar program.
  - 1. The education team is required within 30 days of this initial placement to review records, complete informal or formal assessments, and determine whether the Regional Therapeutic Learning Class is the most appropriate and least restrictive environment.
  - 2. In some cases, the Regional Therapeutic Learning Class is determined not to be the best placement and a *Review/Change of Placement* request is made to the appropriate advisory committee to determine alternative options.

## TRANSITIONING INTO THE CLASS

### A. Intake Procedures

- 1. The intake meeting will be held in the receiving Regional Therapeutic Learning Class and may include:
  - a. Regional Therapeutic Learning Class teacher.
  - b. Current teacher.
  - c. School psychologist.
  - d. Student.
  - e. Parents(s)/guardian(s).

- f. Other persons as appropriate (i.e., administrator and behavior specialist).

## TRANSITIONING TO A LESS RESTRICTIVE ENVIRONMENT

### A. Criteria

1. Student demonstrates zero violent behavior and adequately refrains from aggressive behaviors for a period of time as determined by the IEP team.
2. Student demonstrates acceptable school behavior for a minimum number of days determined by the IEP team such as, but not limited to:
  - a. Cooperates and complies with staff and peers.
  - b. Completes work.
  - c. Remains on-task.
  - d. Self monitors and assesses own behavior.
  - e. Easily redirected to another task by staff.
  - f. Asks for help.
  - g. Maintains non-disruptive social skills: non-provoking behaviors, minimal attention-seeking, ignores peer provoking.
  - h. Accepts “no” for an answer.
  - i. Able to mainstream without incident on a regular basis.

### B. Exiting Program

1. Students who are successful in acquiring and consistently utilizing productive social and behavior skills in the Regional Therapeutic Learning Class and the mainstream classes will be candidates for transitioning out of the program. Student demonstrates the following skills for a period determined by the IEP team:
  - a. Successfully mainstream into a less restrictive environment for a portion of the school day including unstructured time (i.e., lunch, recess, etc).
  - b. Follows teacher/adult directions.
  - c. Expresses self to adults and peers in a non-confrontational manner.
  - d. Interacts with peers and adults in a socially acceptable manner.
  - e. Accepts “no” for an answer.
  - f. Accepts criticism and consequences appropriately.
  - g. Gains teacher’s attention in a non-disruptive manner.
  - h. Completes assignments as independently as possible.
  - i. Accesses help from other sources when needed.
  - j. Self-monitors and assesses own behavior (e.g., requesting to “take space”).
  - k. Adequately refrains from aggressive behaviors for a period of time as determined by the IEP team.

### Exiting Program Procedure

The student who demonstrates consistent and successful progress in the program will be recommended to exit the Regional Therapeutic Learning Class for placement in a less restrictive environment. The District of Residence Special Education Director or designee will be contacted by the Regional Program Provider regarding the development of a transition plan to assist in returning the student to their neighborhood school or other placement as determined by the IEP team. An IEP meeting will be scheduled by the Regional Program Provider to finalize this process.

### C. Need for Alternative Educational Setting

**EXCESSIVELY DISRUPTIVE AND NOT BENEFITTING** - In some cases, students consistently refuse to actively participate in the program or they continue to demonstrate habitually disruptive and/or violent behaviors regardless of the many educational and behavioral strategies presented. Over a period of time, these behaviors may negatively impact the progress of the other students in class. Other students may not be violent or excessively disruptive, but are not making significant progress toward any of their identified areas of growth. These situations would warrant the collaboration of the Regional Therapeutic Learning Class staff and home LEA administration to pursue a more productive environment by which the student would benefit. An IEP meeting will be held to determine educational service options.

<b>STUDENT AND STAFF SAFETY</b>
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**IF THERE IS AN IMMINENT RISK OF DANGER TO SELF OR OTHERS –  
LAW ENFORCEMENT SHOULD BE CONTACTED CONCURRENTLY AND  
THE FOLLOWING PROCEDURES IMPLEMENTED:**

**A. Visitors**

Parents and other adults approved by staff and families who have a vested interest in the currently enrolled students are always welcome to visit the classroom.

1. Parents and other visitors who wish to visit a classroom shall make an appointment with the teacher in advance and follow school site visitation policy to ensure a safe environment.

**B. Police Contact**

The police department will be contacted when students are involved in the following activities or behaviors:

1. Leaves campus without permission *and* is considered a danger to self or others.
2. Causes, attempts to cause, or threatens to cause physical injury to self or others.
3. Possesses, sells, or otherwise furnishes a weapon or dangerous object.
4. Possesses a controlled substance.

**C. Threat Assessment Team (TAT) [as stated in local board policy]**

The Threat Assessment Team may need to be summoned when a student displays behaviors or makes strong statements that lead staff to believe that the student may pose a danger to self or others. Types of behaviors of threats include, but are not limited to:

1. Suicidal statements or gestures.
2. Homicidal statements or gestures.
3. Uncontrollable rage which threatens the safety of self or others may require police intervention.

**D. Procedures for Contacting TAT**

1. Notify the site principal/designee as soon as possible after the incident.
2. The site principal/designee notifies the school psychologist assigned to that school site on the day of the incident.
3. The site principal/designee notifies the school resource officer or other law enforcement. He/she becomes part of the TAT.
4. The TAT convenes to evaluate the student.

**E. Procedures for Contacting Mental Health Mobile Crisis Intervention Team**

1. Contact County Mental Health or child's personal behavioral health therapist.

2. **County** Mental Health contacts Mental Health Mobile Crisis Intervention Team if appropriate.
3. Contact parent or guardian and principal of site and/or special education administrator for the Regional Program Provider.
4. Mental Health Mobile Crisis Intervention Team arrives on site and assesses student. If the student meets the criteria for involuntary hospitalization, the student will be transported by a crisis team member(s) to in-patient unit.
5. If the student does not meet the criteria for involuntary hospitalization, the student will be sent home with the parent or guardian after behavioral safety contract is completed with therapist/counselor or crisis team member.
6. Law Enforcement - The police may be contacted if there is an imminent risk of danger or a violation requiring immediate intervention. The onsite campus administration, LEA level administration, and security will also be contacted in these situations.

#### **F. Restraints**

The Regional Therapeutic Learning Class is not operated in high security facilities. Programs do not consist of involuntary locked rooms or guards. The physical restraining of students is rarely used in the programs and considered a last resort.

1. Reasonable and prudent measures will be used to ensure the safety of students and staff.
2. Persons using restraints to control student behavior shall be certified in Crisis Intervention Training.
3. The *Behavior Emergency Procedure Report* form shall be completed after the incident.

#### **G. Per SELPA Local Plan Policy Section II-12, Procedures for Emergency Interventions:**

1. Emergency Intervention shall be used only for as long as necessary for the student to control the behavior deemed by staff to present a danger to him/herself or others.
2. Emergency Intervention team shall use Therapeutic Rapport after the incident, per CIT.
3. Program Administrator is notified immediately following the use of an emergency intervention.
4. Parents are notified immediately (within one school day) by an educational staff member as designated by the Program Administrator.
5. Per Education Code, law enforcement agency may be notified at the discretion of the Program Administrator if assault/battery has occurred.
6. Parents shall be informed by the Program Administrator or designee if law enforcement is notified.
7. Behavioral Emergency Report shall be completed by educational staff.
8. Behavioral Emergency Report shall be forwarded to the Program Administrator or designee no later than the end of the same school day that the emergency intervention occurred.
9. The Program Administrator or designee shall forward a copy of the Behavior Emergency Report to the SELPA within one week.
10. If student does not have a PBSP, the Program Administrator or designee shall initiate the assessment/IEP process and meet within two days with the parents to develop an Interim Behavior Support Plan.
11. If the student does have a PBSP, any incident involving a previously-unseen serious behavior problem, or where a previously designed intervention is not effective, shall be referred to the IEP team for review to determine if the PBSP needs modification.
12. If the student already has a PBSP, the IEP team may elect to develop a PBIP.
13. If the IEP team elects develop a BIP, a FAA may be conducted.



## Appendix A

Please Note: Sample documents are not required but only serve as an example of forms to be used for the program.

## PROTOCOL FOR AGENCY PERSONNEL ASSISTING STUDENTS AT SCHOOLS

### **Prior to entering a school site:**

Sample

1. Review school board policy and administrative regulations:
  - Tobacco-free workplace
  - Drug-free workplace
  - Sexual harassment - personnel
  - Sexual harassment - students
  - Child abuse reporting procedures
  - Threat Assessment Team
2. Submit affidavit or a letter from agency director verifying fingerprint clearance.
3. Provide proof of TB clearance.

### **Prior to initial meeting with student:**

1. Meet with classroom teacher/principal or program administrator.
2. Provide relevant information: name of supervisor, phone number, hours assigned to student.

### **Immediately upon arrival at school:**

1. Go directly to school office.
2. Sign in the guest register giving name, time, purpose, and location of visit.
3. Affix name badge, visitor badge, or other visible means of identification so that it is in plain sight at all times during visit.

### **When leaving campus:**

1. Sign out of guest register giving time of departure.
2. Return visitor badge when appropriate.

## Appendix B

Date

Sample

TO: All Parents/Guardians:

FROM: School Nurse

**SUBJECT: Student Medication Administration at School**

All medication administered at school requires a completed *Medication Authorization Form* (see back of Student Emergency Form) signed by both the parent/careprovider and the students' physician. All medications including: routine, PRN (as needed), short-term and the 72-hour supply of emergency medications must be current, and in an original container from a pharmacy. It must be clearly labeled with the student's name, medication name, physician's name, dosage amount in mg., time(s) to be given, expiration date, and current date.

For short-term medications, the duration must be included. For example, antibiotics should say take 3 times per day for 10 days. All over-the-counter medications need a doctor's order including dosage, reason for giving it, and they must be in the original container. For example: give Tylenol, 2 tablets every 4 to 6 hours for headache or muscle aches. Other over-the-counter medications might include: ibuprofen, aspirin, cough syrup, cough drops, eye drops, Neosporin, fiber and food additives, and herbal supplements.

**It is necessary to provide your child's teacher with a 72-hour emergency supply of all medications given at home and at school. Bottles with instructions that do not match the medication authorization form will not be accepted.**

**Any change in medication requires a written physician's order and a completed *Medication Addendum Form* which, when received, will be attached to the original medication form. These forms are available from your teacher or from the school nurse.**

Ed Code 49423

# LEA Policy SAMPLE

## Medication Administration Policy and Procedures

### POLICY

California students with acute and chronic illness may need medication in order to attend school. Administering medication at school supports the student's right to educational opportunity. The California Administrative Code, Title 5. 181710 includes medication administration in the implementation of a health services program.

A School Nurse trains school personnel to administer medication to students at school. The California Education Code Section 49423 outlines the required training program and designates who can administer medications.

### I. TRAINING

- A. The school nurse provides medication administration training to qualify school personnel to administer medication at school in lieu of a licensed health professional.
- B. The student's teacher is responsible to assure that medication is administered properly by competent school personnel who have been trained and qualified by the school nurse.

The teacher will designate school personnel to provide primary and back-up medication administration. In the event the primary school personnel is absent, the teacher is responsible to notify the back-up trained school personnel to provide medication administration. When additional staff need training, the teacher will notify the school nurse.

### II. MEDICATION

- A. Trained personnel will assume the following responsibility and accountability for procedures as taught:
  - 1. Review prescription and over-the-counter medication information.
  - 2. In conjunction with the school nurse, obtain signed Medication Form (back of emergency form or medication addendum form).
  - 3. Count the number of pills when received and document the date and number on the medication form then initial for verification.
  - 4. Know the specific instructions for administration of each medicine.
  - 5. Record medication administration.
  - 6. Record and report any unusual reactions.
  - 7. Record when medications are refused, holidays, or when the student is absent.
  - 8. Record when the school does not have a supply of medication and document on the medication log, attempts to obtain the medication from the parents.
  - 9. Seek guidance from the School Nurse when uncertain about medication.
  - 10. Follow school policy and medication administration procedures.
  - 11. Maintain confidentiality of student's medication.
  - 12. Store medication in a locked cabinet.
  - 13. Notify the School Nurse of any medication errors.
- B. At the end of each school year, when medications are discontinued or the student no longer attends this school, the primary school personnel contacts the parent to pick up the unused portion of medication. Medication that is not claimed or out of date may be destroyed with directions from the school nurse.

- C. Student self-administration. Certain medications (inhalants) may require the student to carry the medication on their person or to administer the medication themselves under supervision (insulin). Contact the school nurse who will provide student health counseling and instruction.
- D. Emergency medications. Contact the school nurse for students who may need emergency medications (i.e. allergic reaction, insulin reaction).
- E. Medication reactions. Immediately contact the parents and notify the school nurse. If the reaction is severe and the student's health may be compromised without immediate medication/treatment, call 911, then contact the parents, administrator and school nurse.

### III. DOCUMENTATION

- A. An annual Medication Form must be completed and signed by the parents/care provider and Physician. No medication, including over the counter, or PRN medications, may be given to any student without completion of this form. Prescription medication must be in a clearly labeled current pharmacy bottle. Over the counter medications must be in their original container identified with their name.

### IV. STEPS IN SCHOOL MEDICATION ADMINISTRATION

- A. Follow the school policy for administering medications safely and accurately.
  1. Wash hands. Administration of medication is a clean procedure which requires hand washing.
  2. Verify the M.D. orders with the bottle label. Seek information for questions and/or dose calculations.
  3. Gather necessary items.
  4. Prepare and give medications in a well lighted area free from distractions.
  5. Check the label for name, time, medication, dose, and route while picking up the container.
  6. Prepare the correct dosage of medication without touching the medication.
  7. Check the label for name, time, medication, dose, and route while preparing the correct dose.
  8. Check the label for name, time, medication, dose, and route before returning the container to the locked cabinet.
  9. Do not leave medication unattended or within the reach of a student.
  10. Identify the student. Ask the student to state his or her name. Non-verbal students may need identifying picture on medication container, or third party identification.
  11. Observe the student for any unusual behaviors or conditions prior to medication administration. If unusual behaviors or conditions exist, do not give the medication. Report immediately to the school nurse, teacher, or parents as appropriate, and record.
  12. Explain the procedure to the student.
  13. Position the student properly for medication administration.
  14. Provide equipment and supplies as needed.
  15. Administer the medication to the correct student.
  16. Administer the medication at the correct time.
  17. Administer the correct medication.
  18. Administer the correct dose.
  19. Administer medication by the correct route. Verify that the student took the medication.
  20. Record as soon as possible after administration. Record student, time, medication, dose, route, person administering and any unusual observation.
  21. Report unusual reactions immediately to the school nurse.
  22. Should any questions arise, report immediately to the school nurse.
  23. Clean, return and/or dispose of equipment as necessary.
  24. Wash hands.

- B. Monitor student self-administration of medication (inhalants, insulin, etc.). Once the nurse determined that the student demonstrates competency to self-administer medication. Monitoring of self-administration should include:
1. Visual observation to ensure proper administration.
  2. Reminding student to take medication.
  3. Record medication administration.
  4. Report unusual procedure or circumstances.
- C. Errors and Omissions in Medication Administration. A medication error is a violation of any of the “Five Rights.”
1. Report medication errors immediately to the school nurse, administrator and parents. The school nurse will determine if the physician will be called.
  2. Complete an incident report.
  3. Continue to observe the student. Record and report any changes.
- D. Recording and Reporting:
1. Record immediately in ink after administering medication to limit the chance of error.
  2. For each medication administered, record the person administering. Initials are used and a signature must appear below on the same page the same day the first dose was administered.
  3. Errors in recording should be lined and marked error. Then, record the correct information. Do not use white out.
  4. Record omissions, absence, or refusals immediately.
  5. Record only medication you administered.
  6. When medications need to be destroyed, they will be destroyed by the school nurse or under his/her directions according to legal guidelines. Completed monthly logs are to be sent to the school nurse at the end of each month.

To administer medication, use the general administration step in A, B, C, and D along with the following specific information:

- E. Oral Medication
1. Oral bottled medication (tablets, capsules, etc.):
    - a. Remove bottle cap and hold the cap in one hand and bottle in the other hand.
    - b. Pour the prescribed dose into the cap.
    - c. Transfer medication from cap to the student (or medicine cup if necessary, give to student).
    - d. Give with a full glass of water unless otherwise indicated. Follow special labeled instructions (e.g. take with milk, take with lunch, shake).
    - e. Verify the student swallowed the medication.
    - f. Recap the bottle and return it to the secure locked place.
  2. Oral individually wrapped medications:
    - a. Remove or tear off number needed and give to student right away.
  3. Oral liquids or powders:
    - a. Shake medication per label instructions.
    - b. Pour liquid from side of bottle opposite the prescription label (hold label in palm of hand) into graduated medicine cup.
    - c. Pour medication at eye level and directly in front of eyes.
    - d. Measure the dosage at the bottom of the disc (meniscus).
    - e. Wipe off any medication on the outside of the container.
    - f. Use calibrated medicine dropper or syringe to measure small amounts of liquid.
    - g. Hold medicine dropper at right angle to cup to measure drops.

- h. Pour liquid medications into separate container unless otherwise ordered.
  - i. Give cough syrup undiluted and do not follow with water.
4. Problems with oral medication administration:
- a. Refusal of medication - report to the School Nurse, Teacher, and parents. Document reason for refusal on back of Medication Log.
  - b. Vomiting medication - Report: The student's name and age, medication and dosage, time lapse since administration and if medication was intact.
  - c. Suggestions for students with difficulty swallowing:
    - 1) Position student for medication administration.
    - 2) Give one medicine at a time with adequate fluids.
    - 3) Place medicine on back of tongue.
    - 4) Give liquid medications slowly.
    - 5) Watch for choking. Call for help if student has coughing spasms and skin begins to darken, or if the student develops breathing problems.
    - 6) Verify that the student swallowed the medication.
    - 7) Give medications with other food or crushed, as directed.

F. Skin Medications

- 1. Gather necessary equipment: tongue blade, gauze, tape, cleansing materials and cotton-tipped applicator. For broken skin or open lesions use gloves.
- 2. Note condition of affected area. If unusual, report before applying medication.
- 3. Cleanse the skin, remove previously applied medication, apply medication in a thin layer or as ordered.
- 4. Record any changes seen in skin area treated. Notify the School Nurse and parents of any change.
- 5. Cover if directed.

G. Eye Drops. Use preparations labeled for ophthalmic use.

- 1. Gather necessary equipment: cotton balls, tissue.
- 2. Observe affected eye for any unusual condition and report before medication administration.
- 3. Position student with head tilted back and eyes looking up.
- 4. Open eye to expose the lower inside eyelid.
- 5. Approach the eye from outside the field of vision. Drop the medication gently into the lower eyelid, not on the eyeball with the drop not falling more than one inch to eye. Wait one to five minutes between installations if more than one drop is ordered.
- 6. Gently close eye. Ask student to keep eye closed for a few minutes.
- 7. Blot the excess medication with a new clean cotton ball or tissue.

H. Eye Ointment

- 1. Gather necessary equipment: cotton balls and tissue.
- 2. Observe affected eye(s) for any unusual condition. Report to the school nurse.
- 3. Cleanse the eye with clean cotton ball if needed. Wipe once from inside to outside. Use a clean cotton ball for each eye.
- 4. Position student with head tilted back and eyes looking up.
- 5. Open eye to expose the lower eyelid.
- 6. Approach the eye from outside the field of vision.
- 7. Apply in a thin layer along the inside lower lid or as ordered.
- 8. Hold lid open a few seconds.
- 9. Close eye gently. Ask the student to keep eyes closed for a few minutes.
- 10. Blot the excess medication with a new clean cotton ball or tissue.



- I. Ear Drops
1. Gather necessary equipment: cotton balls and tissue.
  2. Position the student.
    - a. If lying on a cot, turn face to opposite side.
    - b. If sitting in chair, tilt head sideways until ear is horizontal.
  3. Cleanse entry to ear canal with a clean cotton ball as needed.
  4. Observe affected area for any unusual condition, report to the School Nurse.
  5. Straighten the ear canal, pull outer ear gently down and back (ages three and under) or up and back (older children).
  6. Drop the medication on the side of the canal. Avoid the dropper touching anything.
  7. Instruct the student to maintain the required position for one minute. Gently rub the skin in front of the ear to assist the medication to flow to the canal.
  8. If the other ear is to be treated, repeat procedure after waiting one minute.
  9. Loosely place a cotton ball in the ear if ordered.
- J. Medication inhaler (follow individual physician's instructions).
1. Attach mouthpiece to inhaler which contains the medicine.
  2. Stand up or sit straight.
  3. Shake inhaler for approximately two seconds.
  4. Position inhaler with canister upside down above mouthpiece.
  5. Holding mouthpiece one to two inches from lips (or as instructed), open mouth wide. If a chamber (spacer) is used, place mouthpiece in mouth (some will place lips around inhaler mouthpiece).
  6. Breathe out naturally.
  7. Open mouth wide and begin to inhale a deep breath slowly. If using a chamber (spacer), seal mouth around mouthpiece and inhale a deep breath.
  8. After the beginning of a deep breath, squeeze canister down on mouthpiece.
  9. Hold breath as long as possible up to 10 seconds to allow medication to settle as deeply as possible into and onto air passages.
  10. Wait approximately one to two minutes, repeat the process. This technique should allow delivery of medication into air passages opened by first inhalation.
- K. Auto injector medication is a disposable injector pen-like syringe with a spring activated concealed needle used for emergency self-administration in individuals sensitive to potentially fatal reactions. Follow individualized student plan:
1. Pull off safety cap.
  2. If time permits, cleanse with alcohol or soap and water.
  3. Place tip on thigh (may be injected through clothing).
  4. Press auto-injector against thigh until mechanism activates, and hold in place ten seconds.
  5. Follow emergency procedures.
  6. Dispose in "Sharps Container."

## Appendix C

## Intake Interview Agreement

Sample

I/WE, the undersigned parent(s)/guardian(s), agree to work in concert with the teacher and staff of the Day class for the success of my/our child. I/WE agree to encourage my/our child to attend school daily, complete all homework, and maintain a healthful lifestyle which includes adequate sleep, nutritious breakfast, and regular exercise.

I/WE understand that there is an expectation that prescribed medicines will continue to be consistently administered per doctor's orders. I/WE will monitor behavior as it relates to my child's medication. Medication may be dispensed at school. I/WE are responsible for providing the medication in the *original container* and a signed "*Authorization to Dispense Medication*" form.

I/WE understand that the primary focus of the day class is the development of school-appropriate behaviors, which could result in your child's increased success in the general education setting. Group and individual counseling are components of this specialized program. My/our child will receive instruction in the basic core curriculum, delivered at his/her ability level, per IEP objectives.

I/WE understand that the day class uses a token economy which for appropriate behavior and consequences for inappropriate or out-of-control behavior. School appropriate behaviors are also positively reinforced and encouraged with praise, certificates, awards, and field trips.

I/WE understand that a systematic progression of interventions is typically used to address non-productive learning behaviors. I/WE understand that if my/our child is suspended from the bus I/WE will be responsible for providing transportation for the duration of his/her suspension.

I/WE agree to be available or have designated people available on a daily basis in case of an emergency. I/We further understand that my/our child will be picked up by me/us or a person I/WE designate when he/she has been physically disruptive. If I/WE or designees are not available, I understand the staff will contact the police.  
Signed:

\_\_\_\_\_  
Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s)/Guardian(s)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Other Agency Contact

\_\_\_\_\_  
Other Agency Phone

## Appendix D

**STUDENT CONDUCT INTERVENTION**

**Sample**

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

Dear \_\_\_\_\_,

Your child is being sent home early from school today because he/she has violated the following rule(s):

\_\_\_\_\_  
\_\_\_\_\_

It is the responsibility of the parent to provide a natural consequence for this behavior. Examples are: losing privileges, performing a household task, or providing community service. Please have your child complete this form. Your child is required to review this form with his/her teacher before being included in the daily activities.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Teacher

**STUDENT REFLECTIONS**

I was required to leave school today because I chose to \_\_\_\_\_

\_\_\_\_\_

I could have chosen to \_\_\_\_\_

\_\_\_\_\_

The consequences of my choice were \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

## Appendix E

# MEDICATION CONSENT FORM

Sample

Parents are requested to give medication at home and on a schedule other than during school hours. When it is necessary for prescription or over-the-counter medication to be given during school hours, written parent and physician authorization is required. This authorization is provided by the completion of both sides of this Medication Consent Form. The following procedures are required:

1. Parents **shall** sign the “parent/guardian authorization” below, which grants designated school personnel permission to administer **prescription or over-the-counter** medication.
2. Physician/dentist shall complete and sign the physician/dentist authorization (on the reverse side) for **prescription or over-the-counter** medication.
3. Prescription or over-the-counter medication **shall** be brought to the school by an adult in the **original container** with the appropriate label. Medication in baggies, envelopes, or other containers will not be accepted. (Upon request, pharmacists will divide the medication into two containers, one for school use and one for home use).
4. Instructions on the physician/dentist authorization form shall match those on the medication label.
5. The school staff will not accept medication delivered by the student. The parent or a designated adult shall deliver the medication to the school site.
6. A new consent form shall be completed each time there is a change in medication strength, dosage, or time.
7. For long-term medication, the consent form **MUST** be completed by the parent and physician each **new school year**.
8. A student may carry and self-administer medication **only** when the physician/dentist initials the appropriate section of the consent form. This privilege may be revoked if the student is known to misuse his medication and thus be of harm to himself or others.
9. All unused medications **shall** be picked up by the parent within 5 working days, or it will be destroyed per safety regulations.
10. Students attending summer school are covered by consent forms completed during the current school year. The parent is responsible for providing the medication and a **copy** of the authorization form as part of summer school registration.
11. Permission is granted to the school nurse to contact the physician/dentist if necessary.

## PARENT/GUARDIAN AUTHORIZATION

I am the parent/guardian of \_\_\_\_\_  
(Name of Student)

I request the \_\_\_\_\_ to assist my child in taking medication as stated in the physician/dentist authorization (reverse side of this document).

I agree to identify and hold harmless the \_\_\_\_\_, its offers, agents, and employees, for any injury, illness, or death which might occur as a result of assisting with the administration of the medication in accordance with the physician’s direction.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

May 8, 2001

See Physician Authorization (Appendix F)

## Appendix F



PHYSICIAN/DENTIST AUTHORIZATION

Sample

Name of child (print): \_\_\_\_\_

Name of medication (one medication per form): \_\_\_\_\_

Reason for medication (diagnosis):

Strength (mg, etc.): \_\_\_\_\_ Dosage (amount): \_\_\_\_\_

Time of day or frequency to be given at school: \_\_\_\_\_

For "as needed" (PRN) medications, describe indications (symptoms) when to be used: \_\_\_\_\_

Method of administration (oral, topical, eye drops, etc.) and directions: \_\_\_\_\_

Possible side effects of medication: \_\_\_\_\_

**Administration of medication by student**

Student may carry and administer medication **ONLY** if the physician/dentist initials all of the following:

- Student needs medication for immediate or emergency condition (i.e. diabetes, asthma, anaphylaxis, migraines, etc.)
- In the opinion of the physician/dentist, the student is physically, mentally, and behaviorally capable to assume responsibility
- Student has successfully demonstrated self-medication procedure to the physician/dentist

Additional comments/directions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician/Dentist (print)

Signature

Telephone Number

Date

## Appendix G



**TO BE COMPLETED WITH SCHOOL PSYCHOLOGIST**

San Luis Obispo County Special Education Local Plan Area

**REQUEST FOR REVIEW/CHANGE OF PLACEMENT\***

Date: \_\_\_\_\_

**REFERRAL INFORMATION:**

Referring District: _____	Referring To: _____
Present School Placement: _____	Proposed Placement: _____
Teacher: _____	Case Manager: _____

**STUDENT INFORMATION:**

Student Name: _____	Date of Birth: _____	Grade: _____
Parent/Guardian: _____	Home Phone: _____	
Address: _____	Work Phone: _____	
City: _____	Living At: <input type="checkbox"/> Home	<input type="checkbox"/> Foster Home <input type="checkbox"/> LCI
Social Security Number: _____	<input type="checkbox"/> Other: _____	

**THE FOLLOWING MUST BE INCLUDED:**

Current psycho-educational report (within 2 years)	Current academic report(s)
Current DIS report(s)	Current behavior plan
Current IEP	Psychiatric evaluations, treatment reports
Current Language Assessment	Agency reports: CPS, MH, TCRC
<i>Include as appropriate:</i> Attendance information, including suspensions, and Health information, including medications	Other
	<i>(If additional space is required, please use back of this for.)</i>

**CURRENT STATUS OF STUDENT:**

Briefly describe the student's current special education service delivery model:

\_\_\_\_\_

\_\_\_\_\_

Describe the intervention strategies that have been developed for this student and/or other services utilized, if this is not included in the psycho-educational report. Describe progress of implemented Behavior Plan and modifications to plan:

\_\_\_\_\_

\_\_\_\_\_

What special education services are being considered for this student and why?

\_\_\_\_\_

\_\_\_\_\_

Do parents support this change?  Yes  No

Other agencies involved:

<u>Agency</u>	<u>Contact Person</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ Date \_\_\_\_\_

Special Education Administrator

## DISTRIBUTION

<u>Regional Program Consumer</u>	<u>Regional Program Provider</u>	<u>Send to:</u>
All LEAs	Atascadero Unified School District, Director of Special Education	AUSD 4507 Del Rio Road Atascadero, CA 93422 FAX 462-4233
	Lucia Mar Unified School District, Director of Student Services	LMUSD 227 Bridge Street Arroyo Grande, CA 93420 FAX 473-1587
	Paso Robles Joint Unified School District, Director of Special Education	PRJUSD 800 Niblick Road Paso Robles, CA 93447 FAX 237-3476
	San Luis Coastal Unified School District, Director of Student Services	SLCUSD 1500 Lizzie Street San Luis Obispo, CA 93401 FAX 543-6567
	San Luis Obispo County Office of Education	COE Student Programs and Services 3360 Education Drive San Luis Obispo, CA 93405 FAX 546-0646

## Appendix H

## "Thinking About My Inappropriate Behavior"

Sample

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

Staff Member: \_\_\_\_\_ Position: \_\_\_\_\_

Whenever someone acts inappropriately it is important to figure out what went wrong so that they can learn to do better next time. This form will help you understand and describe what happened so that next time you can make a better choice.

**When did my inappropriate behavior happen? Where did it occur and who was present at the time?**

**What bad choice did I make? (undesired behavior)**

**What negative outcomes might occur (or did occur) if or when I use this unacceptable behavior?**

**What could I have done instead? (Put a ✓ by the one(s) you might do next time if a similar situation occurs)**

**What might happen that is positive if I chose an appropriate behavior to handle my problem?**

# "Understanding Feelings Can Affect My Behavior"

Sample

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

Staff Member: \_\_\_\_\_ Position: \_\_\_\_\_

Feelings can affect our behavior. When we are tired or stressed or angry it is easier to make bad choices about our behavior. It is important to understand our feelings and learn ways to control them so that they do not negatively affect our behavior.

## Feeling Words

<b>Calm</b> -	cool, peaceful, relaxed, composed, tranquil, steady
<b>Happy</b> -	glad, delighted, elated, cheery, merry
<b>Afraid</b> -	scared, frightened, terrified, fearful, intimidated
<b>Frustrated</b> -	anxious, worried, nervous, concerned, uptight, unsuccessful
<b>Angry</b> -	mad, offended, displeased, annoyed, furious
<b>Sad</b> -	unhappy, "blue," miserable, dejected, sorrowful

**How I Felt:** (List the feelings you had *right before* you got in trouble)

**What I Did:** (What happened? Describe the choices you made)

**How Did It Work?** (Did my choices get me in trouble? What kind of trouble?)

**What Can I Do Differently Next Time??**

# PROBLEM-SOLVING STEPS

Sample

Developed by: \_\_\_\_\_  
(name of student)

Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

**Definition of the Problem:**

**Who started the problem?**

**How could I have handled it differently?**

**What kind of support do I need?**

**My Action Plan:**



## Appendix I

# Communication Tree

Sample

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

DOB: \_\_\_\_\_

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

Grade: \_\_\_\_\_

Current Medication(s)/Relevant Issues: \_\_\_\_\_

	Contact Person	Contact (Phone/e-mail, etc.)
Parent/Guardian:		
Group Home:		
Social Worker:		
Physician:		
Therapist:		
Inland Regional Center (IRC)		
Probation:		
School Police:		
Other:		
Other:		
Other:		

## Appendix J

# Contact Log

Sample

STUDENT'S NAME: \_\_\_\_\_

ID#: \_\_\_\_\_

<p>Date: _____</p> <p>Spoke With:</p> <p>_____</p> <p>_____</p> <p>Phone:</p> <p>_____</p> <p>_____</p>	<p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Date: _____</p> <p>Spoke With:</p> <p>_____</p> <p>_____</p> <p>Phone:</p> <p>_____</p> <p>_____</p>	<p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Date: _____</p> <p>Spoke With:</p> <p>_____</p> <p>_____</p> <p>Phone:</p> <p>_____</p> <p>_____</p>	<p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Date: _____</p> <p>Spoke With:</p> <p>_____</p> <p>_____</p> <p>Phone:</p> <p>_____</p> <p>_____</p>	<p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Appendix K

**(Insert most recent SELPA Behavior Support Plan)**