

Guidelines for Consideration of Paraprofessional Support, BIs, and Out of District Placement (OOD) Services

**Windsor Southeast S U
(Adapted from the NHSSA protocol)**

Guidelines for Consideration of Paraprofessional Support Services

WSESU

Philosophy

Checklist: Guidelines for Consideration of Paraprofessional Support Services

School Day Analysis

Philosophy

An overarching goal for all students with disabilities under the *Individuals with Disabilities Education Act of (IDEA)* is to meet the needs that result from each child's disability, and to enable the child to be involved in and make progress in the general education curriculum. [34 CFR §300.320(a)(2)(i)(A)] In meeting the unique needs of all eligible children, the IEP Team must ensure placement in the least restrictive environment (LRE) in accordance with *IDEA* and *VT Rules for the Education of Children with Disabilities*:

Guidelines for Consideration of Paraprofessional Support Services/ODD Placement:

This checklist is to be used as a tool for schools to collect and analyze data and to discuss if more information is needed in order for the IEP team to determine if supplementary paraprofessional support services are needed. It is not to be used to pre-determine services in the IEP.

The utilization of supplementary paraprofessional support services:

- should be considered a highly restrictive intervention;
- should be considered only if the student has demonstrated an inability to acquire skills in a group situation or generalize skills across multiple settings as evidenced by data;
- is to promote the student's independence and expedite/accelerate development that will lead to the student generalizing IEP goals and objectives.

The utilization of an Out of District Placement: Teams should review this checklist again if they are considering an OOD for a student. Students being considered for an ODD have, typically, exhausted all in-house support including contracted BIs. This document can be used to help teams define whether or not more in school support will be effective, or if an OOD is the most appropriate in the continuum of LRE.

A. Functional Life Skills Concerns				YES	NO
1. Is the student having severe difficulties with functional life skills?					
If YES, please complete the rest of section A. If NO, proceed to section B.					
2. What type of support does the student need in order to be successful in the following areas? Check the appropriate boxes.					
Skill	Independent	Adult Prompts	Physical Support	Other Supports	
Toileting					
Mobility					
Eating					
Dressing					
Self-care					
Personal safety					
Other: (specify)					
3. Has data been collected consistently for at least 10 days on the student's functional life skills? If NO, continue the student's current educational program and collect relevant data.				YES	NO
3a. Summarize and attach the baseline data that identifies the student's skill level on each area of concern. Include a description of what the student currently can do, in what settings, and how often the student will attempt the skill (example: student does not have bladder control and must have diaper changed at least hourly throughout the school day).					
4. Are visual supports in place for skills that require prompting? If YES, list visual supports that are in place for skills that require prompting. If NO, assign a team member to review the possibility of increasing				YES	NO

mini schedules or visual supports for the student in each of the areas listed in #2.		
Name of Team Member:		
B. Communication Concerns (This section to be completed with input from the special education teacher, speech pathologist and others with relevant knowledge and data).	YES	NO
1. Are there concerns regarding the student's communication skills? (i.e., pragmatics, receptive language, expressive language, articulation, hearing) If YES, please describe and then complete the rest of section B.		
If NO, proceed to section C.		
2. Has data been collected consistently throughout a 10 day period? If NO, continue the student's current educational program and collect relevant data.		
If YES, please attach data summary.		
3. Does the student have communication goals in the IEP? If NO, please hold an IEP team meeting to review/revise the IEP.		
4. Does the student receive services from the Speech Language Pathologist? If NO, please collaborate with the SLP regarding the concerns in #B1.		
5. Does the student use the communication method(s) independently to communicate needs and wants?		
C. Social Skills Concerns (This section to be completed with input from the special education teacher and behavior specialist or psychologist and others with relevant knowledge and data).	YES	NO
1. Is there a concern about the student's social skills that interfere with educational achievement? If YES, please complete the rest of section C. If NO, proceed to section D.		

2. Identify the specific social skills difficulties the student is currently experiencing. (List the skills that the student doesn't have that are interfering with his functioning, e.g., accepting help from teachers, accepting criticism, interacting with peers, etc.)
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<p>In what school settings?</p>		
<p>3. Does the student have opportunities to interact with typically developing peers? If NO, describe the potential areas of interaction that would allow the student to have opportunities to engage with typically developing peers.</p> <p>Provide an overview of current opportunities to interact:</p>	YES	NO
<p>4. Does the student currently have social skills goals and objectives in his/her IEP that address the needs identified above?</p> <p>If NO, convene an IEP meeting to discuss the student's need for social skills goals and objectives.</p>		
<p>5. Have the social skills G/O been addressed consistently for at least six weeks?</p>		
<p>6. Has data been collected consistently throughout a six week period on the social skills G/O? If YES, please attach a data summary.</p>		
<p>6a. If YES, is the student showing progress in utilizing appropriate social skills?</p> <p>6b. If NO, review/revise the social skills instruction, generalization plan and collect relevant data.</p>		

D. Behavioral Concerns (This section to be completed with input from the special education teacher and behavior specialist or psychologist and others with relevant knowledge and data).				YES	NO
1. Does the student have severe behaviors that interfere with academic achievement? If NO, proceed to the Summary section. If YES, please complete the rest of section D.					
2. Does the student have a Functional Behavioral Assessment (FBA)? If NO, begin the process to complete an FBA for the student.					
2a) If YES, is the FBA updated and currently relevant? If NO, review/revise the FBA.					
3. Are there concerning behavior(s) interfering with learning of self or others? List below.					
Behavior	When	Where	Frequency		
4. Has quantifiable data been taken on all behaviors of concern for at least 10 school days? List data collection methods and observations: What patterns or trends does the data show? Is the target behavior(s) increasing, decreasing, staying the same? Attach comments.				YES	NO
5. Does the student have a Behavior Intervention Plan (BIP)? If NO, complete a BIP for the student.					
6. Does the student have measurable behavior goals in the IEP? If NO, convene an IEP team meeting to review/revise the IEP.					
7. Have behavioral interventions stated in the BIP been consistently implemented for at least 6 weeks?					

<p>8. Has data been collected for the BIP consistently throughout the 6-week period?</p> <p>If NO, review/revise BIP and collect relevant data. If YES, please attach a data summary.</p> <p>How effective is the plan in addressing the student's needs?</p> <p>Have modifications to the plan been considered?</p>	YES	NO
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<p>9. Describe supports being utilized to implement behavior intervention plan.</p>

<p>Summary</p>

Functional Life Skills	Communication /Instruction	Social Skills	Behavior	Inclusion
<input type="checkbox"/> G-tube feeding* <input type="checkbox"/> Medication* <input type="checkbox"/> Suctioning* <input type="checkbox"/> Food preparation <input type="checkbox"/> Diaper changing <input type="checkbox"/> Feeding-full support <input type="checkbox"/> Seizures* <input type="checkbox"/> Lift/Transfer <input type="checkbox"/> Other: _____ *Specialized physical health care plan or emergency plan.	<input type="checkbox"/> Unique strategies not typical for class <input type="checkbox"/> Visual communication system <input type="checkbox"/> Structured teaching <input type="checkbox"/> High level of physical prompts <input type="checkbox"/> High level of verbal prompts <input type="checkbox"/> Assistive technology support <input type="checkbox"/> Sign language <input type="checkbox"/> Other: _____	<input type="checkbox"/> Student requires direct instruction in social skills <input type="checkbox"/> Self-regulation <input type="checkbox"/> Anger management <input type="checkbox"/> Impulse control <input type="checkbox"/> Social-pragmatic language <input type="checkbox"/> Other: _____	<input type="checkbox"/> Behavior plan implementation or documentation <input type="checkbox"/> Physically aggressive <input type="checkbox"/> Non-compliant in class <input type="checkbox"/> Non-complaint on campus <input type="checkbox"/> Runs away <input type="checkbox"/> Self-injurious <input type="checkbox"/> Other: _____	<input type="checkbox"/> Instructional support <input type="checkbox"/> Physical support /positioning <input type="checkbox"/> Safety supervision <input type="checkbox"/> Social support <input type="checkbox"/> Transitions <input type="checkbox"/> Recess/lunch <input type="checkbox"/> Other: _____

<p>1. Describe supports currently provided</p>
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2. List additional supports needed to implement IEP.
3. Attach a fading plan designed to reduce the dependency and eliminate the need for individualized support in each area.
4. Please indicate potential staff that will be providing the individualized instructional support in needed areas: (identify by position) <ul style="list-style-type: none"> ○ Functional Life Skills _____ ○ Communication _____ ○ Social Skills _____ ○ Behavior _____
5. Staff responsible for leading and directing the activities of the individual providing the support if the person providing the support is a paraprofessional: ___ Teacher (specify position: _____) ___ Other school personnel (specify position: _____) ___ Other (specify hours per week/month _____)

Student Name:	School:	Grade:
Name of Participant	Position	Date
Completed by:		

School Day Analysis

Student: _____ DOB: _____ Disability: _____

Teacher: _____ Program/School: _____

Completed by: _____ Title: _____ Date: _____

Time	Classroom Scheduled Activity	What student can do without assistance	What student needs accommodation/ modification assistance to complete	What natural support is currently available	Shared paraprofessional support required	Individual paraprofessional support required

