STONINGTON PUBLIC SCHOOLS

PARAPROFESSIONAL HANDBOOK

acceptance empathy courage honesty

respect

kindness **CORE VALUES**

We Believe In You!

2019

Introduction

The Stonington Public Schools value the importance and meaningful contributions that our paraprofessionals provide within the school environment.

The position of the paraprofessional is very unique within the spectrum of responsibility and participation in the development of our students' growth. Ongoing communication with teachers, other support staff and administrators is also a necessary part of their duties.

It is of utmost importance that the paraprofessionals be pro-active and anticipatory in maintaining the safety, well-being, respect, and dignity of each student. At the same time, paraprofessionals should demonstrate an awareness and sensitivity for each student's responsibilities in learning and in his/her interaction with adults and other students. The Stonington Public Schools recognize the importance of mature judgment and decision-making in this critical area of appraising students' interactions. This is an important part of your role in helping to provide an education for students enrolled in Stonington Public Schools.

The purpose of this resource handbook is to offer guidance for a collaborative and cohesive effort between the paraprofessionals, teacher and school officials in providing a nurturing environment that will allow us to maximize our combined efforts in fostering a quality education for our students. In so doing, the paraprofessionals will be offering the Stonington School System a very meaningful and productive contribution to our entire school community.

Role of the Paraprofessional

Connecticut State Department of Education defines a paraprofessional as: An employee who assists teachers and/or other professional educators or therapists in the delivery of instructional and related services to students. The paraprofessional works under the direct supervision of a teacher or other certified or licensed professional. The ultimate responsibility for the design, implementation and evaluation of instructional programs, including assessment of student progress, is the collaborative effort of certified and licensed staff.

According to federal guidance: A paraprofessional works under the direct supervision of a teacher if (1) the teacher prepares the lessons and plans the instructional support activities the paraprofessional carries out, and evaluates the achievement of students with whom the paraprofessional is working, and (2) the paraprofessional works in close and frequent proximity with the teacher.

Responsibilities of the Paraprofessional

According to the State Educational Resource Center (SERC) and the Connecticut State Department of Education (CSDE, 2008), the responsibilities of a paraprofessional include six primary areas:

A.   Assisting teachers/providers with building and maintaining effective instructional teams
B.   Assisting teachers/providers with maintaining learner-centered supportive environments
C.   Supporting teachers/providers with planning and organizing learning experiences
D.   Assisting teachers/providers with engaging students in learning and assisting in instruction
E.   Assisting teachers/providers with assessing learner needs, progress and achievement
F.   Meeting standards of professional or ethical conduct

Paraprofessional Skills/Abilities

The specific skills required by a paraprofessional in order to perform the duties of the specific assignment are as follows:

A. Assisting teachers/providers with building and maintaining effective instructional teams
   1. Ability to follow teacher/provider instructions and carry out team decisions
   2. Ability to interact constructively with and demonstrate respect for learners, families and other school personnel.
   3. Ability to contribute relevant, objective information to teachers/providers to facilitate planning, problem solving and decision making
   4. Ability to participate in program planning team meetings, when required by district policies and procedures.

B. Assisting teachers/providers with maintaining learner-centered supportive environments
   1. Ability to implement proactive behavior and learning strategies developed by teachers/providers that maintain supportive learning environments.
   2. Ability to follow and use prescribed district policies to ensure the safety, health and well-being of learners and staff
   3. Ability to ensure universal health precautions for preventing illnesses and infections and proper body mechanics for lifting learners and heavy objects
   4. Ability to implement procedures or plans for managing individual student behavior.

C. Supporting teachers/providers with planning and organizing learning experiences
   1. Ability to use computers to prepare learning resources and materials

2. Ability to assist teachers/providers with modifying learning materials and activities to meet the needs of individuals with different ability levels, learning styles or language backgrounds
3. Ability to prepare and use adaptive equipment and assistive technology prescribed by teachers/providers and other professional staff
4. Ability to objectively gather and report information about learner's performance and interactions to assist the teacher/provider in the planning process.

D. Assisting teachers/providers with engaging students in learning and assisting in instruction

1. Ability to monitor and assist children and youth in other learning environments (e.g., libraries, computer labs, lunchrooms, playgrounds, and buses).
2. Ability to use teacher developed positive behavioral strategies and procedures that facilitate the learning of children and youth with challenging behaviors
3. Ability to maintain effective relationships with all learners
4. Ability to follow and carry out teacher plans for strengthening academic skills for school-age learners
5. Ability to use teacher developed learning strategies for English language learners
6. Ability to carry out teacher plans in community-based vocational and transitional programs for students entering the workforce.
7. Ability to assist students with activities as designed and identified by the physical and occupational therapists and speech language pathologists, BCBA and other related services. Including functions for independent living including, but not limited to: eating, feeding, and toileting/diapering needs.

E. Assisting teachers/providers with assessing learners' needs, progress and achievements

1. Assist in data collection, as designed by certified professionals
2. Ability to assist with student testing accommodations and modifications

3. Ability to assist teachers/providers in conducting functional behavior analysis
4. Ability to assist teachers/providers in maintaining the learner records, as required by the district/state.

F. Meeting standards of professional or ethical conduct

1. Ability to perform assigned tasks under the supervision of teachers/providers in a manner consistent with professional and ethical guidelines established by the state or district
2. Willingness to participate in professional and career development opportunities
3. Ability to confer with principals/administrators and supervising teacher/providers to identify strengths and professional development needs.

Common Practices, Policies and Procedures

Confidentiality

Do not discuss a student with anyone except appropriate school personnel. If parents and friends ask about your work, tell them you enjoy working with the children and discuss the activities you do rather than information about the children or the teacher. No one wants to hear a story about their child spread through the "grapevine." If anyone quizzes you about a child, teacher or incident at school, they should be directed to contact the Special Education Program Manager, the classroom teacher, or building administrator.

Bottom Line – What happens in school should stay in school. If you have particular concerns you want to discuss, please do so as soon as possible with the special education program manager, the classroom teacher, or one of the administrators.

Paraprofessionals must respect both student and school confidentiality. You are to discuss a student's performance and problems only with those staff members serving the student, never with the parents or outsiders. All

parents' questions about their children's education should be directed to the special education program manager/classroom teacher.

The paraprofessional should not question school policies in the presence of students or outside of the school, but, rather, should pursue personal concerns and inquiries through the school's Administrative team.

Paraprofessionals need to support the teaching methods and materials used by the supervising teacher, especially in the presence of students, parents, and other paraprofessionals. Any questions about methods or management are best directed privately to the teacher.

Technology

Please refer to the district's appropriate use of technology policy for direction on appropriate use of **social media** related to school activities. Information/photos about students or their programs should never be shared on personal social media accounts. Additionally, each paraprofessional will be assigned and maintain an active SPS email account. It is advised that paraprofessionals check their email **daily,** as it is often utilized to provide important notices to staff. Please contact your building administrator or the technician in your building, for support with technology.

Communication with Parents

Paraprofessionals are expected to communicate with parents in a positive manner, however, communication with parents regarding the student's educational program or progress MUST be conducted by the certified teaching staff.

Communication with Teachers & Other Staff

Daily communication with the student's special education teacher/case manager is essential for staff to be informed of the daily schedule and responsibilities. Refer all questions or concerns to the student's special education teacher/case manager.

Cell Phone Use

Cell phones should not be visible during instructional activities. Phones should be used only on break or during lunch. There should be no phone use at other times unless permitted by the classroom teacher or administration.

Paraprofessionals should refrain from taking pictures of students.

Attendance

Paraprofessionals are expected to be at work on time on a daily basis. Regular, consistent daily attendance and punctuality is essential to enable students to make adequate progress. In the event of an absence, it is the paraprofessional's responsibility to notify the building administrator through the AESOP absence system. In the event that a paraprofessional has excessive absences, disciplinary action, up to and including dismissal, may occur.

Time Clock

Employees are responsible for working their assigned schedules, as well as utilizing the timeclock to punch in and punch out. Overtime and exceptions to the standard work schedule must be approved by the administration in advance. Paraprofessionals are expected to follow their schedule designated by their building administrator.

Failure to abide by this procedure will result in progressive discipline, up to and including dismissal.

Arrival and Dismissal

Building administrators may assign paraprofessionals to assist students upon arrival and dismissal outside of school hours on an as needed basis.

Dress Code

Staff members are expected to maintain a personal appearance appropriate to the school setting. The daily responsibilities of paraprofessionals may require supervision of students in PE and/or outside. Casual attire is permitted, but please note that all staff members are discouraged from wearing flip flops, ripped/torn jeans, tank tops and dangling jewelry for safety reasons and to promote a positive learning environment.

Emergency Drills/Operations Plan & Procedures

Fire Drill: Fire drills and lockdown drills are conducted during the school year. During a fire drill, students must pass quickly and silently in a single file to the nearest exit as directed by the teacher and remain with their class. Directions for this procedure will be found in each classroom. After the drill, students will return to their classes at the direction of the teacher.

Lockdown Drill:

Lockdown drills, as well as plans for fire drills and evacuations should be posted in all classrooms. Please see your building administrator for additional questions regarding plans that are specific to your building and safety training procedures.

Weather Emergencies: Schools will be closed when weather conditions make it hazardous to transport children to the assigned school. Notice of such closing is broadcast on local radio and television stations beginning at 6:00

am, through the School Messenger auto dialing system and on our website. Please listen to the radio or television and check your messages.

Note: It is important that your contact number be kept up-to-date with your school so that you receive all messages. Your school secretary can assist you with this.

School Messenger: This is a "phone alert" system. The Superintendent can send messages home or to designated numbers to notify families of delays or cancellations.

Suspicion of Child Abuse or Neglect/Mandated Reporter Information

ALL SCHOOL EMPLOYEES ARE MANDATED REPORTERS!

Paraprofessionals are mandated reporters and <u>must</u> notify the building administrator and/or DCF if there is reasonable cause to suspect a child has been abused, neglected, or placed in imminent risk of serious harm. If reporting in good faith, a mandated reporter is immune from civil or criminal liability. Mandated Reporter training is available on the district website, and is required for all new employees. Please see your building administrator if you have any questions.

DCF Careline To Report Suspect Case of Child Abuse:

1-800-842-2288

Bloodborne Pathogens

Universal precautions are to be taken <u>at all times.</u> This means that non-latex gloves are to be worn whenever you may come in contact with another person's body fluids (i.e., tending cuts, bloody noses, changing diapers, etc.). Yearly training is required.

- All paraprofessionals and custodians should have access to disposable gloves or have them available nearby, including when on the playground. Kits/supplies are provided by the school nurse.

- A person who is bleeding should not be moved to the nurse's office if there is any danger of blood contacting another person or of blood getting on the floor or other surfaces. The nurse should be asked to come to the injured person.
- Precautions must always be taken to avoid contact with blood or other bodily fluids.
- Custodians are required to clean up blood or other bodily fluids on an emergency basis. Other duties must always come second to cleaning up spills of blood and other bodily fluids.

Reporting an Accident/Injury

If an accident does occur, see the School Nurse immediately. The Nurse may recommend medical treatment, but the employee will ultimately decide to seek medical treatment. An employee injury report must be completed by your building administrator within 24 hours.

Sexual Harassment

Stonington Public Schools maintains a firm policy prohibiting all forms of discrimination based on sex. Sexual harassment against students or employees is sex discrimination. All persons are to be treated with respect and dignity. Unwelcomed sexual advances or other forms of personal harassment by any person, male or female, which create an intimidating, hostile or offensive environment, will not be tolerated under any circumstances. Individuals who suspect that they may be victims of sexual harassment shall complete a Sexual Harassment Report Form and file it with the District Title IX Compliance Officer/ Director of Special Services.

Medication Policy For Students

This policy requires that all student medications are to be stored in the nurse's room. Do not accept any student medications from a parent. All medications are accepted through the nurse's office.

Students may not have any non-prescription medications (such as cough drops, nasal sprays) in the classroom.

Please refer all questions regarding medications, including sunscreen, to the school nurse.

Disability Awareness

Intellectual Disability

Students with intellectual disabilities, have significantly below average intelligence and low adaptive behavior, which appear between birth and age 16, in what is commonly referred to as the developmental period. The child's intelligence is measured by a standardized test (usually administered by a school psychologist), which indicates what the child has already learned and is a good predictor of how well he/she will perform in school. This test gives an indication of the child's range of intellectual functioning compared to other students of the same age. The child's adaptive behavior is an indication of his/her ability to respond properly to the environment. It is an indicator of his/her use of "common sense" and how he/she behaves in social situations. Students must also show a significant deficiency in their social skill development.

Children with intellectual disabilities have a slower rate of development, which often affects their academic, social and motor skills. Sometimes these skills are not important until the child begins school, and the child's problem can go unnoticed until his/her early school years. Recent developments in early identification and early intervention are improving this situation. Because of the slower rate of development, the child will need a longer period of time to learn and will require much more repetition. Because this type of child experiences memory problems, the challenge will be to find as many ways as possible to present the same information so that the child will be able to retain it. Making that information practical and relevant to the child's real life situation will be critical.

Also, because of the slower rate of learning, we must be sure to point out the tasks that these students can perform and the skills that they do possess. This will enable them to feel good about the things that they are capable of doing and will encourage them to do those things for themselves, thereby functioning as independently as possible.

Learning Disability

While children with learning disabilities are not mentally handicapped, they do have difficulties in school. Even though they have average or above average intelligence, they often have difficulties in one or more academic areas and therefore lack certain academic skills. Unlike children with mental handicaps, these children do not have a general overall slower rate of learning, but they do have problems mastering skills in certain areas which make it difficult for them to perform consistently in a classroom setting. A child may do exceptionally well in math, but have difficulty in reading, or vice versa. Their performance may be inconsistent from one day to the next, seeming to grasp things easily one day, but failing to understand or perform the next. For this reason, it is best to reinforce them as much as possible when they are succeeding. Children with learning disabilities may have difficulty paying attention and may seem to act impulsively. Again, this makes it important for us to praise their achievements and to reinforce their attention and their efforts to think before they act. Because of their inconsistency, they also need to be praised for their successes so that their failures do not cause them to develop a poor self-concept. A multisensory approach to learning is beneficial for learning disabled students to enhance their processing and achievement of skills.

What is Dyslexia?

Reading is complex. It requires our brains to connect letters to sounds, put those sounds in the right order, and pull the words together into sentences and paragraphs we can read and comprehend.

People with dyslexia have trouble matching the letters they see on the page with the sounds those letters and combinations of letters make. And when they have trouble with that step, all the other steps are harder.

Dyslexic children and adults struggle to read fluently, spell words correctly and learn a second language, among other challenges. But these difficulties have no connection to their overall intelligence. In fact, Dyslexia is **an *unexpected* difficulty in reading in an individual who has the intelligence to be a much better reader.** While people with dyslexia are slow readers, they often, paradoxically, are very fast and creative thinkers with strong reasoning abilities.

Dyslexia is also very common, affecting 20 percent of the population and representing 80– 90 percent of all those with learning disabilities. Scientific research shows differences in brain connectivity between dyslexic and typical reading children, providing a neurological basis for why reading fluently is a struggle for those with Dyslexia.

Dyslexia can't be "cured" – it is lifelong. But with the right supports, dyslexic individuals can become highly successful students and adults.

(The above section is taken from the most scientifically valid and clinically accurate information available and presented in the book *Overcoming Dyslexia*, © Sally Shaywitz. The information throughout, including the definition of dyslexia, history, symptoms, diagnosis, interventions and accommodations, is discussed much more completely there.)

ADD/ADHD

Attention deficit disorder is a complex condition with two distinct presentations, both of which are officially known as ADHD. ADD is a term commonly used to describe symptoms of inattention, distractibility, and poor working memory. ADHD is the term used to describe additional symptoms of hyperactivity and impulsivity. Both are included in the medical diagnosis of ADHD. According to the DSM-V six of the following symptoms must be present to warrant a diagnosis of ADHD, Primarily Inattentive Type:

1. Often fails to give close attention to details, or makes careless mistakes
2. Often has difficulty sustaining attention
3. Often does not seem to listen when spoken to
4. Often does not follow through on instructions and fails to finish projects
5. Often has difficulty organizing tasks and activities

6. Often avoids, dislikes, or is reluctant to engage is tasks that require sustained mental effort
7. Often loses things necessary for tasks/activities
8. If often easily distracted
9. Is often forgetful in daily activities

ADHD, Primarily Hyperactive-Impulsive Type encompasses many of ADHD's stereotypical traits: bouncing off the walls, interrupting in class and fidgeting almost constantly.

Six of the following symptoms must be present to warrant a diagnosis, according to the DSM-V:

1. Fidgets with hands or feet of squirms in seat
2. Leaves seat in classroom or in the other situations in which remaining seated is expected
3. Runs about or climbs excessively in situations in which it is inappropriate, feelings of restlessness in teens and adults
4. Has difficulty playing or engaging in leisure activities quietly
5. Appears "on the go" or acts as if "driven by a motor"
6. Talks excessively
7. Blurts out answers
8. Has difficulty waiting for their turn
9. Interupts or intrudes on others

Emotional and Behavioral Disorder

Children with emotional disturbance or behavior disorders have many of the same problems in school as children with intellectual handicaps or learning disabilities. They too have difficulty achieving academic success, though it may be for different reasons. They may have problems learning, due to emotional and/or behavioral issues. Their difficulty may be in relationships with those around them. Their feelings and behaviors may be inappropriate for the situation. They may act out, and their behavior is likely to be extreme in one form or another, from aggressiveness to defensiveness. They may seem

immature, may be withdrawn and passive, or they may appear lacking in self-control. Often, such children appear unhappy or depressed.

Severe emotional and behavioral disorders cause problems in development because they interfere with learning. Children with these disorders find it very difficult to concentrate on the task at hand because they may have poor control over their feelings, which can interfere with their learning. Though the characteristics used to describe children with these problems are very subjective, the important thing to realize is that their emotional behavior is quite different from the norm, and often prevents them from learning in the usual setting of the regular classroom. As a result, these children will also need special services and special attention to address discordant feelings, beliefs and behaviors.

Speech & Language Impairment

Some of the children who receive special education services are also in need of speech and language services. Development in these areas is often delayed. The speech/language pathologist may provide therapy and may also explain techniques by which you can assist in remediating the student's speech (articulation) and language problems.

Orthopedic Disability

Students who are orthopedically handicapped have physical problems. These impairments may be caused by birth defects, developmental delays, disease, fractures or burns. These physical problems must, in some way, interfere with learning before the child will be considered for special services at school.

Autism Spectrum Disorder

Students who are autistic suffer from a developmental disability, which appears during infancy or early childhood. The child must exhibit disturbances in all **four** of the following areas. These behavioral disturbances may occur in varying degrees and children with Autism have a wide range of intellectual and cognitive abilities.

1. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive, see text):

2. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions

3. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

4. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

Visual Impairment

Students with visual impairments can be either partially sighted or blind. These conditions, even with correction, must adversely affect the child's educational performance. To be legally blind, the child must have a severe vision loss. The child's vision may be adequate for some situations, but not adequate for ordinary activities and purposes. Partially sighted children can, with glasses, use their vision but still cannot use traditional instructional materials and techniques.

Hearing Impairment

Students who are hearing impaired can be either deaf or hard of hearing. These terms refer to students with any type or degree of hearing loss that has caused an educational deficit. Deafness means that the child's sense of hearing is inadequate for ordinary purposes. Specialized training will be required to help the child communicate by talking, sign language, or both. "Hard of hearing" means that the child has a serious hearing loss, but can use the sense of hearing, with or without a hearing aid for ordinary purposes. Amplication systems are often utilized in classrooms to assist these students.

Multiple Disabilities

Students may be considered multi-handicapped when they have two or more primary handicaps that cause such severe educational problems that the student requires special education and related services.

Developmental Delay

Children aged birth to five who receive special education and related services. Developmentally delayed children are those who are determined to have a significant difference between the expected level of development for their age and their current level of functioning in one or more of the following areas: cognitive development, physical and motor development, communication development, social or emotional development or adaptive development. When determining whether a child has a development delay, the law requires use of appropriate diagnostic instruments and procedures.

Additional Resources Related to Disabilities May Be Found in the Appendix Section

Access to and Familiarity with IEPs

Where a paraprofessional supports a child eligible for special education, it is important that the paraprofessional understand what is expected of them within the context of the implementation of the child's IEP. Access to the child's IEP is one means of achieving this familiarity with the services included in the child's IEP and understanding the role of the paraprofessional in the implementation of the child's IEP. Disclosure of information from the child's IEP by the supervising teacher and other staff working with the child would also be appropriate. Each child's record has an access sheet included in the front of the individual record. If a staff member accesses the child's record, they must sign in on the access form indicating the reason they are accessing the child's records. Paraprofessionals should request permission from case manager or building administrators before access a student's record.

This law affects the role of the paraprofessional who works or has access to confidential information. Information about a student is confidential and should only be shared with teachers and staff who work directly with the

student. Paraprofessionals who may be required to type, collect and store education records need to be aware that the written data is confidential and should not be shared with persons outside the educational team.

Nondiscrimination- Title IX Notification- Personnel

In compliance with the regulations of Title VII of the Civil Rights Act 1964, Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, the Civil Rights Act of 1987 and the Americans With Disabilities Act, the Stonington Board of Education adopts the following Equal Opportunity and Equal Education Opportunity Policies. (4000)

Please reference our website at Stoningtonschools.org for a copy of Board of Education Policies 4000 series. **This includes matters related to race, sex, sexual harassment, disabilities, as well as grievance procedures.**

The following people have been designated to handle inquiries or complaints regarding our non-discrimination policies:

<div align="center">

Mary Anne Butler, Assistant Superintendent

860-572-0506 ext. 2

Allison Van Etten, Director of Special Services

860-572-0506 ext. 4

</div>

Appendix

Paraprofessional Performance Evaluation Form

Paraprofessional Disciplinary Action Form

Techniques to Promote Independence in Students with Disabilities

Accommodations and Modifications

Connecticut Paraprofessionals' Guide to: LD, Challenging Behaviors, ADD/ADHD

Ten Things Every Child with Autism Wishes You Knew

Top 10 De-Escalation Techniques

CPI's Top 10 De-Escalation Tips

Employee Name: _____

School: _____

Date:_____

Responsibilities:	Above Average	Satisfactory	Needs Improvement	Unsatisfactory
Assist Teachers with Building And Maintaining Effective Instructional Teams:				
Assumes responsibility, follows and implements work plans. Maintains routines following the teacher's direction.				
Communicates, collaborates and shares relevant and objective information to facilitate learning, problem solving and decision making regarding student needs.				
Assist Teachers with Maintaining Learner-Centered Supportive Environments:				
Aware of classroom routines and implements proactive behavior and learning strategies that maintain a supportive learning environment. Displays understanding and ability to follow through on BIPs, as trained.				
Provides re-direction to students regarding classroom routines or rules while maintaining respectful communication, tone and approach.				
Implements district plans, programs or objectives including school wide or district wide plans such as It's Up to Me, as trained.				
Assist Teachers with Planning and Organizing Learning Experiences:				
Assist teacher with modifying materials and activities to meet the needs of all students with different abilities or learning styles, as directed.				
Use computers, adaptive equipment and assistive technology with students prescribed by teachers and other professional staff, as trained.				
Assist Teachers with Engaging Students in Learning and Assisting in Instruction:				
Work with small instruction groups, leading under teacher's direction. Re-teach, practice or review lessons developed by the teacher.				
Work with individual students to meet specific learning objectives.				
Fosters student independence and encourages students to be active learners and achieve higher results in accordance with team direction.				
Assist student w/ strategies designed by the PT, OT and speech language pathologists, as trained.				
Assist Teachers in Assessing Learner Needs, Progress and Achievement:				
Collect and report accurate and timely data to ensure				

information is available for assessment and planning, as trained/directed.				
Assist the teacher with the administration of student testing including accommodations or modifications when needed.				
Other Duties and Responsibilities:				
Assist in other activities involving children outside the classroom; PE, recess, lunch, field trip, media center, lab, playground, bus, as assigned.				
Dependable, maintains daily attendance to ensure student's needs are met. Including arriving on time and ready to work at assigned start time.				
Systematic, neat and displays accuracy in completing activities.				
Provide lifts, transfers, diapering or hand washing, as needed.				
Respectful and maintains professional boundaries and confidentiality.				
Accepts guidance, suggestions and feedback. Follows direction set by teacher and administration and implements changes.				
Able to work independently, show initiative and willingness to carry out assignments successfully and as directed.				
Maintains appropriate attire at work.				

Performance area(s) selected for development/improvement during the year will focus on items(s) #_____.
Specific development/improvement needed for items(s) listed are as follows:

_____

_____

_____

Based upon the above needed improvement areas, the next evaluation will be performed on _____.

(date)

Notes and Action Plans:

Employee Comments:

Paraprofessional Signature	**Date**	**Administrator Signature**	**Date**

The employee's signature indicates that he/she has read the evaluation and has been given the opportunity to meet with the evaluator to discuss its content.
To be completed twice yearly (Jan/June) by administration. Administration encouraged to seek feedback from teachers for indicators specific to the classroom setting.

Stonington Public Schools
Non-Certified Staff
Discipline Record Document

Employee Name:_____ **Assignment:**_____

School: _____ **Incident Date(s):** _____ **Time:**_____

_____ Verbal Warning _____Written Warning _____ Suspension

Issue(s):

_____ Attendance _____ Professionalism _____ Interactions with Students

_____ Safety _____ Following Directives _____ Interactions with Adults

Other: _____

Explain the issue, including any determining factors that lead to the warning:
Describe strategies or guidance provided to the staff member, for future improvement with this issue:
Staff member response (optional):

Failure to comply with the corrective actions may result in further disciplinary action, including possible termination.

Date Warning Issued/Copy Provided to Staff Member: _____

Building Administrator Signature: _____ Date: _____

Staff Signature: _____ Date: _____
Signature acknowledges that document was reviewed, it does not necessarily acknowledge staff agreement with the contents of this document.

Union Representative Signature: _____ Date: _____
Signature only necessary if union representative is present while document is reviewed.

Staff Signature Refusal: ☐ Yes ☐ No Administrator Initial: _____

CC: Personnel File

Techniques to Promote Independence in Students with Disabilities

1. Watch before assisting. Can the student ask for help from teacher or peer? Can
   a. the student problem solve on his/her own?
2. Give the student extra time to process and respond before assisting.
3. Have high expectations as to what the student understands or can do independently.
4. Provide consistent classroom schedule (posted, visual, at desk if needed, reinforcement periods included). Teach student how to use it.
5. Start with the least intrusive prompts to get student to respond:
   a. gestural, hand or facial signals
   b. timer
   c. verbal
   d. light physical
   e. hand over hand
6. Prompt, then back away to allow independent time.
7. Use strengths and weakness, likes and dislikes to motivate student participation and interest.
8. Model; guide (watch and assist); check (leave and check back).
9. Teach independence skills (raising hand, asking for help, modeling other students).
10. Praise for independent attempts.
11. Direct the student to answer to the teacher.
12. Prompt the student to listen to the teacher's instructions. Repeat only when necessary.
13. Encourage age appropriate work habits. See what other students are doing.
14. Be aware of proximity. Sit with the student only when necessary.
15. Encourage peer assistance and partnering. Teach peers how to help, not enable.
16. Utilize self-monitoring checklists for student.
17. Color code materials to assist with organization.
18. Use transition objects to help student anticipate/complete transition (i.e., head phones for listening center).
19. Break big tasks into steps.
20. Use backward chaining (i.e., leave the last portion of a cutting task for the student, then gradually lengthen the task).
21. Assist in encouraging a means for independent communication (i.e., PECS).
22. Provide positive feedback (be specific to the situation).
23. Ask facilitative questions ("What comes next?" "What are other students doing?" "What does the schedule say?" "What did the teacher say?").

24. Give choices.

25. Maintain a log to track independence and need for assistance. Ask Case Manager for data collection sheets to record increasing independence.
26. Establish teacher/aide signal for when the aide should intervene. General rule of thumb: Teacher should prompt up to 3 times before SCP steps in.
27. Make sure the class perceives you are there to help all of them, not just one student.
28. Find alternate tasks as you are faded.

Understood

Common Accommodations and Modifications in School

By Amanda Morin

There are many ways teachers can help kids who are struggling in school. Here are some common accommodations and modifications that schools and families can discuss as possible options for kids.

Common Accommodations

Presentation accommodations (changes the way information is presented)

- Listen to audio recordings instead of reading text

- Learn content from audiobooks, movies, videos, and digital media instead of reading print versions

- Work with fewer items per page or line

- Work with text in a larger print size

- Have a "designated reader"—someone who reads test questions aloud to students

- Hear instructions spoken aloud

- Record a lesson, instead of taking notes

- Get class notes from another student

- See an outline of a lesson

- Use visual presentations of verbal material, such as word webs

- Get a written list of instructions

Response accommodations (changes the way kids complete assignments or tests)

- Give responses in a form (spoken or written) that's easier for them

- Dictate answers to a scribe who writes or types

- Capture responses on an audio recorder

- Use a spelling dictionary or digital spell-checker

- Use a word processor to type notes or give answers in class

- Use a calculator or table of "math facts"

Setting accommodations

- Work or take a test in a different setting, such as a quiet room with few distractions

- Sit where they learn best (for example, near the teacher)

- Use special lighting or acoustics

- Take a test in a small group setting

- Use sensory tools such as an exercise band that can be looped around a chair's legs (so fidgety kids can kick it and quietly get their energy out)

Timing accommodations

- Take more time to complete a task or a test

- Have extra time to process spoken information and directions

- Take frequent breaks, such as after completing a worksheet

Scheduling accommodations

- Take more time to complete a project

- Take a test in several timed sessions or over several days

- Take sections of a test in a different order

- Take a test at a specific time of day

Organization skills accommodations

- Use an alarm to help with time management

- Mark texts with a highlighter

- Use a planner or organizer to help coordinate assignments

- Receive study skills instruction

Common Modifications

Assignment modifications

- Complete fewer or different homework problems than peers

- Write shorter papers

- Answer fewer or different test questions

- Create alternate projects or assignments

Curriculum modifications

- Learn different material (such as continuing to work on multiplication while classmates move on to fractions)

- Get graded or assessed using a different standard than other students

- Be excused from particular projects

Learn about the difference between accommodations and modifications. For kids who have specific struggles, check out accommodation guides for dyslexia, ADHD, and more. And find out why some kids might refuse to use accommodations.

About the Author

Amanda Morin worked as a classroom teacher and as an early intervention specialist for 10 years. She is the author of *The Everything Parent's Guide to Special Education*. Two of her children have learning differences.

Reviewed by

Donna Volpitta, EdD, is coauthor of *The Resilience Formula: A Guide to Proactive, Not Reactive, Parenting.*

TEN THINGS EVERY CHILD WITH AUTISM WISHES YOU KNEW

by Ellen Notbohm

Some days it seems the only predictable thing about it is the unpredictability. The only consistent attribute -- the inconsistency There is little argument on any level but that autism is baffling, even to those who spend their lives around it. The child who lives with autism may look "normal" but his behavior can be perplexing and downright difficult.

Autism was once thought an "incurable" disorder, but that notion is crumbling in the face knowledge and understanding that is increasing even as you read this. Every day, individuals with autism are showing us that they can overcome, compensate for and otherwise manage many of autism's most challenging characteristics. Equipping those around our children with simple understanding of autism's most basic elements has a tremendous impact on their ability to journey towards productive, independent adulthood.

Autism is an extremely complex disorder but for purposes of this one article, we can distill its myriad characteristics into four fundamental areas: sensory processing challenges, speech/language delays and impairments, the elusive social interaction skills and whole child/self-esteem issues. And though these four elements may be common to many children, keep front-of-mind the fact that autism is a spectrum disorder: no two (or ten or twenty) children with autism will be completely alike. Every child will be at a different point on the spectrum. And, just as importantly – every parent, teacher and caregiver will be at a different point on the spectrum. Child or adult, each will have a unique set of needs.

Here are ten things every child with autism wishes you knew:

1. I am first and foremost a child. I have autism. I am not primarily "autistic."
My autism is only one aspect of my total character. It does not define me as a person. Are you a person with thoughts, feelings and many talents, or are you just fat (overweight), myopic (wear glasses) or klutzy (uncoordinated, not good at sports)? Those may be things that I see first when I meet you, but they are not necessarily what you are all about.

As an adult, you have some control over how you define yourself. If you want to single out a single characteristic, you can make that known. As a child, I am still unfolding. Neither you nor I yet know what I may be capable of. Defining me by one characteristic runs the danger of setting up an expectation that may be too low. And if I get a sense that you don't think I "can do it," my natural response will be: Why try?

2. My sensory perceptions are disordered. Sensory integration may be the most difficult aspect of autism to understand, but it is arguably the most critical. It his means that the ordinary sights, sounds, smells, tastes and touches of everyday that you may not even notice can be downright painful for me. The very environment in which I have to live often seems hostile. I may appear withdrawn or belligerent to you but I am really just trying to defend myself. Here is why a "simple" trip to the grocery store may be hell for me:

My hearing may be hyper-acute. Dozens of people are talking at once. The loudspeaker booms today's special. Musak whines from the sound system. Cash registers beep and cough, a coffee grinder is chugging. The meat cutter screeches, babies wail, carts creak, the fluorescent lighting hums. My

brain can't filter all the input and I'm in overload!

My sense of smell may be highly sensitive. The fish at the meat counter isn't quite fresh, the guy standing next to us hasn't showered today, the deli is handing out sausage samples, the baby in line ahead of us has a poopy diaper, they're mopping up pickles on aisle 3 with ammonia....I can't sort it all out. I am dangerously nauseated.

Because I am visually oriented (see more on this below), this may be my first sense to become overstimulated. The fluorescent light is not only too bright, it buzzes and hums. The room seems to pulsate and it hurts my eyes. The pulsating light bounces off everything and distorts what I am seeing -- the space seems to be constantly changing. There's glare from windows, too many items for me to be able to focus (I may compensate with "tunnel vision"), moving fans on the ceiling, so many bodies in constant motion. All this affects my vestibular and proprioceptive senses, and now I can't even tell where my body is in space.

3. Please remember to distinguish between *won't* (I choose not to) and *can't* (I am not able to).

Receptive and expressive language and vocabulary can be major challenges for me. It isn't that I don't listen to instructions. It's that I can't understand you. When you call to me from across the room, this is what I hear: "*&^%$#@, Billy. #$%^*&^%$&*........." Instead, come speak directly to me in plain words: "Please put your book in your desk, Billy. It's time to go to lunch." This tells me what you want me to do and what is going to happen next. Now it is much easier for me to comply.

4. I am a concrete thinker. This means I interpret language very literally. It's very confusing for me when you say, "Hold your horses, cowboy!" when what you really mean is "Please stop running." Don't tell me something is a "piece of cake" when there is no dessert in sight and what you really mean is "this will be easy for you to do." When you say "It's pouring cats and dogs," I see pets coming out of a pitcher. Please just tell me "It's raining very hard."

Idioms, puns, nuances, double entendres, inference, metaphors, allusions and sarcasm are lost on me.

5. Please be patient with my limited vocabulary. It's hard for me to tell you what I need when I don't know the words to describe my feelings. I may be hungry, frustrated, frightened or confused but right now those words are beyond my ability to express. Be alert for body language, withdrawal, agitation or other signs that something is wrong.

Or, there's a flip side to this: I may sound like a "little professor" or movie star, rattling off words or whole scripts well beyond my developmental age. These are messages I have memorized from the world around me to compensate for my language deficits because I know I am expected to respond when spoken to. They may come from books, TV, the speech of other people. It is called "echolalia." I don't necessarily understand the context or the terminology I'm using. I just know that it gets me off the hook for coming up with a reply.

6. Because language is so difficult for me, I am very visually oriented. Please show me how to do something rather than just telling me. And please be prepared to show me many times. Lots of consistent repetition helps me learn.

A visual schedule is extremely helpful as I move through my day. Like your day-timer, it relieves me of the stress of having to remember what comes next, makes for smooth transition between activities, helps me manage my time and meet your expectations. Here's a great website for learning more about visual schedules: www.cesa7.k12.wi.us/sped/autism/structure/str11.htm .

I won't lose the need for a visual schedule as I get older, but my "level of representation" may change. Before I can read, I need a visual schedule with photographs or simple drawings. As I get older, a combination of words and pictures may work, and later still, just words.

7. Please focus and build on what I can do rather than what I can't do. Like any other human, I can't learn in an environment where I'm constantly made to feel that I'm not good enough and that I need "fixing." Trying anything new when I am almost sure to be met with criticism, however "constructive," becomes something to be avoided. Look for my strengths and you will find them. There is more than one "right" way to do most things.

8. Please help me with social interactions. It may look like I don't want to play with the other kids on the playground, but sometimes it's just that I simply do not know how to start a conversation or enter a play situation. If you can encourage other children to invite me to join them at kickball or shooting baskets, it may be that I'm delighted to be included.

I do best in structured play activities that have a clear beginning and end. I don't know how to "read" facial expressions, body language or the emotions of others, so I appreciate ongoing coaching in proper social responses. For example, if I laugh when Emily falls off the slide, it's not that I

think it's funny. It's that I don't know the proper response. Teach me to say "Are you OK?"

9. Try to identify what triggers my meltdowns. Meltdowns, blow-ups, tantrums or whatever you want to call them are even more horrid for me than they are for you. They occur because one or more of my senses has gone into overload. If you can figure out why my meltdowns occur, they can be prevented. Keep a log noting times, settings, people, activities. A pattern may emerge.

Try to remember that all behavior is a form of communication. It tells you, when my words cannot, how I perceive something that is happening in my environment.

Parents, keep in mind as well: persistent behavior may have an underlying medical cause. Food allergies and sensitivities, sleep disorders and gastrointestinal problems can all have profound effects on behavior.

10. If you are a family member, please love me unconditionally. Banish thoughts like, "If he would just......" and "Why can't she....." You did not fulfill every last expectation your parents had for you and you wouldn't like being constantly reminded of it. I did not choose to have autism. But remember that it is happening to me, not you. Without your support, my chances of successful, self-reliant adulthood are slim. With your support and guidance, the possibilities are broader than you might think. I promise you – I am worth it.

And finally, three words: Patience. Patience. Patience. Work to view my autism as a different ability rather than a disability. Look past what you may see as limitations and see the gifts autism has given me. It may be true that I'm not good at eye contact or conversation, but have you

noticed that I don't lie, cheat at games, tattle on my classmates or pass judgment on other people? Also true that I probably won't be the next Michael Jordan. But with my attention to fine detail and capacity for extraordinary focus, I might be the next Einstein. Or Mozart. Or Van Gogh.

They had autism too.

The answer to Alzheimer's, the enigma of extraterrestrial life -- what future achievements from today's children with autism, children like me, lie ahead?

All that I might become won't happen without you as my foundation. Think through some of those societal 'rules' and if they don't make sense for me, let them go. Be my advocate, be my friend, and we'll see just how far I can go.

© 2005 Ellen Notbohm

Ellen Notbohm is author of the book **Ten Things Every Child with Autism Wishes You Knew,** winner of iParenting Media's Greatest Products of 2005 Award, and co-author of **1001 Great Ideas for Teaching and Raising Children with Autism Spectrum Disorders,** winner of *Learning* Magazine's 2006 Teacher's Choice Award. A columnist for Autism Asperger's Digest and Children's Voice, she is also a contributor to numerous magazines and websites. Your comments and requests for reprint permission are welcome at ellen@thirdvariation.com.
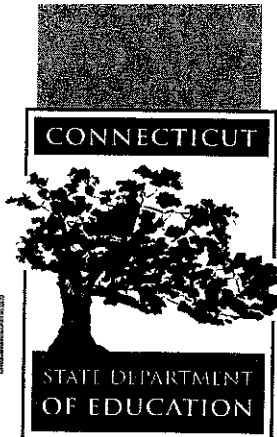
Connecticut
PARAPROFESSIONALS'
Guide to
Learning Disabilities

Paraprofessionals often have strong relationships with the students with whom they work and can be an important support to the implementation of the Behavior Intervention Plan.

Paraprofessionals have an important role in supporting students with learning disabilities. Although planning instruction is the teacher's role, paraprofessionals help to ensure students with learning disabilities receive quality education time by assisting teachers in such areas as academic engagement, one-to-one instruction, and reinforcement of skills. This brief will offer paraprofessionals an overview of how to support students with learning disabilities in the general education classroom by developing strategies that build on their strengths and promote student independence.

We welcome your comments and suggestions regarding this publication. Comments should be directed to Iris White, Turnaround Office, at iris.white@ct.gov.

A PARAPROFESSIONALS' GUIDE TO LEARNING DISABILITIES

The Individuals with Disabilities Education Improvement Act (IDEA) is a United States federal law that governs how states and public agencies provide early intervention, special education, and related services to children with disabilities. IDEA has undergone several changes since it began as the Education for All Handicapped Children Act (EHA), or Public Law 94-142, in 1975. This law originated as a way to ensure that students with disabilities receive an appropriate public education. IDEA has been updated about every five years, most recently in the 2004 reauthorization (IDEA 2004). IDEA defines a specific learning disability as:

> A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage (*2009 Guidelines for Identifying Children with Learning Disabilities-Executive Summary*). Simply put, children and adults with learning disabilities see, hear, and understand things differently. This can lead to trouble with learning new information and skills, and putting them to use. The most common types of learning disabilities involve problems with reading, writing, math, reasoning, listening, and speaking.

GUIDELINES for Training & Support of Paraprofessionals
Working with Students Birth to 21

Assessment Checklist for Paraprofessionals

Teacher Supervisory Checklist

IDENTIFICATION OF STUDENTS WITH SPECIFIC LEARNING DISABILITIES

An increasing body of research has suggested better ways to identify and teach students with specific learning disabilities. The federal government included new identification criteria for specific learning disabilities in the 2004 reauthorization of IDEA. Consistent with IDEA 2004, Connecticut adopted a process that looks at a student's response to scientific, research-based interventions as part of a broader set of eligibility criteria in the identification of specific learning disabilities. In the literature, this process is referred to as Response to Intervention (RTI). The new criteria for identification of learning disabilities also are highly consistent with the concepts of Scientific Research-Based Interventions (SRBI), Connecticut's framework for addressing student achievement in a systemic manner and reducing achievement gaps. For more information about SRBI, please read the Paraprofessionals and SRBI Bulletin available on the CSDE Paraprofessional Information and Resources page: www.ct.gov/sde/para-cali.

UNDERSTANDING STUDENTS WITH LEARNING DISABILITIES

Students with learning disabilities aren't lazy or less intelligent. In fact, most are as smart as everyone else. Children and adults with learning disabilities just see, hear, and understand things differently. This can lead to trouble with learning new information and skills and putting them to use. Students with learning disabilities are often overwhelmed, disorganized, and frustrated in learning situations. Their poor achievement is in no way attributed to such things as vision, hearing, language, behavior, or physical problems.

The most common types of learning disabilities involve problems with reading, writing, math, reasoning, listening, and speaking. There are seven common types of learning disabilities: Dyslexia, Dyscalculia, Dysgraphia, Dyspraxia (Sensory Integration Disorder), Dysphasia/Aphasia, Auditory Processing Disorder, and Visual Processing Disorder.

DISABILITY	DEFINITION	PROBLEM AREAS
Dyslexia	Difficulty in learning to read that cannot be attributed to impaired general intelligence, a physical handicap, or an emotional disorder	reading, writing, spelling, speaking
Dyscalculia	Difficulty with calculation	math, understanding time, using money
Dysgraphia	Difficulty with writing	handwriting, spelling, organizing ideas
Dyspraxia (Sensory Integration Disorder)	Neurological disorder characterized by a difficulty with fine motor skills	hand-eye coordination, balance, manual dexterity
Dysphasia/Aphasia	Difficulty with language	understanding spoken language, inability to form words, persistent repetition of phrases, difficulty with reading comprehension
Auditory Processing Disorder	Difficulty hearing differences between sounds	reading comprehension, language
Visual Processing Disorder	Difficulty interpreting visual information	reading, math, maps, charts, symbols, pictures

PARAPROFESSIONALS PROVIDING INSTRUCTIONAL SUPPORT

Connecticut defines the paraprofessional as follows:

> A paraprofessional is an employee who assists teachers and /or other paraprofessional educators or therapists in the delivery of instructional and related services to students. The paraprofessional works under the direct supervision of the teacher and/or other certified or licensed professional. The ultimate responsibility for the design, implementation and evaluation of instructional programs, including assessment of student progress, is a collaborative effort of certified and licensed staff (Connecticut Guidelines for Training and Support of Paraprofessionals, p. 3).

This definition should be used to support paraprofessionals as they work with teachers in the classroom to help all students. A paraprofessional may provide review to a small group while the certified teacher provides instruction to the whole class, or the teacher may lead a small group of students in a discussion to enhance their learning while the paraprofessional reinforces the content that has already been taught. Instruction should be delivered based on the plans of the certified teacher.

Paraprofessionals should have an understanding of the IEP information that is pertinent to their role as implementers (Connecticut Guidelines for Training and Support of Paraprofessionals, p. 58). Minimally, this information would include the student's goals and objectives and any accommodations or modifications. Specified annual goals and objectives can assist the paraprofessional with knowing the student's expected outcomes. Short-term objectives describe meaningful intermediate and measurable outcomes between the student's current performance and the annual goal.

Specially Designed Instruction (SDI) for children with disabilities is a requirement under IDEA. SDI refers to the teaching strategies and methods used by teachers to instruct students with learning disabilities and other types of learning disorders. To develop SDI for each student with a learning disability, educators and parents work together to analyze student work, evaluation information, and any other available data to determine the student's strengths and weaknesses. Teachers continue to measure students' progress and make changes in instruction as needed.

The process of data collection should be designed by a qualifed teacher/service provider. A paraprofessional may execute certain components of a program as specified in an individualized plan under the direction and supervision of the teacher/provider.

The purpose of accommodations and modifications is to enable the child to advance appropriately toward advancing his/her annual goals, to be involved in and make progress in the general education curriculum, and to be educated and participate with other children with or without disabilities. Accommodations are changes to instruction (such as materials, content enhancements, and tasks) that change how a student learns. Examples of accommodations may include: extended time for tests, special seating (in front of the class, separated from peers), and frequent test breaks. Accommodations may also include assistive technology devices and services.

Modifications are changes to the content that affect what the student learns or how much work the student completes. Examples of modifications might include the following: modified homework, fewer questions on a test, taking a test using notes, or watching a movie instead of reading a book.

SUPPORTING STUDENTS WITH LEARNING DISABILITIES

Most researchers agree the best learning occurs when a student carefully observes and considers his or her own behaviors and acts upon what he or she has learned. One of the most important skills of learning disabled students is understanding how to learn. Due to the nature of their learning difficulties, students with learning disabilities need to become strategic learners. This means they need to know what strategy is appropriate in a given situation and know how to use that strategy effectively.

A strategy is an individual's approach to a task. "It includes how a person thinks and acts when planning, executing and evaluating performance on a task and its outcomes." (University of Kansas Center for Research on Learning). Strategies can be categorized in two different ways: Cognitive and Metacognitive. Cognitive strategies help a person process and manipulate information; examples include taking notes, asking questions, or filling out a chart. Metacognitive strategies are effective techniques for helping students become more independent learners based on their learning style or how they learn best. For example, a student might monitor his or her own reading comprehension if something does not make sense and look back in the text for clarification. Metacognitive strategies are effective techniques for helping students become more independent learners.

COPS is the acronym for a strategic approach that helps students detect and correct common writing errors. Each letter stands for an aspect of writing that students need to check for accuracy (Shannon & Palloway, 1993).

C Capitalization of appropriate letters, O Overall appearance of paper,

P Punctuation used correctly, S Spelling accuracy.

Students should be given opportunities to discuss, reflect upon, and practice the strategies with classroom materials. Teachers and paraprofessionals should provide specific feedback to the student on his or her use of the strategy. They may then gradually fade reminders and guidance so that students begin to assume responsibility for their use of the strategy.

Professional Development Resources
for PARAPROFESSIONALS

The **CSDE** professional development for paraprofessionals is coordinated by Iris White, Education Consultant, Turnaround Office. Iris White can be contacted at iris.white@ct.gov or at 860-713-6794.

The **State Education Resource Center (SERC)** provides professional development under a variety of initiatives, including the *Paraprofessionals as Partners* Initiative. Through diverse professional development opportunities from SERC, paraprofessionals working in collaborative partnerships with general and special education teachers and support services professionals can enhance and acquire skills to improve their ability to effectively provide instruction and other direct services to meet the needs of all students. SERC also holds the annual *Paraprofessionals as Partners* conference in the fall.

For more information, contact Anthony Brisson, Consultant with SERC's Paraprofessionals as Partners Initiative, at brisson@ctserc.org or at 860-632-1485, ext. 315. More information can also be found on SERC's Web site: www.ctserc.org.

The **Capitol Region Education Council (CREC)** also offers a variety of professional development and job opportunities for paraprofessionals and aspiring paraprofessionals, including a comprehensive, job-embedded professional development curriculum called *The Compass*. This series of training modules, aligned with the *National Paraprofessional Standards*, has been designed to enhance paraprofessionals' skills in working with students in educational settings. More information can be found on the paraprofessional page of the CREC Web site, www.crec.org/tabs/paraprofessional, or by contacting your local regional educational service center (RESC):

ACES: Patricia Hart-Cole, phart@aces.org

CES: Dr. Christine Peck, cpeck@ces.k12.ct.us

CREC: Donna Morelli, dmorelli@crec.org

EASTCONN: Jim Huggins, jhuggins@eastconn.org

EDUCATION CONNECTION: Jonathan Costa, costa@educationconnection.org

LEARN: Tracey LaMothe, tlamothe@learn.k12.ct.us

ONLINE RESOURCE: Defining Self-Regulated Learning:
www.gifted.uconn.edu/siegle/selfregulation/section2.html

References

Connecticut State Department of Education (2012). Connecticut Guidelines for Training and Support of Paraprofessionals. Hartford, CT: Author.

Connecticut State Department of Education (2009). Guidelines for Identifying Children with Learning Disabilities. Hartford, CT: Author.

Connecticut State Department of Education (2010). Paraprofessionals and SRBI Bulletin. Hartford, CT: Author.

Connecticut State Department of Education
Turnaround Office
165 Capitol Avenue, P.O. Box 2219, Hartford, CT 06145
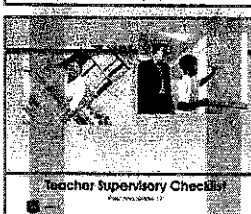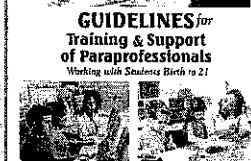Telephone: 860-713-6760 ◆ Fax: 860-713-7035

Connecticut PARAPROFESSIONALS' Guide to Challenging Behaviors

Paraprofessionals ... often have strong relationships with the students with whom they work and can be an important support to the implementation of the Behavior Intervention Plan.

Paraprofessionals have an important role in supporting students who exhibit challenging behaviors; they are often called upon to prevent, manage, and de-escalate problem behaviors which may include the implementation of the student's behavior intervention plan (BIP). This brief will give readers an overview of how to respond to challenging behaviors and will outline the development and implementation of a BIP.

We welcome your comments and suggestions regarding this publication. Comments should be directed to Iris White, Bureau of Accountability and Improvement, at iris.white@ct.gov.

A PARAPROFESSIONALS' GUIDE TO CHALLENGING BEHAVIORS

The development of a BIP occurs after the student has undergone a functional behavior assessment (FBA).The FBA determines the function or purpose of the student's difficult behavior. All behavior should be considered a means to an end. Students who are compliant behave that way because it works for them and their behavior meets their needs. Unfortunately, students who are more difficult to manage likely engage in challenging behaviors because it meets their needs. Therefore, the FBA allows educators to determine the need that the student is trying to meet and gives opportunities to find alternate, more appropriate ways to meet the student's need. This approach may seem counterintuitive. Traditionally, we approach students with challenging behaviors by trying to control them or "punish" them into producing more appropriate behaviors (see Figure 1). However, this very approach may make the behaviors that we are trying to eliminate stronger and more entrenched. If we try to understand the purpose of the behavior, we are able to give students opportunities to use more appropriate and, perhaps, more efficient behaviors instead.

UNDERSTANDING CHALLENGING BEHAVIORS

Challenging behaviors often occur due to some unmet need which may include the need for freedom; a desire for sense of belonging; a need for feeling of competence or recognition; a craving for attention; or quite simply pleasure or entertainment. To build effective behavioral supports, we must understand not only why the student behaves the way he or she do, but also the conditions or context under which the behavior occurs. The development of a functional behavior assessment allows us to determine both of these important factors.

FUNCTIONAL BEHAVIOR ASSESSMENT (FBA)

A FBA is a problem-solving process for addressing challenging student behavior by looking beyond the behaviors to assess the purpose that it serves. The assessment

GUIDELINES *for* Training & Support of Paraprofessionals
Working with Students Birth to 21

involves teacher, student, and family interviews as well as direct observations of student behavior. The data must be organized into at least three areas: (1) events before the behavior occurs (antecedents); (2) the conduct itself (behavior); and (3) events after the behavior (consequences). This sequence of events is sometimes referred to as the ABCs of behavior.

When addressing students with challenging behaviors, we often focus on the consequences in an attempt to correct the behavior and neglect the changes we can make with the antecedents or the behavior itself. Thus, we try to punish students for poor behavior and reward them for good behavior. This can sometimes be a rather frustrating approach when students are exhibiting extremely inappropriate behaviors. If we choose the punishment route, we sometimes have to escalate the punishments in order to see the same effects – presuming that the punishment worked at all. Conversely, some students provide very few opportunities for rewarding behaviors and never get reinforcement that would encourage better behavior. Research has indicated that a positive approach to managing behavior is more effective at maintaining long-term behavioral change than punishment (Carr, et al., 2002). Prevention is the most efficacious way of addressing concerning behavior. Controlling the antecedents should eliminate the conditions under which the behavior occurs, thus preventing the need for a punitive response (Sugai, Horner, & Algozzine, 2010). This is because the manipulation of the antecedents actually may prevent the undesired behavior. If we can understand the conditions that are supporting the behavior, we limit the opportunities for students to exhibit problematic behaviors.

BEHAVIOR INTERVENTION PLAN (BIP)

Based on what we learn about the student and the student's behavior through the FBA process, a BIP may be developed. The purpose of the BIP is threefold - to make the behavior irrelevant, ineffective, and inefficient. A good BIP should include components which support our efforts when working with students: Prevention, Teaching, and Responding.

PREVENTION. This includes changes in the environment (physical and social) as well as changes in instructional practices. Adults can play a vital role in preventing the escalation of behaviors. The old adage, it takes two to tango, is relevant when considering adult-student interactions. While the student's role is quite obvious to us, our role in the escalation of behaviors may be less so. When a student's behavior begins to escalate, we must step back, take a breath, and consider how we can intervene rather than punish or control. Specifically, we must draw upon what we currently know about this student and their triggers.

TEACHING. We cannot make assumptions about students' prior learning. Therefore, the teaching of appropriate behavior is a crucial part of the plan. Teaching involves providing the student with the strategies and skills for coping as well as teaching students replacement behaviors. Students engage in behaviors that work for them and may need to be taught other behaviors that can work as well or better than the inappropriate behavior. This increases the student's ability to self-regulate and manage their own behaviors better.

RESPONDING. The responding section of the BIP gives information about the types of cues and feedback that the student needs as well as how to reinforce students for appropriate or close approximations to appropriate behavior.

There are two aspects to the plan: the technical and the adaptive. The technical part of the plan provides the framework of a BIP as was indicated in the previous paragraph. However, another important part of the plan is the adaptive component and this has implications for how well the plan is implemented. Paraprofessionals often have strong relationships with the students with whom they work and can be an important support to the implementation of the plan.

STRATEGIES

Frequently, educators ask for prescriptions to improve student behavior. However, these decisions need to be made on an individual basis given our understanding of what maintains that student's behavior. It is important to remember that regardless of who students are individually, strategies will be more effective in a positive and supportive environment where faculty, staff, students, and their families feel respected and both physically and emotionally safe. In such an environment, it will be easier to build relationships with even the most challenging students and practice techniques to de-escalate problem situations when they arise.

BUILDING STRONG AND POSITIVE RELATIONSHIPS

Having strong and positive relationships with the students with whom you work may decrease the likelihood that they will exhibit inappropriate behavior. When students feel a connection with an adult they want to please that adult. Here are some ways to contribute to a positive learning environment and connect with students:

- Make an effort to get to know each student individually. Call them by name, ask them questions about their weekend, learn what they like to do in their spare time, etc.
- Communicate happiness and excitement to see each student. Remember to smile, make positive comments and always avoid sarcasm.
- Offer choices whenever possible. Allow students to make decisions such as the order in which to complete assignments, where to sit, who their partner will be, etc.
- Ask questions. Rather than assume what a student needs, ask questions such as: How can I help you? Is there an easier way for you to do this? Would you like me to repeat the directions?
- Start fresh each day. Every day is a new day and every student should begin each day with a clean slate. If you follow this guideline, students learn to trust that no matter what may have occurred the previous day, this day can be different.

DE-ESCALATION

When it comes to the de-escalation of a volatile situation, the primary goal is to avert physical aggression and diffuse angry outbursts. The situation can then be processed at a later time with the student. Simple steps for de-escalation follow.

- Remain calm and use a quiet, even tone of voice. When being yelled at, our automatic response is to raise our voices right back. However, reacting in this way can further agitate the student. Use a quiet voice and a calming tone. An additional benefit to replying calmly is that it sets a good example for the other students.
- Listen to what the student is saying. Often students will calm down once they verbalize what is upsetting them. Interrupting them or shutting them down may have the effect of increasing the student's anger.
- Validate the student's feelings. When the student pauses, say something non-judgmental such as, "I understand that you are upset, ___" and conclude with the student's name.
- Offer choices and clear consequences. For example: "If you come back into the classroom, we can continue this discussion. If not, this discussion is over for the time being."

If you are working with a student with challenging behaviors, here are a few questions that you may want to ask your supervisor:

- Has an FBA been conducted for this student?
- If an FBA has been done, is there a BIP?
- Can you explain the BIP?
- What are your expectations for me in supporting the implementation of the BIP?

Connecticut
PARAPROFESSIONALS'
Guide to
### Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Before
regardin
role of
in prov
schools
should
are cu
supervis
their pa

Paraprofessionals play an integral role in student achievement and are an invaluable resource in providing instructional support. Before making decisions regarding the appropriate role of paraprofessionals in providing such support, schools and districts should examine how they are currently training, supervising, and evaluating their paraprofessionals. The Connecticut *Guidelines for Training and Support of Paraprofessionals* was published and endorsed by the Connecticut State Department of Education (CSDE) to inform and guide district personnel in the many important factors to consider in the use of paraprofessionals, specifically their training and effective use of their skills. The CSDE highly recommends that the Guidelines be used as the foundation for identifying and clarifying appropriate paraprofessional roles related to instruction. It is important that once these roles are identified, the paraprofessional continues to work under the direct supervision of a certified teacher and receive ongoing specialized training and professional development.

We welcome your comments and suggestions regarding this publication. Comments should be directed to Iris White, Bureau of Accountability and Improvement, at iris.white@ct.gov.

A PARAPROFESSIONALS' GUIDE TO ADD/ADHD

According to the **Diagnostic and Statistical Manual of Mental Disorders-4th edition revised (DSM-IV-TR) (APA, 1994)**, a prominent characteristic of ADHD is "a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and is more severe than is typically observed in individuals at a comparable level of development." Students identified with the ADD/ADHD disability are eligible for special education services under the Individuals with Disabilities Education Act (IDEA). IDEA is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities. In order for a child in a public school to be identified with ADD/ADHD, the child must first meet the overall eligibility requirements for "other health impairment" (OHI), and then meet the more specific requirements for ADD/ADHD. According to IDEA, other health impairment means having limited strength; vitality alertness, including a heightened alertness to environmental stimuli; and limited alertness with respect to the educational environment, due to chronic or acute health problems such as asthma or ADD/ADHD, that adversely affects a child's educational performance. Symptoms of ADHD must be present before age 7 years, and must interfere with developmentally appropriate social, academic, or occupational functioning in at least two settings (for example, at home and at school, or at home and at work).

GUIDELINES *for*
Training & Support
of Paraprofessionals
Working with Students Birth to 21
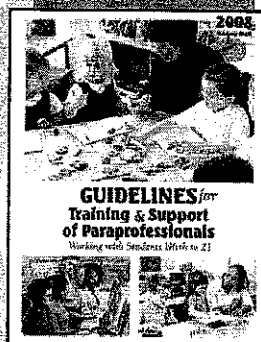
IN THIS ISSUE
Guide to ADD/ADHD
Facts about ADD/ADHD
Instructional Strategies to Support Students with ADD/ADHD
Professional Development Resources

FACTS ABOUT ADD/ADHD

- Estimates of incidence rates of ADHD vary widely, from less than 1 percent to more than 20 percent of the population. This variation occurs because of the imprecision of terms such as "hyperactivity" and "impulsivity." The best current estimates are that between 3 percent and 5 percent of school-age children have this disorder.
- Although it is most often diagnosed in children, ADD/ADHD is a lifespan disorder that affects individuals at all ages.
- Boys are diagnosed at least 3 times more often than girls, although available evidence indicates that girls are probably underdiagnosed.
- ADHD is often inherited. It is very common to find that relatives of a child with ADHD were, or are, considered to be hyperactive, impulsive, inattentive, or all three, at school, in the community, or at work.

SYMPTOMS

The symptoms of ADHD are divided into inattentiveness, hyperactivity, and impulsivity. Those children with the inattentive type are less disruptive and are more likely to miss being diagnosed with ADHD.

Inattentive ADHD symptoms:
1. Fails to give close attention to details or makes careless mistakes in schoolwork.
2. Has difficulty sustaining attention in tasks or play.
3. Does not seem to listen when spoken to directly.
4. Does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace.
5. Has difficulty organizing tasks and activities.
6. Avoids or dislikes tasks that require sustained mental effort (such as schoolwork).
7. Often loses toys, assignments, pencils, books, or tools needed for tasks or activities.
8. Is easily distracted.
9. Is often forgetful in daily activities.

Hyperactivity symptoms:
1. Fidgets with hands or feet or squirms in seat.
2. Leaves seat when remaining seated is expected.
3. Runs about or climbs in inappropriate situations.
4. Has difficulty playing quietly.

APPROACHES:

Behavioral Approaches: Used in treatment of ADHD to provide structures for the child and to reinforce appropriate behaviors. Best practice research indicates a child may benefit from a positive behavioral intervention plan that clearly outlines expectations and includes positive support.

Pharmacological Approaches: Decision to prescribe any medicine is the responsibility of medical -not educational- professionals, after consultation with the family and agreement on the most appropriate treatment plan.

Children with ADHD are often bright, enthusiastic, creative individuals. With early diagnosis, understanding, treatment, and management, they can be helped to realize their potential and make valuable contributions to society. The successful social and academic education of the child with ADHD, however, cannot be left to chance. It requires long-term cooperation and collaboration among family members, educators, physicians, and other professionals. Behaviors of impulsivity, inattention, and hyperactivity can make functioning in the school setting difficult. The following chart lists some of these behaviors and possible strategies.

INSTRUCTIONAL STRATEGIES TO SUPPORT STUDENTS WITH ADD/ADHD

| BEHAVIORS	INSTRUCTIONAL STRATEGIES/TOOLS
Difficulty Getting Started - slow/ unable to begin a task, activity, assignment	• provide written AND oral directions; • check that directions are clear; • begin work with mentor; • segment the work into small initial steps; and • fold student's paper in halves, quarters, accordion patterns and ask him or her to work on just the first space.
Disorganized - poor time management skills; inability to plan ahead; difficulty with sequencing; messy desk/locker; failure to turn in work although it is complete; misplaces books/materials; written work appears messy and lacks coherence	• external organizers (calendars, watch with alarm); • instructional chart with sequence of steps articulated; • instruction chart posted on index cards or stickies; • daily schedule, routines, rituals; • study buddy; • assistive listening devices; and • keyboarding instruction and computer.
Distractible - not responding when called upon; poor task completion; difficulty distinguishing important information/main idea from less important; skipping from one activity to the next	• preferential seating; • instruction on appropriate academic level; • assignments that are highly engaging; • hands-on learning, based on interests and strength; • reducing the number of items per assignment; • alternating response modes; • permitting students to work problems in an unusual order (bottom to top); • using external nonverbal cues to prompt student to return to task; • increasing the amount of immediate feedback (e.g., circulate during independent work and correct some of each student's work to provide immediate feedback); and • using cooperative learning after the strategies have been taught to whole class.
Hyperactive - difficulty staying in chair; high level of gross-motor activity (younger children); restlessness (adolescents); seeks sensory stimulation (chewing, tapping, leg swinging)	• provide acceptable opportunities for movement rather than attempting to restrict activity; • providing a specific number of walking passes (e.g., sharpening pencil, drinks of water, access to books/wall charts); • providing small manipulatives to channel activity from gross to fine motor (e.g., clay, stress balls); • establishing work centers as opportunity to move to choice activity; • standing-random drills; • restating rules before the opportunity for rule infraction; • increasing proprioceptive feedback (consult with OT or PT); and • use of tactile materials.
Impulsive - shouts out answers without being called upon; exhibits risk-taking behaviors; does not think about consequences of behavior; difficulty following rules; difficulty taking turns	• teaching self-monitoring skills; • teaching self-regulating skills; • teaching the behavior you want to see; • giving positive feedback 5 to 8 times more frequently than negative ones; and • teaching student verbal or motor response to use while waiting (e.g., holding up a "HELP" card, writing note to self so he will remember).
Memory - inconsistent and/or poor recall of previously learned information; reduced reading comprehension with long and/ or complex sentences; forgetting assignments, social commitments	• segment study time into smaller units; • structured breaks, alternating subject matter; • multisensory instruction; • establish lesson context and links to prior knowledge; • highlight most important features (color coding, shapes, size emphasis); and • provide opportunity for novel repetitions until student achieves automaticity of basic skills/facts.
Self-Monitoring and Evaluation - lacks "internal voice," the internal dialogue to self-coach and/or guide thinking and behavior; unaware that his/her behavior is inappropriate, annoying to others; difficulty checking work once completed	• role model by thinking out loud; • provide nonjudgmental feedback to establish sequence and causality of events; and • provide rubric on desktop for correcting work and provide structured practice in using it.
Transition - difficulty transitioning between activities, subjects, classes; repeats same idea/question after receiving a response; repeats same error even when told it is incorrect	• provide three-part transition cues (stopping, moving to, and starting); • develop transition rituals; and • create transition songs, games, activities (primary grades).

CPI's Top 10 De-Escalation Tips

Can These Tips Help Me?

Whether you work in education, healthcare, human services, business, or any field, you might deal with angry, hostile, or noncompliant behavior every day. Your response to defensive behavior is often the key to avoiding a physical confrontation with someone who has lost control of their behavior.

These Top 10 De-Escalation Tips will help you respond to difficult behavior in the safest, most effective way possible.

cpi
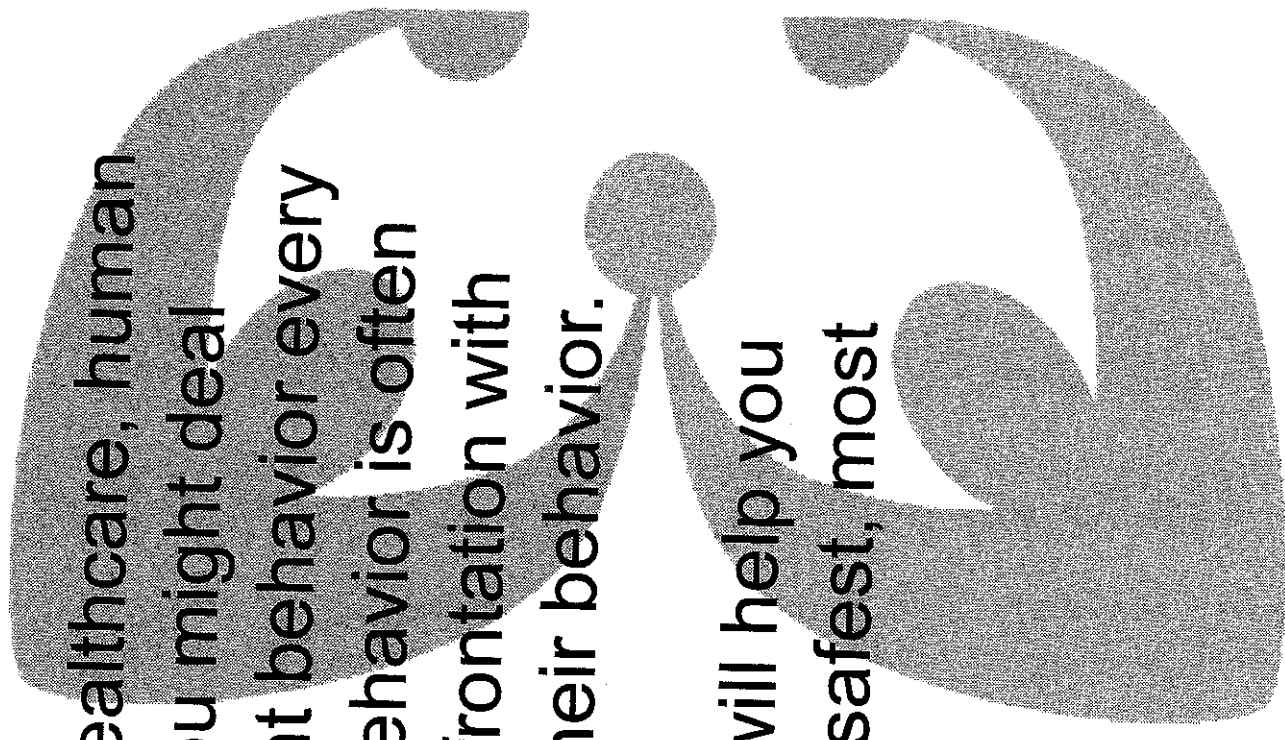
TIP 1

Be empathic and nonjudgmental.

When someone says or does something you perceive as weird or irrational, try not to judge or discount their feelings. Whether or not you think those feelings are justified, *they're real to the other person.* Pay attention to them.

Keep in mind that whatever the person is going through, it may be the most important thing in their life at the moment.

TIP 2

CPI's Top 10 De-Escalation Tips

Respect personal space.

If possible, stand 1.5 to three feet from a person who's escalating. Allowing personal space tends to decrease a person's anxiety and can help you prevent acting-out behavior.

If you must enter someone's personal space to provide care, explain your actions so the person feels less confused and frightened.

TIP3

CPI's Top 10 De-Escalation Tips

Use nonthreatening nonverbals.

The more a person loses control, the more they react to your nonverbal communication. Be mindful of your gestures, facial expressions, movements, and tone of voice.

Keeping your tone and body language neutral will go a long way toward defusing a situation.

CPI's Top 10 De-Escalation Tips

TIP 4

Avoid overreacting.

Remain calm, rational, and professional. While you can't control the person's behavior, *how you respond to their behavior* will have a direct effect on whether the situation escalates or defuses.

Positive thoughts like "I can handle this" and "I know what to do" will help you maintain your own rationality and calm the person down.

TIP 5

CPI's Top 10 De-Escalation Tips

Focus on feelings.

Facts are important, but *how a person feels is the heart of the matter.* Yet some people have trouble identifying how they feel about what's happening to them.

Watch and listen carefully for the person's real message.

Try saying something like "That must be scary." Supportive words like these will let the person know that you understand what's happening—and you may get a positive response.

CPI's Top 10 De-Escalation Tips

TIP 6

Ignore challenging questions.

Answering challenging questions often results in a power struggle. When a person challenges your authority, redirect their attention to the issue at hand.

Ignore the challenge, but not the person. Bring their focus back to how you can work together to solve the problem.

CPI's Top 10 De-Escalation Tips

TIP 7

Set limits.

If a person's behavior is belligerent, defensive, or disruptive, give them clear, simple, and enforceable limits. Offer concise and respectful choices and consequences.

A person who's upset may not be able to focus on everything you say. Be clear, speak simply, and offer the positive choice first.

TIP 8

Choose wisely what you insist upon.

It's important to be thoughtful in deciding what you're going to enforce and what you're not. For example, if a person doesn't want to shower in the morning, can you allow them to choose the time of day that feels best for them?

If you can offer a person options and flexibility, you may be able to avoid unnecessary altercations.

TIP 9

CPI's Top 10 De-Escalation Tips

Allow silence for reflection. We've all experienced awkward silences. While it may seem counterintuitive to let moments of silence occur, sometimes it's the best choice. It can give a person a chance to reflect on what's happening, and how he or she needs to proceed.

Believe it or not, silence can be a powerful communication tool.

CPI's Top 10 De-Escalation Tips

TIP 10

Allow time for decisions.

When a person is upset, they may not be able to think clearly. Give them a few moments to *think through what you've said.*

A person's stress rises when they feel rushed. Allowing time brings calm.