

Behavior Policies



CHAPTER D
BEHAVIOR POLICIES

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Summary of the ISBE 2002 regulations
Isolated time out and physical restraint rules

Effective date January 16, 2002 for both regular and special education

Isolated time out is defined as confinement of a student in a time-out room or some other enclosure. This enclosure must be: same ceiling height as surrounding room, be constructed of materials that cannot be used by students to harm themselves, fitted with a door that includes a viewing panel, and the supervising adult must be within two feet of the enclosure and be able to see the student at all times.

If isolated time out or physical restraint is to be permitted the school district policy shall include:

- Circumstances of incident (see enclosed forms)
- A written procedure
- Designated school official to be informed and maintain the documentation
- Administrative process to evaluate any incident
- Description of alternative strategies (behavior management plan)
- Annual review of isolated time out and physical restraint (see annual review form)

Isolated time out and physical restraint shall only be used as a means to maintain discipline, and preserve the safety of students, NOT as a form of punishment. Students shall NOT be subjected to physical restraint for using profanity or other displays of disrespect to themselves or others.

- Students shall not be kept in time out more than 30 minutes after he/she ceases presenting the specific behavior.
 - Students shall be released from physical restraint immediately upon determination student is no longer in imminent danger of causing harm to self and/or others.
 - Written episodes of each time out and/or physical restraint shall be maintained in the student's temporary record (see forms).
 - School official designated shall be notified of incident as soon as possible, but no later than the end of the school day on which it occurred.
 - Parents must be notified in writing within 24 hours of isolated time out or physical restraint.
- ✓ When isolated time out exceeds 30 minutes or physical restraint exceeds 15 minutes or repeated episodes have occurred during any 3-hour period --- a certified staff member shall evaluate the situation. The evaluation shall include: appropriateness of continuing procedure, including student's need for medication, nourishment, or use of restroom, and need for alternative strategies. The results of the evaluation shall be committed to writing and copies placed in student's temporary records (this may be covered by the behavior management plan).
- ✓ When a student has first experienced three instances of isolated time out or physical restraint, the school personnel who initiated, monitored, and supervised the incidents shall initiate a review of the effectiveness of the procedures used and prepare an **individual behavior management plan** for the student that provides either for continued use of these interventions or for the use of other, specified interventions.

RESTRICTIVE BEHAVIORAL INTERVENTIONS
PARENT NOTIFICATION FORM

Student:

Date:

TIME IN:

TIME OUT:

Intervention used:

Physical restraint

Isolated time out

Brief description of incident:

School Representative:

Phone Number:

RESTRICTIVE BEHAVIORAL INTERVENTIONS
PARENT NOTIFICATION FORM

Student:

Date:

TIME IN:

TIME OUT:

Intervention used:

Physical restraint

Isolated time out

Brief description of incident:

School Representative:

Phone Number:

TIME-OUT REPORT FORM

Student:

Date:

Individual Completing Report:

Date of Notification of Parent:

Time-In:

Time-Out:

(not to exceed 1 hour)

1. Description of relevant events leading up to placement in time-out including student's behavior:

2. Interventions used prior to use of time-out room:

- | | | |
|---|---|--|
| <input type="checkbox"/> Verbal re-direction | <input type="checkbox"/> Choices given | <input type="checkbox"/> Proximity Control |
| <input type="checkbox"/> Planned ignoring | <input type="checkbox"/> Positive praise of peers | |
| <input type="checkbox"/> Time and/or Space given | <input type="checkbox"/> Continuum of consequences | |
| <input type="checkbox"/> Social work intervention | <input type="checkbox"/> Modifying of assignment/activity | |
| <input type="checkbox"/> Calling parent | <input type="checkbox"/> Self-management | <input type="checkbox"/> Peer involvement |
| <input type="checkbox"/> Response-cost | <input type="checkbox"/> Isolated instruction | <input type="checkbox"/> Lunch detention |

3. Indicate school personnel who provided continuous monitoring of student while in time-out room. Describe student's behavior while in time-out room.

- | | | | |
|--------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Teacher's assistant | <input type="checkbox"/> Social worker | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Passive | <input type="checkbox"/> Banging | <input type="checkbox"/> Yelling | <input type="checkbox"/> Cursing |
| <input type="checkbox"/> Spitting | <input type="checkbox"/> Punching | <input type="checkbox"/> Kicking | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Other _____ | | | |

4. Technique(s) student will utilize to avoid a recurrence of the problem(s) that led to use of the time-out room (must be reviewed with student).

- | | | |
|---|---|---|
| <input type="checkbox"/> Follow directions | <input type="checkbox"/> Applying coping skills | <input type="checkbox"/> Making a plan |
| <input type="checkbox"/> Controlling temper | <input type="checkbox"/> Asking for help | <input type="checkbox"/> Applying social skills |
| <input type="checkbox"/> Taking a break from task | <input type="checkbox"/> Verbalizing feelings | <input type="checkbox"/> Self-monitoring |

5. Describe injuries or any property damage.

6. Describe interventions or plan for staff to prevent isolated time out. (Revise behavior management plan as necessary)

PHYSICAL RESTRAINT/EMERGENCY/POLICE REPORT FORM

Student:

Date:

School:

Grade:

Individual Completing Report:

Police Contact:

Time of Incident:

1. Provide a detailed description of the incident that required emergency intervention, including location, events, and restraint technique utilized.

2. Provide a description of the emergency intervention used, including all staff involved.

Staff:

- Teacher
- Principal
- Social worker
- Teacher's assistant
- Other: _____

Intervention used:

- Physical restraint
- Police contact
- Other: _____

3. Describe any injuries and/or property damage.

4. Describe any interventions attempted prior to the specific incident.

- | | |
|--|--|
| <input type="checkbox"/> Verbal re-direction | <input type="checkbox"/> Self-management |
| <input type="checkbox"/> Proximity control | <input type="checkbox"/> Activity modification |
| <input type="checkbox"/> Positive praise to peers | <input type="checkbox"/> Planned ignoring |
| <input type="checkbox"/> Choices given | <input type="checkbox"/> Verbal reprimand |
| <input type="checkbox"/> Continuum of consequences | <input type="checkbox"/> Response-cost |
| <input type="checkbox"/> Time and/or space offered | <input type="checkbox"/> Calling parent |
| <input type="checkbox"/> Social work intervention | <input type="checkbox"/> Other: _____ |

5. Describe the student's response to the emergency intervention.

6. Recommendations and plan for avoiding similar incidents in the future. (use back if necessary)

Annual Review of Time Out/Physical Restraint/Emergency Incidents

Student Name:

| Date | Time Out (X) | Physical Restraint (X) | Staff Members Involved | Location | Duration | Injuries/Property Damage | 24 Hr. Parental Notification Y/N |
|------|-----------------|------------------------------|------------------------|----------|----------|--------------------------|---|
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FUNCTIONAL BEHAVIORAL ASSESSMENT

Name: _____ School/Grade: _____

 Initial _____ Review _____ Revision _____

1. **What is the behavior of concern?** (Be very specific in describing what particular behavior is problematic.)

2. **In what setting (s) does the behavior occur?** (Does the behavior occur in a particular place, e.g. classroom, unstructured times, outside the classroom, in peer groups, etc.?)

3. **In what setting (s) does the behavior *not* occur?**

4. **How often does the behavior occur?**

5. **Is there a predictable sequence of behaviors?**

6. **Is it possible to identify “bad days” at the outset?**

7. **What precipitates the behavior?** (What happens before the behavior occurs? Do interactions with particular adults or peers, task demands, home experiences, etc. seem to lead to the behavior? What settings or events appear to trigger the behavior?)

8. **What precipitates acceptable behavior?**

9. **What have been the responses to the behavior by school personnel?** (How do teachers, administrators, other adults, peers, parents respond to the student? When the behavior occurs? When it does not?)

10. **What purpose does the behavior seem to serve?** (In what way (s) does the behavior benefit the student? Formulate your hypotheses) (e.g. attention, avoidance, to get something, or to maintain or reduce stimulation, etc.)

11. **What skill deficit (s) may be causing the occurrence of this behavior?**

12. What is an appropriate alternative or replacement behavior?

BEHAVIOR INTERVENTION PLAN

Name: _____ School/Grade: _____

 Initial _____ Review _____ Revision _____

I. **Target Behavior (s):** Those specific behaviors that the student does or does not do as identified in the Functional Behavioral Assessment

II. **Replacement Behavior (s):** (Based upon the hypotheses generated from the Functional Behavioral Assessment, what behavior (s) or skills (s) do we need to teach to enable the student to have a successful adaptation in the classroom or learning environment?) Name Implementers

III. **Identify the IEP goal(s) to which the intervention described above relate(s).**

IV. **Instructional Procedures to Teach Replacement Behavior (s)**

a. How and what methods of presentation will the replacement behavior be initially presented to the student? (e.g.; Individual, class discussion, role playing, reinforcing others for appropriate behavior)

b. What cues (physical, visual, auditory) and prompts will remind the student of the appropriate behavior?

c. How will opportunities for practice be provided? (e.g.; In-class, out-of-class social skills training)

V. **Proposed Intervention (s)**

a. What strategies will be used to reduce problem behavior (e.g., redirection, verbal warning)? Describe interventions to develop or strengthen alternative, more appropriate behaviors.

b. What strategies have not been successful in the past to reduce problem behaviors?

c. What positive reinforcers will be used for appropriate behavior?

d. What consequences/disciplinary actions will be used if behavior continues or escalates? (Describe any restrictive interventions procedures to be used.)

e. Describe provisions for coordinating intervention efforts with the student's parents or guardian.

MANIFESTATION DETERMINATION

Components of the Process:

1. Purpose:

The Manifestation Determination meeting is convened to determine whether a behavior arises from, is caused by, is a manifestation of, or has a direct and substantial relationship to the student's disability. In order to make this determination, the IEP Team must compare the present behavior with previously documented information about the student's disability.

2. The Meeting

- a. Must be held immediately, if possible, but in **no** case later than 10 school days after the date on which the decision to take that action is made.
- b. Must be an appropriately constituted IEP Team with prior notice given.
- c. Decisions must be made on an individual case by case basis, not on generalizations of a disability or diagnosis.
- d. Team must consider, in terms of the behavior subject to disciplinary action, all relevant information, including –
 - I. Evaluation and diagnostic results, including such results or other relevant information supplied by the parents of the student.
 - II. Observations of the student.
 - III. The student's IEP and placement

3. Questions to be answered/Information to be reviewed:

A. Were IEP services provided? To determine that the special education services supplementary aids and services and behavior intervention strategies were provided consistent with the IEP and placement, review:

- The Current IEP – Have services been provided?
- Are there IEP goals that deal with the current behavior?
- Does the current IEP include a Functional Behavioral Assessment and/or a Behavior Intervention Plan? Has it been implemented?

B. Was the conduct caused by the disability? To determine whether the conduct in question was caused by or had a direct and substantial relationship to the disability, the Team must be satisfied by the greater weight of credible evidence that the conduct does not arise from the disability and the impetus for the conduct is not coincidental in nature.

The relationship should not be an attenuated association such as low self-esteem.

Review:

- Evaluation – Accurate, complete, additional information needed. Was presenting behavior evident in any of the evaluations that have been completed?
- Has the student received information regarding the school's code of conduct?
- Has student demonstrated the ability to follow rules?
- Nature and severity of the disability, eligibility criteria, behavioral characteristics.
- Patterns of behavior (aggression instead of isolated instance of punching, dishonesty rather than an isolated instance of theft).
- Was behavior result of other psycho/social event other than disability (e.g., illness, life changing event, substance abuse).
- Context in which the behavior occurred.
- Antecedents to the behavior.
- Was behavior premeditated or impulsive?
- Relevant medical information (diagnosis, medications).
- Academic Performance – How is student performing in classes?

C. Documentation: At the conclusion of the meeting, the following components must be documented:

- Behavior that prompted the meeting.
- Sources of information.
- Additional evaluations conducted.
- Statement addressing whether special education services supplementary aids and services and behavior intervention strategies were provided consistent with the IEP.
- Statement addressing the extent to which the conduct in question was caused by or had a direct and substantial relationship to the student's disability.
- Manifestation Statement (the behavior was/was not a manifestation of disability).
- Documentation of participation of IEP Team. Provision of ability to file dissenting opinion.

Student Name: _____

Birthdate: _____ 55

COLLINSVILLE COMMUNITY UNIT SCHOOL DISTRICT NO. 10

MANIFESTATION DETERMINATION

Complete when determining whether a student's behavior was a manifestation of her/his disability.

Date of Incident: _____

INCIDENT(S) THAT RESULTED IN DISCIPLINARY ACTION

Consider and document the relevant information in terms of the behavior subject to disciplinary action:

EVALUATION AND DIAGNOSTIC RESULTS (including the results or other relevant information supplied by the parents)

OBSERVATIONS OF THE STUDENT

THE STUDENT'S IEP AND PLACEMENT

Based upon the above information, the team has determined that:

Yes No The conduct in question was caused by, or had a direct and substantial relationship to the child's disability. **If yes, the behavior must be considered a manifestation of the student's disability.**

Yes No The conduct in question was a direct result of the local educational agencies failure to implement the IEP. **If yes, the behavior must be considered a manifestation of the student's disability.**

Check the appropriate box:

The student's behavior **WAS NOT** a manifestation of her/his disability. The relevant disciplinary procedures applicable to students without disabilities may be applied to the student in the same manner in which they are applied to students without disabilities. *If the district initiates disciplinary procedures applicable to all students, the district shall ensure that the special education and disciplinary records of the student with a disability are transmitted for consideration by the person or persons making the final determination regarding the disciplinary action.*

The student's behavior **WAS** a manifestation of her/his disability. The team must review and revise the student's IEP as appropriate and the district must take appropriate action.