



**SUPERINTENDENT**  
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# Monongalia County Schools Student Assistance Team (SAT) Policy and Resource Handbook 2021-2022



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## **INTRODUCTION**

- **SAT Coordinator Responsibilities**
- **SAT Overview and Reminders**
- **How to Calculate your Salary**

## Why You Should Not Take Short-Cuts and Follow the SAT Process:

1. It is policy. If you do not follow policy and established procedures, then parent may get upset about anything and say, "It is your fault, you never followed policy."
2. Just getting a consent signed means someone has to go around and ask people to sign off on meetings that never occurred to comply with SAT policy. This is fraud, time consuming, and a waste of time.
3. You get consent, and then the student's teacher or some other required member refuses to sign the form because they were not invited to the meeting and this is fraud.
4. Parent with right to make education decisions did not participate because someone just got a consent signed without really holding a meeting.
5. Student lives with grandparents unofficially, but they are the defacto guardians.. They signed consent, but parent's rights have never been terminated or parent is in Iran. In a similar vein, DHHR or foster parent signs a consent because they want foster child evaluated immediately. Surrogate parent should have been invited and given consent.
6. Consent was signed, but non-custodial parent was not invited to the meeting because no meeting ever really occurred. Non-custodial parent is upset and ready to sue because they have sole right to make education decisions. Indeed, they are footing the bills for all educational expenses.
7. Someone gets a consent signed, and it is found out later the student had a physical, emotional, and/or legal issues that negates evaluation at this time.
8. Someone gets a consent signed, and it is found that the student is scheduled or has just had an evaluation with an outside agency that negates use of assessment that was completed.
9. Consent was signed only to find out student had been previously evaluated and did not qualify. Plus, a year had not elapsed and/or there is no new information to recommend a subsequent evaluation. Plus, the student's previous evaluation record is at Tridata.
10. Consent is signed without a meeting, and parent takes the student out of the country for a month to visit with grandparents in India during the evaluation process.
11. Consent was signed because teacher said transfer student needed to be evaluated immediately due to their serious academic deficits. Administrator gets consent, and evaluator notices dilated pupil. Student is being treated for lazy eye, and their good eye has been dilated every day since entering their new school.
12. Parent complains to administrator that student is bored and needs to be evaluated for gifted services. Administrator gets consent. Evaluator finds likelihood that student has other issues that should have been addressed in the evaluation request. Teacher had concerns that should have been documented in the SAT.
13. Parent demands evaluation and consent is obtained without meeting. Later there is an uproar because there is huge custody battle occurring.
14. Student's last name is Jones. Consent is signed only to find out that student is ELL because Mom is Korean and speaks to child in native language at all times in the home. Indeed, parent had needed an interpreter. In similar situation, mother did not sign she did not need an interpreter and when student failed to qualify for services they wanted another evaluation because they had not provided informed consent.
15. When the process is not followed, there is more of a chance that paperwork will be lost or misplaced. Administrator got the consent signed but the consent was lost, misplaced, given to someone else, etc. SAT should be considered a problem solving process in which you gather data and information to make an informed decision or plan of action. Plus, SAT serves other multiple purposes:
  - a. It is an opportunity for the team and school to establish a trusting, supportive, and positive relationship with the parent.
  - b. It provides an opportunity to educate the parent about timelines, procedures, and eligibility requirements.
  - c. It provides an opportunity to educate parents about services and programs available to their child in the school.
  - d. SAT is a good place to help prepare parents for what will happen if student does or does not qualify.

## Student Assistance Team (SAT) Overview and Reminders

### HOW SAT CAN ASSIST TEACHERS

- Identifying a student's difficulty will match appropriate services/interventions. Other personnel will assist in the plan. This could include "check-in" staff for behavior management, extra supervision, and reading/math intervention.
- Keeping track of progress, or lack thereof, if SAT shows the need for additional SAT evaluation or comprehensive testing.
- Involve other MCS professional staff. This could include Attendance, Safe and Supportive Schools, Psychology, counseling partnerships.
- SAT Coordinator will notify teachers of incoming SAT students every year.

### HOW TEACHERS CAN ASSIST SAT

- Bring documentation to all SAT meetings. This includes work samples, test scores, missing assignments, and observation/ behavior (Ed Handbook) data. Do not rely on progress monitoring (LLI/ODMS/iReady) scores only and do not come empty-handed.
- Keep track of your students in SAT; have their modifications readily available to assist in lesson planning.
- Request meetings when you feel changes are needed
- If you feel an intervention is not being fulfilled-for whatever reason- notify your SAT Coordinator.
- Notify parents prior to making an Initial SAT referral. Complete necessary paperwork and return to the SAT Coordinator ASAP.
- If a parent gives you an outside report, give copies to the SAT Coordinator and School Psychologist.
- Keep documentation of how you modify. If you are shortening tests in length, note this in plan books or keep sample tests as evidence.

### KEEP IN MIND.....

- If a student is a member of the SAT, **WV Policy 2510 and 2419** oversee the procedure, including timelines and responsibilities for teachers, coordinators/administrators, and parent. A team must consist of **3 or more persons**, meeting every **45** school days, with parent invitation in order to design and implement appropriate interventions for a variety of referral reasons (i.e., learning problems, interfering behavior, attendance, and/or health)
- A SAT is a **legal note**, assigning persons responsible, interventions documented, and modifications to the general curriculum necessitated by the student's data, progress monitoring, and teacher observations. **It must be adhered.** If a modification or intervention is unneeded in the future due to improvement, a SAT should document so that the teacher or professional staff is not obligated to continue such intervention.
- SATs are based on the problem-solving process. It is not a gateway to special education. Students must participate in and be sensitized to appropriate intensive interventions (Intensive), both behaviorally and/or academically, and continue to show resistance or little improvement prior to a referral for special education.
- For academics, if a child moves from Targeted reading to Intensive reading, a SAT should be initiated. Progress monitoring will occur more often (weekly) and reading programs change for a minimum of 9 weeks. Keep in mind children with a reading disorder must perform at or below the **8<sup>th</sup> percentile**, as per Policy 2419.
- For behavior, Intensive supports could include a multitude of interventions, including counseling and behavior/crisis intervention plans. Typically, a Functional Behavior Assessment is requested at SAT in order to gain student information and reasons for poor behavior. The plan is to make a behavior change, not refer for special ed. Student with Emotional Behavior Disorders display catastrophic reactions to minor instances in the environment.

## ***SAT Pay Schedule—How to Calculate Your Salary***

	\$600	\$900	\$1200	\$1500	\$1800	\$2100
Elementary <u>&lt;400=\$900</u>						
Elementary <u>401-600=\$1200</u>						
Elementary <u>&gt;601-800=\$1500</u>						
Elementary <u>&gt;801=\$1800</u>						
M/High School <u>&lt;400 \$900</u>						
M/High School <u>401 &lt; 600 \$1200</u>						
M/High School <u>&gt;601-900=\$1500</u>						
M/High >901 - <u>1400 =\$1800</u>						
M/High School <u>&gt;1400=\$2100</u>						

- 5 years = \$100 and >10 years = \$200 bonus pay for experience. \$1.50 will be paid for each meeting.

Base pay for being a SAT Coordinator is determined by your school's second month enrollment using the above table, divided by number of SAT Coordinators, and then divided by 2 pay periods (January 30 and June 30). Then you are paid an additional \$1.50 per case. You are also paid an additional \$100 or \$50.00 per pay period for 5 or more years of SAT experience and an additional \$200 (\$100 per pay period) for 10 or more years of experience.

MEMO TO: SAT/504 Coordinators

FROM: Angela Hayes, Coordinator Psychological Services

RE: SAT/504 Coordinator Stipends

DATE: 2021-2022 School Year

Thank you for your SAT coordination services this year. Please know that your hard work is greatly appreciated as always and especially during this complicated post-pandemic year. Please complete the following information and return as soon as possible so as your first and second payments can be made in January and June. I listed the number of SAT meetings under "My Count" based on the logs that I have received each semester. If you have not turned in logs, please denote the number of meeting held each month under "Your Count". Also, please estimate your May meeting count so as to return this form to me as soon as possible. Thanks again and enjoy your year.

Coordinator's Name: \_\_\_\_\_ School: \_\_\_\_\_

**SAT/504 COUNT:**

	August	September	October	November	December	Total
My Count						
Your Count						

	January	February	March	April	May	June	Total
My Count							
Your Count							

**SAT/504 PAY:**

The base rate of pay is determined by the second month count, divided by 2 semesters, and then divided by the number of SAT coordinators at the school. An additional sum is added based on the number of SAT/504 meetings held X 1.50. There is also a bonus for years of experience. Your first semester pay total is based on the monthly logs provided since August. Your second semester pay total is based on the monthly logs provided since January, the above chart. This information will be forwarded to payroll and added to a January and June pay.

I verify the above information is correct:

Signature: \_\_\_\_\_

Payroll Number: \_\_\_\_\_

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

## Monongalia County Schools SAT Monthly Report

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

Month: \_\_\_\_\_, 20\_\_

Student Name	Grade	SAT Referral Date	SAT Meeting Date	Meeting Type (check one)		Recommendation(s)			Projected Date of Review	Prior Written Notice (if applicable)	Permission Received
				Initial SAT	Review SAT	Intervention Plan	Close Case	Refer to MDT			

Report completed by: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: This form is to be submitted to the County Student Assistance Team Coordinator by the first of each month.**

Section 504 Log

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

Date Referred for 504 Review	Student Name	Grade	Date of 504 Review	Section 504 Eligible	504 Services	Reevaluation Date



## **SAT REFERRALS, POLICY, PROCEDURES, AND CONFIDENTIALITY**

- **Conducting a SAT Meeting**
- **Intervening with Problem Behaviors**
- **Making a Referral for a Multi-disciplinary Evaluation**

## Guidelines for SAT Process

### 1. Referral to SAT

- a. The person referring should provide sufficient written information and necessary data to justify a referral
- b. Baseline data should be presented.
- c. Once the referral form is completed and given back to the SAT coordinator:
  - The SAT coordinator has 10 school days to schedule a meeting for the date indicated on the referral form.
  - The SAT coordinator needs to create a file folder for the student and put all original paperwork in a confidential file.
    1. Please remember to keep all confidential files locked up and allow only those with access to view the files.
    2. Also, an access sheet should be attached to the file folder to document team members who have viewed the file.
  - The SAT coordinator should contact appropriate team members that should attend the meeting to assist with interventions/modifications for the student, based on the student's needs.
  - Always remember that you need at least three people in attendance at the SAT meeting and it's mandatory to at least have an administrator, SAT coordinator, and the student's regular education teacher.
- d. The SAT coordinator should then complete a SAT meeting notice and sent a copy to all appropriate members.
  - A copy is to be given to the parents; however, if they do not want to attend the team can proceed without them in attendance.

### 2. SAT Page 1 and 2

- a. Page 1 is used for initial SAT referrals, then use SAT page 2 for all other meetings/notes.
- b. Try to remember to write in BLUE ink on all SAT forms.
- c. The top part/demographics should be completed prior to meeting and can be gathered from the referral paperwork.
- d. Description of Problems/Concerns:
  - This is where the team will discuss current concerns that need to be addressed
  - If more room is needed to document meeting notes use a page two SAT form.
- e. Interventions, actions/steps, modifications, and accommodations
  - Please note who will be responsible for gathering data and progress for each intervention.

- f. On the bottom of page two, please indicate whether you are continuing previous interventions or modifying interventions.
    - Also, indicate any possible referrals.
  - g. If you have multiple page twos for one meeting, you only need to mark on one of those forms, but have all members sign all forms.
  - h. Make sure all team members sign the bottom page and possibly discuss when the next meeting will be held to discuss progress.
3. **SAT Evaluations/Diagnostics**
- a. Diagnostics, achievement assessments, observations, Functional Behavioral Assessments, Speech screenings, Motor screenings, behavior rating scales, and brief IQ assessments can be requested through the SAT team/forms.
  - b. Permission is needed before any of these tasks can be performed.
  - c. Parent should be informed the reasoning behind the evaluations if they did not attend the meeting.
  - d. Once permission is signed, the original should be placed in the student's SAT file. A copy of the permission should be given to the designated person (s) so they know they can begin assessments.
    - Each school should have designated team members who can perform these various assessments.
    - If team members would like to be trained on certain diagnostics, we can provide these trainings.
  - e. Once assessments are completed, a SAT meeting should be scheduled to review results and determine a plan of action.

## STUDENT ASSISTANCE TEAM MEETING NOTICE

A Student Assistance Team (SAT) meeting to discuss the needs of  
\_\_\_\_\_ has been scheduled for:  
(Student's Name)

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

Time: \_\_\_\_\_

Location: \_\_\_\_\_

The following persons are invited to attend:

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

Principal: \_\_\_\_\_

Classroom Teacher(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other(s): \_\_\_\_\_

\_\_\_\_\_

Specific information needed for the Student Assistance Team Meeting:

\_\_\_\_\_

\_\_\_\_\_

If the student's parent(s) are unable to attend this meeting, the parent(s) will be invited to review the recommendations and provide feedback to the team about the recommendations.

If you have any questions, please contact me at: \_\_\_\_\_.

Sincerely,

Student Assistance Team Coordinator/Date



## **Signal of Existence of a Confidential File**

\_\_\_\_ Student Assistance Team File (SAT)

\_\_\_\_ 504 File

\_\_\_\_ Individualized Education Plan (Active)

\_\_\_\_ Individualized Education Plan (Inactive)

### **PLEASE PLACE IN CUMULATIVE FILE OF THOSE STUDENTS WHO ALSO HAVE A CONFIDENTIAL FILE.**

A confidential file exists for \_\_\_\_\_, and is available for review by authorized personnel and those working with the students directly. If the file is not present with the student's cumulative file, it should be obtained through the principal, special education teacher, or counselor.

**IN THE EVENT OF TRANSFER TO ANOTHER SCHOOL IN MONONGALIA COUNTY,** the individual's confidential file(s) shall be forwarded to the receiving school. Transfer information should be completed on the student termination report and forwarded to the special education office in care of the special education secretary.

**IN THE EVENT OF A TRANSFER TO A SCHOOL OTHER THAN A MONONGALIA COUNTY SCHOOL,** 504 and SAT files may be copied and forwarded. A 504 termination report should be forwarded to the county 504 coordinator at the BOE.

**IN THE EVENT OF A TRANSFER TO AN OUT OF COUNTY SCHOOL FOR ACTIVE SPECIAL EDUCATION STUDENTS,** the individual's confidential file and a completed termination report is to be sent to the special education office in care of the special education secretary.

**REQUESTS FOR ACTIVE CONFIDENTIAL FILES** should be forwarded to the special education secretary.

**DO NOT FORWARD CONFIDENTIAL FILES FOR ACTIVE SPECIAL EDUCATION STUDENTS TO ANOTHER SCHOOL SYSTEM. THIS CAN ONLY BE DONE BY THE SPECIAL EDUCATION OFFICE.**

## SAT Referral Procedures for Making Evaluation Requests—(Use Motor referral packet when making SAT or 504 OT/PT evaluation requests.)

When you anticipate a student is going to be referred for evaluation, please consult with the primary evaluator (Speech Therapists, School Psychologists, Vision/Hearing Specialists, etc.) prior to the meeting to make sure they will be able to attend. If they will be unable to attend, ask them to mark the assessment portions of the consent and MDT tracking forms as consent will be obtained at referral meetings. If there is an RTI referral, instruct teacher/academic coach to supply all needed documentation for referral consideration. Always allow more time for referral meetings—particularly RTI referral meetings. You may also want to consider dividing up SAT responsibilities. For example, someone might always complete the identifying data on the tracking and consent forms, the evaluator should mark assessment portions, another person will record SAT notes, and another will complete prior written notice, etc. It is enough that the SAT Chairperson will set up the meetings and make sure that appropriate follow-up occurs.

### When Consent is Obtained at the SAT Meeting

- Parent should be provided with Procedure Safeguard Pamphlet, Parent Questionnaire, Prior Written Notice (PWN), and any rating scales (if possible) that need to be completed. When consent is given, make sure they check their choice on the permission form, sign, and date the form.
- Teacher(s) should be provided with teacher questionnaire and any rating scales that need to be completed, but these cannot be completed until 6 days have elapsed due to PWN requirements.
- Tracking forms should be completed and checked at the meeting, and it should be noted what items (e.g. rating scales, observations, teacher reports, etc.) were distributed and to whom. For example, observation might be checked and Smith written beside it.) Tracking forms should be sent to Carol (for elementary referrals) and Tamara (for middle and high school referrals) in the special education office, all involved evaluators, and special education designee. Special education designees needs the tracking form to know about the referral, make collect/distribute rating scales/forms that could not be disseminated at the meeting, and establish EC meetings. Parents do not get copies of tracking forms.
- Special Education Designee should be provided with a copy of: completed tracking form, consent form, and any forms (e.g. observations/teacher reports)/rating scales that were not distributed and/or may have been completed at the meeting.
- All white copies, including SAT information (SAT forms, screening, etc.), tracking, prior written notice, intervention documentation, and consent forms should also be forwarded to the special education office for WVEIS and/or EXCEL entry.
- Copies of the consent and tracking forms should be given to evaluators if at meeting or sent to the evaluator(s) when not at meeting. When multiple evaluators, multiple copies may need to be made and forwarded to all evaluators.
- Remember special education designees will need a copy of tracking to know when to establish meetings, what needs to be distributed/collected, and when to establish EC meetings.

### When Consent is Not Obtained at SAT Meeting

- SAT should send a copy of the unsigned consent, copy of Prior Written Notice, copy of special education letter, Procedure Safeguard Pamphlet, parent questionnaire, stamped return envelope, and any applicable parent rating scales to the parent. In other words, everything that would have been given to the parent at the meeting if they attended should be sent to them. These could be hand-delivered directly (not via student) to the parent (unless pre-arranged) or sent through the U.S. Mail.
- At this time, SAT coordinator should send a copy of the unsigned consent, tracking and Prior Written Notice to the special education designee along with any forms or rating scales that can only be distributed and completed after consent has been obtained and 6-day PWN has expired.

- At this point, SAT referral responsibilities are complete unless parental consent is received by a SAT member. In this event, the consent should be given to special education designee immediately as well as any rating scales or parent questionnaires that might be forwarded to the SAT.
- Note: Some SAT Coordinators like to wait for parent to return consents prior to turning over paperwork to designees. This is acceptable unless consent is not immediately returned (e.g. within the next 5 days). If parent does not forward the information to the SAT Coordinator quickly, the SAT Coordinator should abandon this approach and give information to designee to follow prescribed course of action listed above.

### When Consent is Not Obtained at SAT Meeting/Designee Responsibilities

- **If no consent is received in 10 days, then it is the special education designee's responsibility to send a second request** (which could be duplicated from the original but clearly marked that it is a second request). In this event the designee should always retain copies of the original and the second request for documentation. Designee should also log all attempts, including phone calls on the tracking form.
- When consent is obtained at a later date, it should be forwarded immediately to the Special Education office along with the completed tracking form. At that time the designee should distribute all needed tracking forms (one to each evaluator), rating scales and forms to involved parties as these should not be completed until consent has been obtained and 6-day PWN waiting period has expired. **Under no circumstances should the designee hold the consent form, tracking forms, or any rating scales in order that all can be sent at once. Remember timelines start when consent is received and evaluators will need to know that consent has been received.**
- In the event the designee has been unable to secure consent 10 days after the second consent has been attempted, then all documentation of consent attempts, including phone calls, and tracking forms should be forwarded to the special education office (Carol-elementary, Tamara-middle and high). Carol and Tamara should simultaneously be contacted via e-mail at [cponcero@k12.wv.us](mailto:cponcero@k12.wv.us) or [tbrosky@k12.wv.us](mailto:tbrosky@k12.wv.us) at this time in order that home visits or other actions can transpire within the 30-day timeline. (Timeline is: Consent sent after meeting, wait 10 days, send another written consent, wait 10 days; e-mail Carol or Tamara and simultaneously forward documentation of all attempts, as well as incomplete tracking form to either Carol or Tamara. This gives the Special Education Director an additional 10 days to meet the 30-day timeline.)
- Carol or Tamara will then forward copies of any consents/denials and subsequent tracking forms to designees and other involved parties that are mailed directly to special education office.

### When There is an Unanticipated Evaluation Request and Evaluator is not Present or Evaluator Has Not Been Consulted

If an unanticipated request for evaluation should arise, then consult with the evaluator via phone to ascertain what plan of action needs to be followed. Never mark these consent forms and/or obtain consents without first consulting with the involved evaluator(s). If no one can be reached, then continue with the SAT by implementing interventions, accommodations, and/or modifications—but do not refer to MDT or obtain consent. In other words, you must agree to reconvene or consult before making a final recommendation for evaluation. This, however, should be accomplished as soon as possible by rescheduling the meeting. **Some schools get around this by referring the student to psychologist or evaluator for a consult before making a referral decision.**



**Monongalia County Schools  
Student Assistance Team Referral Form**

<b>Student Name:</b>	<b>Date of Birth:</b>	<b>Pre-referral checklist:</b> <input type="checkbox"/> Parent has been contacted about reason for SAT <input type="checkbox"/> Does the student have an IEP? If so, do not complete this form and contact special education designee <input type="checkbox"/> Student previously retained <input type="checkbox"/> Student is young or old for their grade placement
<b>School:</b>	<b>Teacher/Grade:</b>	
<b>Parent/Guardian Name:</b>	<b>Telephone:</b>	
<b>Address:</b>	<b>WVEIS #:</b>	

**Please check all referral concerns that apply. Appropriate personnel must be invited to the SAT meetings.**

<input type="checkbox"/> Attendance	<input type="checkbox"/> Developmental delay	<input type="checkbox"/> Health concern with no diagnosis
<input type="checkbox"/> Behavior	<input type="checkbox"/> Fine motor	<input type="checkbox"/> Health concern with current diagnosis and/or medical report
<input type="checkbox"/> Emotional	<input type="checkbox"/> Gross motor	<input type="checkbox"/> Possible retention candidate
<input type="checkbox"/> Gifted	<input type="checkbox"/> Language other than English spoken in the home	<input type="checkbox"/> Team referral from Multi-Tiered process
<input type="checkbox"/> Speech	<input type="checkbox"/> Vision	<input type="checkbox"/> Parent referral
<input type="checkbox"/> Academic concerns	<input type="checkbox"/> Hearing	<input type="checkbox"/> Community agency/physician referral
<input type="checkbox"/> Suspected cognitive delay	<input type="checkbox"/> Suspension	<input type="checkbox"/> Social welfare concerns
<input type="checkbox"/> Social skills	<input type="checkbox"/> Alternative placement	<input type="checkbox"/> Other _____
<input type="checkbox"/> Possible 504 concerns	<input type="checkbox"/> Homebound request	<b>Student's Ethnicity:</b> _____ (specify)
<input type="checkbox"/> Attention/hyperactivity	<input type="checkbox"/> Foster home placement (surrogate needed?)	

**Describe/Elaborate on the Reason(s) for Referral, include Strengths and Weaknesses:**

**Referring Person's e-mail address is:** \_\_\_\_\_ **Parent/Guardian e-mail address:** \_\_\_\_\_

<b>Complete all areas that apply to this student:</b> Absences (# days or periods) _____ Behavior (# office referrals) _____ Medical diagnosis (type) _____ Vision screening passed? ___ glasses? ___ Hearing screening passed? ___ aids? ___ Summative: Reading ___ Math ___ Grades: Reading ___ Math ___ Writing ___ Other subjects _____	<b>Bring applicable reports to SAT meeting:</b> LLI/ODMS Levels, iReady reports Scholastic Math/Reading reports Fast Forward, Read 180 reports Work samples (writing) Outside psych./med. evaluations Intervention documentation folder Diagnostic testing (CTOPP, GORT, KeyMath) iReady	Preschool screening data Academic evaluation results (KTEA) Anecdotal notes/behavior logs Language proficiency results Parent communications Court/DHHR reports Other _____
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Signature of referring person: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Date: \_\_\_\_\_

**Monongalia County Schools/Student Assistance Team Referral Checklist (Revised 6/23/2009)**

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><b>Personal Strengths:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Social Skills</li> <li><input type="checkbox"/> Motivated/Hard Worker</li> <li><input type="checkbox"/> Sense of Humor</li> <li><input type="checkbox"/> Helpful</li> <li><input type="checkbox"/> Cooperative</li> <li><input type="checkbox"/> Responsible</li> <li><input type="checkbox"/> Confident</li> <li><input type="checkbox"/> Positive Attitude</li> <li><input type="checkbox"/> Persistent</li> <li><input type="checkbox"/> Kind/Caring</li> <li><input type="checkbox"/> Verbal Skills</li> <li><input type="checkbox"/> Organization/Planning</li> <li><input type="checkbox"/> Good Coping Skills</li> <li><input type="checkbox"/> Enjoys Challenges</li> <li><input type="checkbox"/> Honest/Truthful</li> <li><input type="checkbox"/> Shares</li> <li><input type="checkbox"/> Other:</li> </ul>	<p><b>Academic Strengths:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Reading</li> <li><input type="checkbox"/> Math</li> <li><input type="checkbox"/> Social Studies</li> <li><input type="checkbox"/> Science</li> <li><input type="checkbox"/> Problem Solving</li> <li><input type="checkbox"/> Written Expression</li> <li><input type="checkbox"/> Creativity</li> <li><input type="checkbox"/> Art/Drama/Dance (Circle)</li> <li><input type="checkbox"/> Music</li> <li><input type="checkbox"/> Athletic Skills</li> <li><input type="checkbox"/> Leadership Skills</li> <li><input type="checkbox"/> Oral Expression</li> <li><input type="checkbox"/> Listening Comprehension</li> <li><input type="checkbox"/> Higher Level Thinking Skills</li> <li><input type="checkbox"/> Other:</li> </ul>	<p><b>Academic Weaknesses:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Basic Reading Skills</li> <li><input type="checkbox"/> Reading Fluency</li> <li><input type="checkbox"/> Reading Comprehension</li> <li><input type="checkbox"/> Spelling</li> <li><input type="checkbox"/> Written Expression</li> <li><input type="checkbox"/> Math Calculations</li> <li><input type="checkbox"/> Math Reasoning</li> <li><input type="checkbox"/> Oral Expression</li> <li><input type="checkbox"/> Listening Comprehension</li> <li><input type="checkbox"/> Global Academic Issues</li> <li><input type="checkbox"/> Developmental Delay</li> <li><input type="checkbox"/> Fails to Respond to Intervention</li> <li><input type="checkbox"/> Fine/Gross Motor (Circle)</li> <li><input type="checkbox"/> Expressive/Receptive/Articulation/Pragmatic Language Concerns (Circle all that apply.)</li> <li><input type="checkbox"/> Adaptive Behavior</li> <li><input type="checkbox"/> Other:</li> </ul>	<p><b>Learning /Behavior Concerns:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Initiating Tasks</li> <li><input type="checkbox"/> Completing Tasks</li> <li><input type="checkbox"/> Organization/Planning Problems</li> <li><input type="checkbox"/> Inconsistent Performance</li> <li><input type="checkbox"/> Declining Performance</li> <li><input type="checkbox"/> Long Standing Academic Problems</li> <li><input type="checkbox"/> Short Attention Span</li> <li><input type="checkbox"/> Easily Distracted</li> <li><input type="checkbox"/> Overactive</li> <li><input type="checkbox"/> Underactive</li> <li><input type="checkbox"/> Daydreams</li> <li><input type="checkbox"/> Impulsive/Blurting Behaviors (Circle)</li> </ul>
<p><b>Social Concerns:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Avoids Social Contact with Peers</li> <li><input type="checkbox"/> Avoids Social Contact with Adults</li> <li><input type="checkbox"/> Poor Eye Contact</li> <li><input type="checkbox"/> Isolated by Peers</li> <li><input type="checkbox"/> Isolates Self from Peers</li> <li><input type="checkbox"/> Fails to Comprehend Social Cues</li> <li><input type="checkbox"/> Fails to Respect Personal Space</li> <li><input type="checkbox"/> Social Skill Deficits</li> <li><input type="checkbox"/> Resists Change</li> <li><input type="checkbox"/> Immature Behavior</li> <li><input type="checkbox"/> Refuses to Talk/Speak</li> </ul>	<p><b>Conduct /Atypical Concerns:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Noncompliant</li> <li><input type="checkbox"/> Physical Aggression</li> <li><input type="checkbox"/> Verbal Aggression</li> <li><input type="checkbox"/> Obscene Communication</li> <li><input type="checkbox"/> Bullies/Threatens</li> <li><input type="checkbox"/> Peer Conflicts</li> <li><input type="checkbox"/> Repetitive/Stereotypical Movements</li> <li><input type="checkbox"/> Oppositional</li> <li><input type="checkbox"/> Physical Complaints</li> <li><input type="checkbox"/> Suspected Tobacco Use</li> <li><input type="checkbox"/> Suspected Drug Use</li> <li><input type="checkbox"/> Problems with the Law</li> <li><input type="checkbox"/> Breaks Rules</li> <li><input type="checkbox"/> Sleeps in Class</li> </ul>	<p><b>Academic Performance Problems:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Following Directions/Fails to Listen</li> <li><input type="checkbox"/> Low Tolerance for Frustration</li> <li><input type="checkbox"/> Makes Careless Errors</li> <li><input type="checkbox"/> Rushes through Assignments</li> <li><input type="checkbox"/> Works Slowly</li> <li><input type="checkbox"/> Fails to Participate in Class</li> <li><input type="checkbox"/> Transition Time Issues</li> <li><input type="checkbox"/> Problems with Unstructured Time</li> <li><input type="checkbox"/> Problems with Structured Time</li> <li><input type="checkbox"/> Forgets What Has Been Learned</li> <li><input type="checkbox"/> Avoids Written Assignments</li> <li><input type="checkbox"/> Underachieving/Not Working to Potential</li> <li><input type="checkbox"/> Homework Completion</li> <li><input type="checkbox"/> Fails to Turn in Work Completed</li> <li><input type="checkbox"/> Written Communication</li> </ul>	<p><b>Emotional Concerns:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Withdrawn</li> <li><input type="checkbox"/> Sad/Unhappy</li> <li><input type="checkbox"/> Anxious/Nervous</li> <li><input type="checkbox"/> Separation Anxiety</li> <li><input type="checkbox"/> School Phobia</li> <li><input type="checkbox"/> Perfectionism</li> <li><input type="checkbox"/> Emotionally Labile</li> <li><input type="checkbox"/> Fails to Take Pleasure out of Every Day Activities</li> <li><input type="checkbox"/> Seems compelled to repeat certain behaviors</li> <li><input type="checkbox"/> Makes Suicidal Threats</li> <li><input type="checkbox"/> Vegetative Issues with Weight/Sleep/Eating (Circle all that apply)</li> </ul>

**Monongalia County Schools/Student Assistance Team Referral Checklist (Revised 6/23/2009)**

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<input type="checkbox"/> Nonverbal Communication <input type="checkbox"/> Other:	<input type="checkbox"/> Problems w. Authority Figures	<input type="checkbox"/> Oral Communication	<input type="checkbox"/> Unusual fears
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**Monongalia County Schools  
STUDENT ASSISTANCE TEAM REPORT**

<b>Student Name:</b>	<b>Date of Birth:</b>	<b>School:</b>
<b>Parent/Guardian:</b>	<b>Telephone #:</b>	<b>Teacher:</b>
<b>Address:</b>	<b>WVEIS #:</b>	<b>Grade:</b>
	<b>Medicaid #:</b>	<b>Current Date:</b>
<b>Parent e-mail address:</b>	<b>Other contact e-mail addresses:</b>	

<b>Description of Problem(s):</b>	<b>Interventions/Action Steps:</b>	<b>Person(s) Responsible:</b>
	<b>Modifications/Accommodations:</b>	<b>Setting(s)/Person(s) Responsible:</b>

<b>Parent/Guardian:</b> _____	<b>School Administrator/Chairperson:</b> _____
<b>SAT Coordinator:</b> _____	<b>School Psychologist:</b> _____
<b>General Education Teacher:</b> _____	<b>Special Educator:</b> _____
<b>School Counselor:</b> _____	<b>School Nurse:</b> _____
<b>Director of Attendance:</b> _____	<b>Student:</b> _____
<b>Other(s):</b> _____	

**Monongalia County Schools  
STUDENT ASSISTANCE TEAM REPORT**

<b>Student Name:</b>	<b>Date of Birth:</b>	<b>School:</b>	<b>Grade:</b>	<b>Current Date:</b>
<b>Parent's e-mail:</b>	<b>School e-mail:</b>		<b>Parent Phone:</b>	
<b>Current Status of Problem(s):</b>				
<b>Interventions/Action Steps:</b>			<b>Person(s) Responsible:</b>	<b>Results/Outcome:</b>
<b>Modifications/Accommodations:</b>			<b>Setting(s)/Person(s) Responsible:</b>	<b>Results/Outcome:</b>

Check all that apply:

<input type="checkbox"/> Continue Interventions <input type="checkbox"/> Modify Interventions <input type="checkbox"/> Discontinue Interventions <input type="checkbox"/> Refer to Instruction/Behavior Team <input type="checkbox"/> Refer to __Attendance __Burlington __Truancy Officer <input type="checkbox"/> Refer to __ART Team __Nurse __Counselor __CPS	<input type="checkbox"/> Refer to S.A.F.E. <input type="checkbox"/> Refer to Multidisciplinary Evaluation Team (Attach previous SAT forms, WVTSS documentation, FBA/BIP documentation) <input type="checkbox"/> Refer to Eligibility/IEP Committee (Attach MDT Results/IEP) <input type="checkbox"/> Refer to 504 Planning Team <input type="checkbox"/> Refer to: _____
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<b>Parent/Guardian:</b> _____	<b>School Administrator/Chairperson:</b> _____
<b>SAT Coordinator:</b> _____	<b>School Psychologist:</b> _____
<b>General Education Teacher:</b> _____	<b>Special Educator:</b> _____
<b>School Counselor:</b> _____	<b>School Nurse:</b> _____
<b>Director of Attendance:</b> _____	<b>Student:</b> _____
<b>Others:</b> _____	

# Monongalia County Schools

## Informed Consent for SAT Evaluations

*Student's Name:* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Teacher:* \_\_\_\_\_

Dear Parent:

As the result of a Student Assistance Team meeting, it is recommended your child be administered one or more diagnostic instruments designed to measure academic achievement, ability, and/or behavior functioning. Parent is advised the purpose of these evaluations is **not** to determine eligibility for special education/related services but to gather additional evaluative information in order to make more objective/informed decisions in regard to possible: interventions, instruction, behavior planning, need of further evaluation/monitoring, and/or need for a multidisciplinary evaluation to explore possible special education eligibility. Parent is also advised of the right to request a multidisciplinary evaluation regardless of this request and/or following any screening evaluations. All evaluation results, findings or plans resulting from these evaluations will be provided to the parent/guardian.

Consent is being requested to complete the following marked items:

<b>Intelligence:</b> <input type="checkbox"/> Kaufman Brief Intelligence Test-2 <input type="checkbox"/> Other:	<b>Rating Scales:</b> <input type="checkbox"/> Attention-Conners <input type="checkbox"/> Behavior-BASC <input type="checkbox"/> Depression/Anxiety/MASC <input type="checkbox"/> Other:
<b>Achievement:</b> <input type="checkbox"/> KTEA <input type="checkbox"/> Key Math <input type="checkbox"/> TOWL <input type="checkbox"/> Other:	<b>Behavior:</b> <input type="checkbox"/> Behavior Intervention Plan <input type="checkbox"/> Functional Behavior Assessment (FBA) <input type="checkbox"/> Classroom Observation <input type="checkbox"/> Other:
<b>Fine Motor (Specify):</b> <input type="checkbox"/> <b>Occupational Therapy Consult and/or Student Observation</b>	<b>Gross Motor (Specify)</b> <input type="checkbox"/> <b>Physical Therapy Consult and/or Student Observation</b>
<b>Other (Specify):</b>  	

**Please check one:**

\_\_\_\_\_ I have read the above information, and I give my consent for evaluation

\_\_\_\_\_ I have read the above information, and I do not give my consent

\_\_\_\_\_ I have read the above information, and I would like to have a conference before making a decision

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If requesting these scales or assessment batteries please  
contact your School Psychologist beforehand!!!!!!!**

Rating Scales:

- **Adaptive Behavior Assessment Systems-Third Edition**
  - Can help in determining how individuals respond to daily demands. Assists professionals in developing treatment and training goals for the individual. Determines eligibility for services and Social Security benefits. Assesses individuals with Intellectual Disability (ID), learning difficulties, ADD/ADHD, or other impairments, and assesses the capability of the individual's independency. For ages birth to 89:11. Incorporate current American Association of Intellectual Disabilities (AAID) guidelines for evaluating the three general areas of adaptive behavior (Conceptual, Social, and Practical). Assesses all 10 specific adaptive skills areas specified in the DSM-IV.
  
- **Attention Deficit Disorders Evaluation Scales-Fourth Edition**
  - The ADDES-4 enables educators, school and private psychologists, pediatricians, and other medical personnel to evaluate and diagnose Attention-Deficit/Hyperactivity Disorder in children and youth from input provided by primary observers of the student's behavior. The subscales, Inattentive and Hyperactive-Impulsive, are based on the current characteristics of ADHD. The results provided by the scale are commensurate with criteria used by educational, psychiatric, and pediatric professionals to identify Attention-Deficit/Hyperactivity Disorder in children and youth. The scale is available in two versions: School Version, a reporting form for educators, and Home Version, a reporting form for parents.
  
- **Adolescent Inventory of Suicide Orientation (ISO 30)**
  - Can help in the identification of adolescents at risk for attempting suicide, facilitating objective communication with the family, other counseling professionals, and insurance providers, and measure abatement of suicidal symptoms after an adolescent has been hospitalized. Can be administered either by paper-and-pencil or computer. Take 10 minutes to administer and is appropriate for students ages 13 to 18 years old.
  
- **Asperger Syndrome Diagnostic Scale (ASDS)**
  - Developed to help determine if a child is likely to have the Asperger disorder. Takes about 10-15 minutes to administer and is appropriate for student's ages 5 through 18 years old.
  
- **Beck Depression Inventory**
  - The Beck Depression Inventory (BDI) is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression. The BDI takes approximately 10 minutes to complete, although clients require a fifth - sixth grade reading level to adequately understand the questions.

- **Behavior Assessment System for Children - 3<sup>rd</sup> edition**
  - Comprehensive set of rating scale and forms including the Teacher Rating Scales (TRS), Parent Rating Scales (PRS), Self-Report of Personality (SRP), Students Observation System (SOS), and Structured Developmental History (SDH). They help you understand the behaviors and emotions of children and adolescents. Administration time: 10-20 minutes (TRS and PRS), 30 minutes (SRP). Appropriate for ages 2:0 through 21:11 (TRS and PRS); 6:0 through college age (SRP).
- **Behavior Evaluation Scale**
  - Helps in early identification and service delivery for students with serious emotional disturbances or behavior disorder. Can be completed in about 20 minutes. Appropriate for students ages 4-19 years old.
- **Behavior Rating Inventory of Executive Functioning (BRIEF)**
  - Designed to provide a better understanding of a child's self-control and problem-solving skills by measuring eight aspects of executive functioning. Takes 10-15 minutes to administer. Appropriate for students ages 5-18 years old.
- **Brown ADD/ADHD Scale**
  - Used to explore the executive cognitive functioning aspects of cognition associated with AD/HD (ADD). Takes 10 to 20 minutes to administer and is appropriate for ages 3 through adult.
- **Children's Aggression Scale- (CAS)**
  - Children's Aggression Scale is an informant rating scale that is designed to evaluate setting-specific frequency and severity of aggressive acts of children and adolescents ages 5 to 18 years. Distinct from other more common measures that address oppositional defiant and antisocial behaviors, the CAS examines the aggressive acts of individuals in this age group.
- **Childhood Autism Rating Scale (CARS) and Childhood Autism Rating Scale (CARS-2)**
  - Helps to identify and classify children with autism and to distinguish them from developmentally delayed children who do not have autism. Takes 5-10 minutes to administer and is appropriate for ages 2 years and older.
- **Children's Depression Inventory (CDI) and Children's Depression Inventory (CDI-2)**
  - A brief self-report that helps assess cognitive, affective and behavioral signs of depression in children and adolescents 7 to 17 years old. The CDI takes 15 minutes to administer with the short form taking 5 minutes.
- **Clark-Beck Obsessive - Compulsive Inventory (CBOCI)**
  - Takes 10 to 20 minutes to administer. Administered to students 17 and older.



- **Comprehensive Executive Function Inventory (CEFI)**
  - The CEFI is a behavior rating scale designed to evaluate goal-directed behaviors controlled by executive function in youth aged 5-18 years. The CEFI can be used to guide assessment, diagnosis, and treatment planning. The CEFI is also useful in a variety of research contexts and can be used as an effective tool to evaluate the success of an intervention programs. Takes about 15 minutes to administer. Parent and Teacher Forms (Age 5 to 18 years), Self-Report Form (Ages 12 to 18 years)
- **Conners Comprehensive Behavior Rating Scale (CBRS)**
  - Designed to provide a complete overview of child and adolescent concerns and disorders. Takes 20 minutes to administer and appropriate for ages 6:0-17:11. Teacher and Parent Forms (Ages 6-18 years). Self-Report Form (Ages 8-18 years)
- **Conners 3<sup>rd</sup> Edition**
  - Offers a thorough assessment of ADHD. Now addresses comorbid disorders such as Oppositional Defiant Disorder and Conduct Disorder. Takes 20 minutes to administer and is appropriate for ages 6:0 to 17:11 years. Teacher and Parent Forms (6-18 years). Self-Report Form (8-18 years).
- **Eating Inventory**
  - Assesses three dimensions of eating behavior: cognitive control of eating, disinhibition, and hunger. Takes approximately 15 minutes to administer and appropriate for students 17 years and older.
- **Gifted and Talented Evaluation Scales - Second Edition (GATES-2)**
  - The GATES-2 is a quick approach for identifying students 5 through 18 years of age who may be gifted and talented. Based on the most current federal definitions, the GATES-2 has 5 scales: General Intellectual Ability, Academic Skills, Creativity, Leadership, and Artistic Talent. Each scale has 10 items.
- **Gifted Rating Scales (GRS)**
  - The Gifted Rating Scales are norm-referenced rating scales based on current theories of giftedness and federal and state guidelines regarding the definition of gifted and talented students. This form of GRS-P contains brief scales covering five domains: intellectual, academic readiness, motivation, creativity and artistic talent. Teachers complete six brief scales on the School-Age GRS-S form to evaluate children between the ages of 6:0 through 13:11 years who are in grades 1 - 8. The six domains include intellectual, academic, motivation, creativity, leadership and artistic talent
- **Gilliam Asperger's Disorder Scale (GADS)**
  - Useful for contributing valuable information toward the identification of children who have this disorder. Takes about 5-10 minutes to administer and is appropriate for ages 3 through 22 years.
- **Gilliam Autism Rating Scale - Third Edition (GARS-3)**
  - Assists teachers, parents, and clinicians in identifying and diagnosing autism in individuals ages 3 through 22. Takes about 5-10 minutes to administer.

- **Multidimensional Anxiety Scale for Children- (MASC)**
  - The MASC is a normed 39-item self-report questionnaire that assesses anxiety in children and adolescents aged 8 to 19 years. It uses four basic scales (physical symptoms, harm avoidance, social anxiety, and separation/panic), one scale measuring total anxiety, and two additional indexes, anxiety disorder and inconsistency. Participants are asked to rate their own behavior on a 4-point scale: 0-Never true about me, 1-Rarely true about me, 2-Sometimes true about me, 3-Often true about me.
  
- **Parenting Relationships Questionnaire (PRQ)**
  - Designed to gather information about parent-child relationships and the factors that influence their development. Takes 10 to 15 minutes to administer. Is appropriate for ages 2:0 to 18:11.
  
- **Reynolds Adolescent Depression Scale - 2 (RADS)**
  - Takes 5 to 10 minutes to complete for adolescents between the ages of 11 and 20 years old.
  
- **Reynolds Child Depression Scale (RCDS)**
  - Takes 10 minutes to administer to students in Grades 3-6 (ages 7-13). Can be administered individually or in a group.
  
- **Social Skills Improvement System (SSiS)**
  - Used to assess individuals and small groups to help evaluate social skills, problems behaviors, and academic competence. Teacher, parent and student forms help provide a comprehensive picture across school, home, and community settings. Takes between 10-25 minutes to administer and is appropriate for students ages 3-17 years old.

Assessment Batteries:

- **Comprehensive Test of Phonological Processing - Second Edition (CTOPP-2)**
  - Assesses phonological awareness, phonological memory, and rapid naming. Helps in identification of individuals who may profit from instructional activities to enhance their phonological skills. Takes 30 minutes to individually administer. Appropriate for ages 5 and 6, and 7 through 24.
- **Expressive One-Word Picture Vocabulary Test (EOWPVT-4)**
  - Assesses an individual's English speaking vocabulary. Takes approximately 15-20 to administer and is appropriate for students ages 2:0 to 18:11.
- **Gray Oral Reading Test - 5<sup>th</sup> edition (GORT 5)**
  - Provides an efficient and objective measure of growth in oral reading and an aid in the diagnosis of oral reading difficulties. Time will vary on administration length. It is appropriate for students ages 6:0 to 18.11 years.
- **Kaufman Brief Intelligence Test, Second Edition (KBIT-2)**
  - Offers a quick yet relatively thorough estimate of verbal and nonverbal intelligence. Takes about 20 minutes to administer and is appropriate for ages 4-90.
- **Kaufman Test of Educational Achievement, Second Edition (KTEA-II)**
  - Assesses reading, math, written and oral language. Takes between 15-80 minutes to administer and is appropriate for ages 4:6 to 90 years old.
- **KeyMath-3 Diagnostic Assessment (KeyMath 3 DA)**
  - The KeyMath 3 Diagnostic Assessment is a comprehensive, norm-referenced measure of essential mathematical concepts and skills. This assessment is untimed and individually administered. Estimated time for administration is 30 to 90 minutes.
- **Test of Written Spelling (TWS - 4)**
  - Test of spelling. Takes 20 minutes to administer and is appropriate for grades 1-12.

**Monongalia County Schools  
Student Assistance Team (SAT)  
Academic Evaluation Report**

Name:	Date of Evaluation:
School:	Date of Birth:
Teacher & Grade:	Evaluator

**Kaufman Brief Intelligence Test, Second Edition (KBIT-2)**

INDEX	Standard Score	Percentile Rank	Classification
Verbal IQ			
Nonverbal IQ			
Composite IQ			

**Kaufman Test of Educational Achievement, Second Edition (KTEA-II)**

INDEX	Standard Score	Percentile Rank	Classification
Reading			
Math			
Writing			
Brief Achievement Composite			

**Behavioral Observations:**


**Academic Strengths:**


Examiner Signature and Title: \_\_\_\_\_

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

**Monongalia County Schools**  
**Student Assistance Team (SAT)**  
**Diagnostic Evaluation Report**

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Grade: \_\_\_\_\_

Date(s) of Administration: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Teacher(s): \_\_\_\_\_

The **Conners 3 Rating Scales (Short Form)** are behavior rating scales for the parent and teacher designed to measure common indices of inattention, hyperactivity and problem behaviors in children at home and at school. The Conners uses T-scores with a mean of 50 and a standard deviation of 10. The following scores were obtained:

**Conners 3<sup>rd</sup> Edition (Qualitative Descriptors)**

<i>T- Score</i>	<i>Classification</i>
70-90	Very Elevated
65-69	Elevated
60-64	High Average
40-59	Average Score
<40	Low Score

**CONNERS 3 – Teacher Rating Scale**

INDEX	T-Score	Range
<b>Inattention</b>		
<b>Hyperactivity/Impulsivity</b>		
<b>Learning Problems/Executive Functioning</b>		
<b>Aggression</b>		
<b>Peer Relations</b>		

**CONNERS 3 – Parent Rating Scale**

INDEX	T-Score	Range
<b>Inattention</b>		
<b>Hyperactivity/Impulsivity</b>		
<b>Learning Problems</b>		
<b>Executive Functioning</b>		
<b>Defiance/Aggression</b>		
<b>Peer Relations</b>		

**Summary:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Examiner Signature and Title

## Monongalia County Schools

### Student Assistance Team (SAT) Evaluation

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

Date(s) of Administration: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Examiner: \_\_\_\_\_

#### Comprehensive Test of Phonological Processing – 2<sup>nd</sup> edition (CTOPP-2) Ages 5-6

Subtests	Scaled Scores	Composites	Composite Scores	Percentile	Descriptor
Elision (EL)		Phonological Awareness			
Blending Words (BW)					
Sound Matching (SM)					
Memory for Digits (MD)		Phonological Memory			
Nonword Repetition (NR)					
Rapid Color Naming (RC)		Rapid Naming			
Rapid Object Naming (RO)					

Scaled Score	Standard Score	Range
1-3	<70	Very Poor
4-5	70-79	Poor
6-7	80-89	Below Average
8-12	90-110	Average

The CTOPP-2 assesses three constructs of phonological awareness, phonological memory, and rapid naming, which all appear to be essential for mastery of written language and learning to read. Phonological processing abilities also support effective mathematical calculation, listening comprehension, and reading comprehension. Phonological Awareness refers to an individual's awareness of and access to the sound structure of oral language. Phonological Memory refers to coding information phonologically for temporary storage in working or short-term memory. Rapid Naming requires efficient retrieval of phonological information from long-term or permanent memory.

#### Recommendations:

\_\_\_ Phonological Awareness is significant below average or lower and suggest a need for more intensive reading intervention.

\_\_\_ Phonological Memory is significantly below average or lower and suggest a need for more intensive reading intervention. Use memory strategies and mnemonic devices to enhance memory.

\_\_\_ Scores are average, yet classroom modifications may still be necessary.

\_\_\_ Other: \_\_\_\_\_

## Monongalia County Schools

### Student Assistance Team (SAT) Evaluation

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

Date(s) of Administration: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Examiner: \_\_\_\_\_

#### Comprehensive Test of Phonological Processing – 2<sup>nd</sup> edition (CTOPP-2) Ages 7-24

Subtests	Scaled Scores	Composites	Composite Scores	Percentile	Descriptor
Elision (EL)		Phonological Awareness			
Blending Words (BW)					
Phoneme Isolation (PI)					
Memory for Digits (MD)		Phonological Memory			
Nonword Repetition (NR)					
Rapid Digit Naming (RD)		Rapid Naming			
Rapid Letter Naming (RL)					

Scaled Score	Standard Score	Range
1-3	<70	Very Poor
4-5	70-79	Poor
6-7	80-89	Below Average
8-12	90-110	Average

The CTOPP-2 assesses three constructs of phonological awareness, phonological memory, and rapid naming, which all appear to be essential for mastery of written language and learning to read. Phonological processing abilities also support effective mathematical calculation, listening comprehension, and reading comprehension. Phonological Awareness refers to an individual's awareness of and access to the sound structure of oral language. Phonological Memory refers to coding information phonologically for temporary storage in working or short-term memory. Rapid Naming requires efficient retrieval of phonological information from long-term or permanent memory.

#### Recommendations:

\_\_\_ Phonological Awareness is significant below average or lower and suggest a need for more intensive reading intervention.

\_\_\_ Phonological Memory is significantly below average or lower and suggest a need for more intensive reading intervention. Use memory strategies and mnemonic devices to enhance memory.

\_\_\_ Scores are average, yet classroom modifications may still be necessary.

\_\_\_ Other: \_\_\_\_\_



## Monongalia County Schools

### Student Assistance Team (SAT) Evaluation

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

Date(s) of Administration: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Examiner: \_\_\_\_\_

### Gray Oral Reading Test – 5<sup>th</sup> edition (GORT-5) Form A

	<u>Scaled Score</u>	
Rate	_____	
Accuracy	_____	
Fluency	_____	
Comprehension	_____	
Oral Reading Quotient (ORQ)	_____	Percentile Rank _____

Scaled Score	Standard Score	Range
1-3	<70	Very Poor
4-5	70-79	Poor
6-7	80-89	Below Average
8-12	90-110	Average

The Gort-5 is a norm-referenced test of oral reading rate, accuracy, fluency, and comprehension used to help identify students who are significantly below their peers in oral reading proficiency.

Rate is the amount of time it takes a student to read a passage.

Accuracy is the ability to pronounce each word in a passage correctly.

Fluency is the combination of rate and accuracy.

Comprehension includes answering comprehension questions related to the passage content.

#### Recommendations:

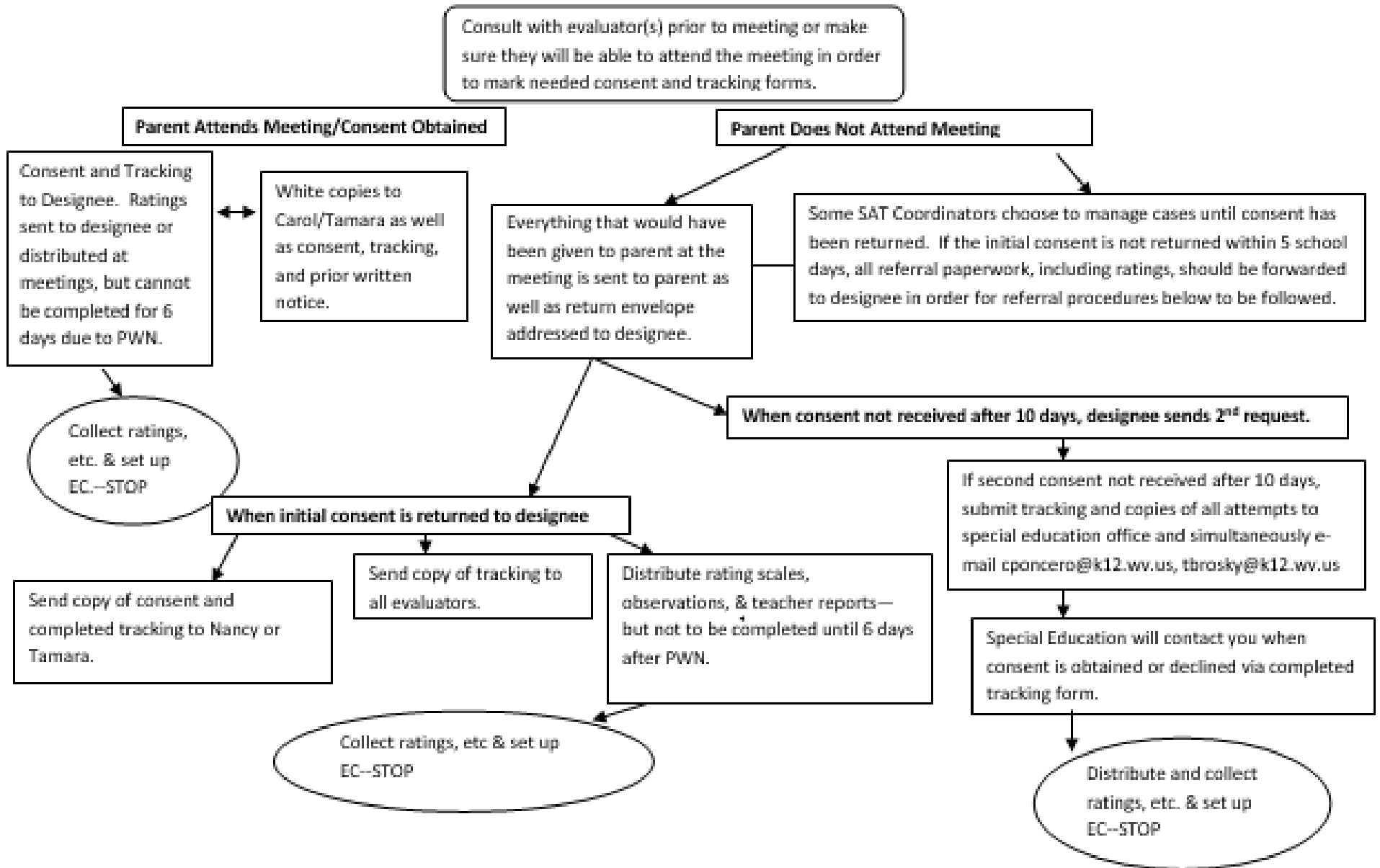
\_\_\_ The Oral Reading Quotient is significantly below average or lower and suggest a need for more intensive reading intervention.

\_\_\_ Scores are average, yet classroom modifications may still be necessary.

\_\_\_ Areas of concern is/are \_\_\_ Comprehension, \_\_\_ Fluency, and/or \_\_\_ Accuracy and the intervention team will use this information to adjust intervention(s).

\_\_\_ Other: \_\_\_\_\_

# Making MDT Evaluation Requests from SAT



**NOTICE OF INDIVIDUAL EVALUATION/REEVALUATION REQUEST**

\_\_\_\_\_ County Schools

Student's Full Name \_\_\_\_\_ Date \_\_\_\_\_  
 School \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent(s)/Guardian(s) \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_ WVEIS# \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

 INITIAL REEVALUATION**Dear Parent(s)/Adult Student:**

Your permission is requested to conduct an evaluation to determine the student's educational needs. If the student has been receiving special education services, a reevaluation is required at least every three years or more frequently, if warranted. Upon completion of the evaluation, a meeting will be scheduled to discuss the evaluation results.

This evaluation will be conducted by qualified professionals and will include the areas checked below. A written description of each evaluation component is provided. The evaluation results will be used as the primary source to determine the student's eligibility for special education and related services and/or to adjust the student's educational services.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Academic Information             | <input type="checkbox"/> Developmental Skills            | <input type="checkbox"/> Perceptual-Motor                 |
| <input type="checkbox"/> Achievement                      | <input type="checkbox"/> Health                          | <input type="checkbox"/> Social Skills                    |
| <input type="checkbox"/> Classroom Performance            | <input type="checkbox"/> Hearing/Audiological            | <input type="checkbox"/> Transition Assessments           |
| <input type="checkbox"/> Teacher Report                   | <input type="checkbox"/> Functional Listening Evaluation | <input type="checkbox"/> Functional Vocational Evaluation |
| <input type="checkbox"/> Adaptive Skills                  | <input type="checkbox"/> Information from the Parents    | <input type="checkbox"/> Vocational Aptitudes             |
| <input type="checkbox"/> Assistive Technology             | <input type="checkbox"/> Intellectual Ability            | <input type="checkbox"/> Interests/Preferences            |
| <input type="checkbox"/> Behavioral Performance           | <input type="checkbox"/> Motor Skills                    | <input type="checkbox"/> Vision                           |
| <input type="checkbox"/> Functional Behavioral Assessment | <input type="checkbox"/> Physical Therapy                | <input type="checkbox"/> Orientation and Mobility         |
| <input type="checkbox"/> Communication                    | <input type="checkbox"/> Occupational Therapy            | <input type="checkbox"/> Observation(s)                   |
| <input type="checkbox"/> Other (specify) _____            |  |   |

**Procedural Safeguards Brochure** explaining parent/student rights and the responsibilities of the county school district is enclosed for an initial referral.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

I have read, or had read to me, the above Notice of Individual Evaluation/Reevaluation Request regarding the student. I understand the contents and implications of this notice and have been advised of my rights.

**Check one:**

- I give permission to evaluate/reevaluate.  
 I wish to schedule a conference before I decide.  
 Do not evaluate/reevaluate the student.

**\* REQUIRED \*****Received by school/county:**\_\_\_\_\_  
Date\_\_\_\_\_  
Personnel\_\_\_\_\_  
Parent/Adult Student Signature\_\_\_\_\_  
Date

**Please return this signed form within 5 days and retain a copy for your records.**

## EVALUATION COMPONENTS

**Academic Information** – measures of student performance as demonstrated on formative and summative assessments.

*Achievement* – individually administered standardized tests that measure a student’s skills in a variety of academic areas.

**Examples:** mathematics, reading, science and social studies

*Classroom Performance* – information collected on the student’s learning and progress in the classroom.

**Examples:** end of the chapter tests, portfolio assessment, classroom-based assessment, progress-monitoring data, interim assessments, benchmark assessments

*Teacher Report* – information provided by any or all of the student’s current teachers

**Examples:** information pertaining to a student’s organizational skills, attention to task, work/study habits, grades

**Adaptive Skills** – measures to determine skills necessary to function adequately within a person’s home, school or community environment.

**Examples:** communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work

**Assistive Technology** – procedures to determine if a student requires devices or services to increase, maintain or improve functional capabilities.

**Examples:** functional environmental evaluation to determine the need for devices including, but not limited to, a communication board, adapted equipment or computer software

**Behavioral Performance** – measures to determine a student’s behavioral, social and/or affective status.

**Examples:** conduct in the classroom, ability to attend or focus, self-concept, emotional functioning, relationships with others

*Functional Behavioral Assessment (FBA)* – structured process to determine the possible functions of a student’s behavior so interventions and modifications can be developed.

**Examples:** systematic observations, data collection, interviews

**Communication** - measures to determine skills necessary to understand and express information.

**Examples:** speech sounds, oral language, phonemic awareness, facial expressions, body movements, gestures, touch

**Developmental Skills** – procedures to determine the student’s early learning and school readiness.

**Examples:** developmental milestones in communication, motor, cognitive, social emotional, self-help

**Health** – acquisition of information to determine the effect of health concerns on educational performance.

**Examples:** report of a medical diagnosis from a physician or health history

**Hearing/ Audiological** – measures to determine the student’s ability to hear or process language.

*Functional Listening Evaluation* – assess how a student’s listening abilities are affected by noise, distance and visual input in the student’s natural listening environment

**Information from the Parents** – acquisition of information from the parents to assist in evaluation and program planning.

**Examples:** social/emotional, developmental history, student preferences, medical history, cultural influence, behavioral information

**Intellectual Ability** – individualized, standardized measures to assess a student’s ability or potential to learn.

**Examples:** perception, cognition, memory, processing speed, verbal and non-verbal skills

**Motor Skills** – measures to determine a student’s gross and fine motor development.

**Examples:** mobility, muscle tone, balance, coordination, accessibility

**Observation(s)** – a purposeful study of the student in a variety of activities, situations and/or times at school, home or other settings.

**Examples:** data collection of student behavior and/or performance in a variety of classes and/or unstructured settings

**Perceptual-Motor** – measures to determine the student’s ability to convert what is seen to written form.

**Example:** reproducing a pattern from a sample

**Social Skills** – measures to determine the student’s ability to initiate and maintain positive relationships with others.

**Examples:** making friends, problem-solving, cooperating with others, following rules, showing appreciation

**Transition Assessments** – a planned, continuous process of obtaining, organizing and using selected formal and informal information to assist students in decision-making and preparation for successfully meeting their goals and expectations from school to post-school activities.

*Functional Vocational Evaluation* – real and simulated measures to determine a student’s ability to perform certain aspects of a work-related task and may include a purposeful study of the student in a variety of work-related activities.

**Examples:** hands-on work samples, progress reports, job performance checklists

*Vocational Aptitudes* – measures to determine prerequisite abilities pertaining to the world of work.

**Examples:** manual dexterity, proof reading words and numbers, color discrimination

*Interests/Preferences* – measures to assist with post-secondary planning, including schooling, employment and adult living.

**Example:** career assessment inventory

**Vision** – measures to determine the student’s functional vision and/or physical eye conditions.

**Examples:** ophthalmological, optometrist report

*Orientation and Mobility* – assesses the ability of the student who is low vision, blind, or deafblind in the use of his/her remaining senses to determine his/her position in the environment and in techniques for safe movement from one place to another.

**Examples:** concept development, pedestrian safety, cane skills, route planning

**Other: Specify** \_\_\_\_\_

**PRIOR WRITTEN NOTICE OF DISTRICT'S PROPOSAL/REFUSAL**

\_\_\_\_ County Schools

**Student's Full Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
**School** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Parent(s)/Guardian(s)** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Address** \_\_\_\_\_ **WVEIS#** \_\_\_\_\_  
**City/State/Zip** \_\_\_\_\_ **Telephone** \_\_\_\_\_

Dear Parent/Adult Student:

As a result of:

- a Student Assistance Team (SAT) meeting conducted on \_\_\_\_\_,  
 an Eligibility Committee (EC) meeting conducted on \_\_\_\_\_,  
 an Individualized Education Program (IEP) Team meeting conducted on \_\_\_\_\_,  
 a disciplinary action occurring on \_\_\_\_\_,  
 other \_\_\_\_\_,

The district is  proposing **or**  refusing to initiate or change:

- the educational evaluation or reevaluation of the student.  
 the identification of the student as having a disability.  
 the educational placement of the student.  
 the provision of a free appropriate public education (FAPE) to the student.

Specifically, the district is:

\_\_\_\_\_

The district is  proposing **or**  refusing this action because:

\_\_\_\_\_

The evaluation procedure(s), assessment(s), record(s) or report(s) the district used as a basis for the

 proposed **or**  refused action include:

\_\_\_\_\_

Other options the district considered, but rejected include:

\_\_\_\_\_

The reasons the above options were rejected include:

\_\_\_\_\_

Other factors relevant to the district's  proposal **or**  refusal include:

\_\_\_\_\_

Exceptional students and their parents have protections under the procedural safeguards. A copy of the Procedural Safeguards Brochure and assistance in understanding the provisions of the procedural safeguards may be obtained by contacting the Director of Special Education at \_\_\_\_\_, if available, the local Parent Educator Resource Center at \_\_\_\_\_ and/or the West Virginia Department of Education, Office of Special Education at 304.558.2696 or 1.800.642.8541.

Sincerely,

\_\_\_\_\_  
**Signature/Position** **Date**



# MULTIDISCIPLINARY TEAM ASSESSMENT-(TRACKING)

**Special Education Designee/Case Manager for Referral:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Student:	Grade:
Date of Birth:	School:
Parent Name:	Mailing Address:
Phone:	City, State, Zip:
Medicaid #:	Student ID #:

**Timeline Documentation:** (Circle Referral Source: SAT, IEP, Reeval, BTT, Transfer, EC, 504, Parent, Other\_\_\_)

Date permission received:		Date evaluations must be completed:		Meeting must be held by:	
<input type="checkbox"/> 60 Day Timeline	<input type="checkbox"/> 80 Day Timeline	<input type="checkbox"/> 3 <sup>rd</sup> /6 <sup>th</sup> birthday (7 days before)	<input type="checkbox"/> Triennial Due Date	<input type="checkbox"/> Other	

SAT referrals have an 80 day timeline. All IEP referrals that do not result in an EC have a 60 day timeline. Referrals from EC for additional eval components are 60 days. Day prior to 3<sup>rd</sup> & 6<sup>th</sup> birthday is timeline for Developmental Delay only, but remember you will need to have your meeting and IEP developed 7 days prior to the date shown. As a result, 3<sup>rd</sup> and 6<sup>th</sup> birthday timeline is \_\_\_\_\_.

**Consent Documentation (Omit this section if consent received at meeting.):**

Date 1 <sup>st</sup> Permission Sent:	Record of any other attempts to gain consent (Explain & Date):
Date 2 <sup>nd</sup> Permission Sent (if applicable):	
Date non-responsive consent was e-mailed & forwarded to county office:	

If no consent after 10 days, send second consent. If no consent after 10 days, refer to special education and send e-mail alert. Document any phone calls or other attempts to gain consent at school level.

Assessment	Assigned/Distributed To:	Notes/Comments:	Received
<input type="checkbox"/> Intelligence			
<input type="checkbox"/> Achievement			
<input type="checkbox"/> Teacher Report			
<input type="checkbox"/> Parent Questionnaire			
<input type="checkbox"/> Observation(s)			
<input type="checkbox"/> Perception			
<input type="checkbox"/> Adaptive Skills			
<input type="checkbox"/> Developmental Skills			
<input type="checkbox"/> Social Skills			
<input type="checkbox"/> Behavior Performance			
<input type="checkbox"/> FBA			
<input type="checkbox"/> Student Interest/Preferences			
<input type="checkbox"/> Functional Vocational			
<input type="checkbox"/> Vocational Aptitude			
<input type="checkbox"/> Assistive Technology			
<input type="checkbox"/> Communication Skills			
<input type="checkbox"/> Motor Skills			
<input type="checkbox"/> Vision			
<input type="checkbox"/> Hearing			
<input type="checkbox"/> Health			
<input type="checkbox"/> Other			

Person Completing this form: \_\_\_\_\_ Date forwarded to Designee: \_\_\_\_\_

All assessment results, rating scales, etc., should be forwarded to case manager or designee.

\_\_\_ Tracking forwarded to BOE. Person forwarding forms: \_\_\_\_\_ Date: \_\_\_\_\_

Timeline for 2021-22  
School Year

<b>TIMELINE SCHOOL YEAR 2021-2022</b>		
<b>Permission Received</b>	<b>60 Day Timeline</b>	<b>80 Day Timeline</b>
07/01/21	08/30/21	09/19/21
07/02/21	08/31/21	09/20/21
07/03/21	09/01/21	09/21/21
07/04/21	09/02/21	09/22/21
07/05/21	09/03/21	09/23/21
07/06/21	09/04/21	09/24/21
07/07/21	09/05/21	09/25/21
07/08/21	09/06/21	09/26/21
07/09/21	09/07/21	09/27/21
07/10/21	09/08/21	09/28/21
07/11/21	09/09/21	09/29/21
07/12/21	09/10/21	09/30/21
07/13/21	09/11/21	10/01/21
07/14/21	09/12/21	10/02/21
07/15/21	09/13/21	10/03/21
07/16/21	09/14/21	10/04/21
07/17/21	09/15/21	10/05/21
07/18/21	09/16/21	10/06/21
07/19/21	09/17/21	10/07/21
07/20/21	09/18/21	10/08/21
07/21/21	09/19/21	10/09/21
07/22/21	09/20/21	10/10/21
07/23/21	09/21/21	10/11/21
07/24/21	09/22/21	10/12/21
07/25/21	09/23/21	10/13/21
07/26/21	09/24/21	10/14/21
07/27/21	09/25/21	10/15/21
07/28/21	09/26/21	10/16/21
07/29/21	09/27/21	10/17/21
07/30/21	09/28/21	10/18/21
07/31/21	09/29/21	10/19/21
08/01/21	09/30/21	10/20/21
08/02/21	10/01/21	10/21/21
08/03/21	10/02/21	10/22/21
08/04/21	10/03/21	10/23/21
08/05/21	10/04/21	10/24/21
08/06/21	10/05/21	10/25/21
08/07/21	10/06/21	10/26/21
08/08/21	10/07/21	10/27/21
08/09/21	10/08/21	10/28/21
08/10/21	10/09/21	10/29/21
08/11/21	10/10/21	10/30/21
08/12/21	10/11/21	10/31/21
08/13/21	10/12/21	11/01/21

Timeline for 2021-22  
School Year

Permission Received	60 Day Timeline	80 Day Timeline
08/14/21	10/13/21	11/02/21
08/15/21	10/14/21	11/03/21
08/16/21	10/15/21	11/04/21
08/17/21	10/16/21	11/05/21
08/18/21	10/17/21	11/06/21
08/19/21	10/18/21	11/07/21
08/20/21	10/19/21	11/08/21
08/21/21	10/20/21	11/09/21
08/22/21	10/21/21	11/10/21
08/23/21	10/22/21	11/11/21
08/24/21	10/23/21	11/12/21
08/25/21	10/24/21	11/13/21
08/26/21	10/25/21	11/14/21
08/27/21	10/26/21	11/15/21
08/28/21	10/27/21	11/16/21
08/29/21	10/28/21	11/17/21
08/30/21	10/29/21	11/18/21
08/31/21	10/30/21	11/19/21
09/01/21	10/31/21	11/20/21
09/02/21	11/01/21	11/21/21
09/03/21	11/02/21	11/22/21
09/04/21	11/03/21	11/23/21
09/05/21	11/04/21	11/24/21
09/06/21	11/05/21	11/25/21
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09/08/21	11/07/21	11/27/21
09/09/21	11/08/21	11/28/21
09/10/21	11/09/21	11/29/21
09/11/21	11/10/21	11/30/21
09/12/21	11/11/21	12/01/21
09/13/21	11/12/21	12/02/21
09/14/21	11/13/21	12/03/21
09/15/21	11/14/21	12/04/21
09/16/21	11/15/21	12/05/21
09/17/21	11/16/21	12/06/21
09/18/21	11/17/21	12/07/21
09/19/21	11/18/21	12/08/21
09/20/21	11/19/21	12/09/21
09/21/21	11/20/21	12/10/21
09/22/21	11/21/21	12/11/21
09/23/21	11/22/21	12/12/21
09/24/21	11/23/21	12/13/21
09/25/21	11/24/21	12/14/21
09/26/21	11/25/21	12/15/21
09/27/21	11/26/21	12/16/21
09/28/21	11/27/21	12/17/21



Timeline for 2021-22  
School Year

Permission Received	60 Day Timeline	80 Day Timeline
09/29/21	11/28/21	12/18/21
09/30/21	11/29/21	12/19/21
10/01/21	11/30/21	12/20/21
10/02/21	12/01/21	12/21/21
10/03/21	12/02/21	12/22/21
10/04/21	12/03/21	12/23/21
10/05/21	12/04/21	12/24/21
10/06/21	12/05/21	12/25/21
10/07/21	12/06/21	12/26/21
10/08/21	12/07/21	12/27/21
10/09/21	12/08/21	12/28/21
10/10/21	12/09/21	12/29/21
10/11/21	12/10/21	12/30/21
10/12/21	12/11/21	12/31/21
10/13/21	12/12/21	01/01/22
10/14/21	12/13/21	01/02/22
10/15/21	12/14/21	01/03/22
10/16/21	12/15/21	01/04/22
10/17/21	12/16/21	01/05/22
10/18/21	12/17/21	01/06/22
10/19/21	12/18/21	01/07/22
10/20/21	12/19/21	01/08/22
10/21/21	12/20/21	01/09/22
10/22/21	12/21/21	01/10/22
10/23/21	12/22/21	01/11/22
10/24/21	12/23/21	01/12/22
10/25/21	12/24/21	01/13/22
10/26/21	12/25/21	01/14/22
10/27/21	12/26/21	01/15/22
10/28/21	12/27/21	01/16/22
10/29/21	12/28/21	01/17/22
10/30/21	12/29/21	01/18/22
10/31/21	12/30/21	01/19/22
11/01/21	12/31/21	01/20/22
11/02/21	01/01/22	01/21/22
11/03/21	01/02/22	01/22/22
11/04/21	01/03/22	01/23/22
11/05/21	01/04/22	01/24/22
11/06/21	01/05/22	01/25/22
11/07/21	01/06/22	01/26/22
11/08/21	01/07/22	01/27/22
11/09/21	01/08/22	01/28/22
11/10/21	01/09/22	01/29/22
11/11/21	01/10/22	01/30/22
11/12/21	01/11/22	01/31/22
11/13/21	01/12/22	02/01/22

Timeline for 2021-22  
School Year

Permission Received	60 Day Timeline	80 Day Timeline
11/14/21	01/13/22	02/02/22
11/15/21	01/14/22	02/03/22
11/16/21	01/15/22	02/04/22
11/17/21	01/16/22	02/05/22
11/18/21	01/17/22	02/06/22
11/19/21	01/18/22	02/07/22
11/20/21	01/19/22	02/08/22
11/21/21	01/20/22	02/09/22
11/22/21	01/21/22	02/10/22
11/23/21	01/22/22	02/11/22
11/24/21	01/23/22	02/12/22
11/25/21	01/24/22	02/13/22
11/26/21	01/25/22	02/14/22
11/27/21	01/26/22	02/15/22
11/28/21	01/27/22	02/16/22
11/29/21	01/28/22	02/17/22
11/30/21	01/29/22	02/18/22
12/01/21	01/30/22	02/19/22
12/02/21	01/31/22	02/20/22
12/03/21	02/01/22	02/21/22
12/04/21	02/02/22	02/22/22
12/05/21	02/03/22	02/23/22
12/06/21	02/04/22	02/24/22
12/07/21	02/05/22	02/25/22
12/08/21	02/06/22	02/26/22
12/09/21	02/07/22	02/27/22
12/10/21	02/08/22	02/28/22
12/11/21	02/09/22	03/01/22
12/12/21	02/10/22	03/02/22
12/13/21	02/11/22	03/03/22
12/14/21	02/12/22	03/04/22
12/15/21	02/13/22	03/05/22
12/16/21	02/14/22	03/06/22
12/17/21	02/15/22	03/07/22
12/18/21	02/16/22	03/08/22
12/19/21	02/17/22	03/09/22
12/20/21	02/18/22	03/10/22
12/21/21	02/19/22	03/11/22
12/22/21	02/20/22	03/12/22
12/23/21	02/21/22	03/13/22
12/24/21	02/22/22	03/14/22
12/25/21	02/23/22	03/15/22
12/26/21	02/24/22	03/16/22
12/27/21	02/25/22	03/17/22
12/28/21	02/26/22	03/18/22
12/29/21	02/27/22	03/19/22

Timeline for 2021-22  
School Year

Permission Received	60 Day Timeline	80 Day Timeline
12/30/21	02/28/22	03/20/22
12/31/21	03/01/22	03/21/22
01/01/22	03/02/22	03/22/22
01/02/22	03/03/22	03/23/22
01/03/22	03/04/22	03/24/22
01/04/22	03/05/22	03/25/22
01/05/22	03/06/22	03/26/22
01/06/22	03/07/22	03/27/22
01/07/22	03/08/22	03/28/22
01/08/22	03/09/22	03/29/22
01/09/22	03/10/22	03/30/22
01/10/22	03/11/22	03/31/22
01/11/22	03/12/22	04/01/22
01/12/22	03/13/22	04/02/22
01/13/22	03/14/22	04/03/22
01/14/22	03/15/22	04/04/22
01/15/22	03/16/22	04/05/22
01/16/22	03/17/22	04/06/22
01/17/22	03/18/22	04/07/22
01/18/22	03/19/22	04/08/22
01/19/22	03/20/22	04/09/22
01/20/22	03/21/22	04/10/22
01/21/22	03/22/22	04/11/22
01/22/22	03/23/22	04/12/22
01/23/22	03/24/22	04/13/22
01/24/22	03/25/22	04/14/22
01/25/22	03/26/22	04/15/22
01/26/22	03/27/22	04/16/22
01/27/22	03/28/22	04/17/22
01/28/22	03/29/22	04/18/22
01/29/22	03/30/22	04/19/22
01/30/22	03/31/22	04/20/22
01/31/22	04/01/22	04/21/22
02/01/22	04/02/22	04/22/22
02/02/22	04/03/22	04/23/22
02/03/22	04/04/22	04/24/22
02/04/22	04/05/22	04/25/22
02/05/22	04/06/22	04/26/22
02/06/22	04/07/22	04/27/22
02/07/22	04/08/22	04/28/22
02/08/22	04/09/22	04/29/22
02/09/22	04/10/22	04/30/22
02/10/22	04/11/22	05/01/22
02/11/22	04/12/22	05/02/22
02/12/22	04/13/22	05/03/22
02/13/22	04/14/22	05/04/22

Timeline for 2021-22  
School Year

Permission Received	60 Day Timeline	80 Day Timeline
02/14/22	04/15/22	05/05/22
02/15/22	04/16/22	05/06/22
02/16/22	04/17/22	05/07/22
02/17/22	04/18/22	05/08/22
02/18/22	04/19/22	05/09/22
02/19/22	04/20/22	05/10/22
02/20/22	04/21/22	05/11/22
02/21/22	04/22/22	05/12/22
02/22/22	04/23/22	05/13/22
02/23/22	04/24/22	05/14/22
02/24/22	04/25/22	05/15/22
02/25/22	04/26/22	05/16/22
02/26/22	04/27/22	05/17/22
02/27/22	04/28/22	05/18/22
02/28/22	04/29/22	05/19/22
03/01/22	04/30/22	05/20/22
03/02/22	05/01/22	05/21/22
03/03/22	05/02/22	05/22/22
03/04/22	05/03/22	05/23/22
03/05/22	05/04/22	05/24/22
03/06/22	05/05/22	05/25/22
03/07/22	05/06/22	05/26/22
03/08/22	05/07/22	05/27/22
03/09/22	05/08/22	05/28/22
03/10/22	05/09/22	05/29/22
03/11/22	05/10/22	05/30/22
03/12/22	05/11/22	05/31/22
03/13/22	05/12/22	06/01/22
03/14/22	05/13/22	06/02/22
03/15/22	05/14/22	06/03/22
03/16/22	05/15/22	06/04/22
03/17/22	05/16/22	06/05/22
03/18/22	05/17/22	06/06/22
03/19/22	05/18/22	06/07/22
03/20/22	05/19/22	06/08/22
03/21/22	05/20/22	06/09/22
03/22/22	05/21/22	06/10/22
03/23/22	05/22/22	06/11/22
03/24/22	05/23/22	06/12/22
03/25/22	05/24/22	06/13/22
03/26/22	05/25/22	06/14/22
03/27/22	05/26/22	06/15/22
03/28/22	05/27/22	06/16/22
03/29/22	05/28/22	06/17/22
03/30/22	05/29/22	06/18/22
03/31/22	05/30/22	06/19/22

Timeline for 2021-22  
School Year

Permission Received	60 Day Timeline	80 Day Timeline
04/01/22	05/31/22	06/20/22
04/02/22	06/01/22	06/21/22
04/03/22	06/02/22	06/22/22
04/04/22	06/03/22	06/23/22
04/05/22	06/04/22	06/24/22
04/06/22	06/05/22	06/25/22
04/07/22	06/06/22	06/26/22
04/08/22	06/07/22	06/27/22
04/09/22	06/08/22	06/28/22
04/10/22	06/09/22	06/29/22
04/11/22	06/10/22	06/30/22
04/12/22	06/11/22	07/01/22
04/13/22	06/12/22	07/02/22
04/14/22	06/13/22	07/03/22
04/15/22	06/14/22	07/04/22
04/16/22	06/15/22	07/05/22
04/17/22	06/16/22	07/06/22
04/18/22	06/17/22	07/07/22
04/19/22	06/18/22	07/08/22
04/20/22	06/19/22	07/09/22
04/21/22	06/20/22	07/10/22
04/22/22	06/21/22	07/11/22
04/23/22	06/22/22	07/12/22
04/24/22	06/23/22	07/13/22
04/25/22	06/24/22	07/14/22
04/26/22	06/25/22	07/15/22
04/27/22	06/26/22	07/16/22
04/28/22	06/27/22	07/17/22
04/29/22	06/28/22	07/18/22
04/30/22	06/29/22	07/19/22
05/01/22	06/30/22	07/20/22
05/02/22	07/01/22	07/21/22
05/03/22	07/02/22	07/22/22
05/04/22	07/03/22	07/23/22
05/05/22	07/04/22	07/24/22
05/06/22	07/05/22	07/25/22
05/07/22	07/06/22	07/26/22
05/08/22	07/07/22	07/27/22
05/09/22	07/08/22	07/28/22
05/10/22	07/09/22	07/29/22
05/11/22	07/10/22	07/30/22
05/12/22	07/11/22	07/31/22
05/13/22	07/12/22	08/01/22
05/14/22	07/13/22	08/02/22
05/15/22	07/14/22	08/03/22
05/16/22	07/15/22	08/04/22

Timeline for 2021-22  
School Year

Permission Received	60 Day Timeline	80 Day Timeline
05/17/22	07/16/22	08/05/22
05/18/22	07/17/22	08/06/22
05/19/22	07/18/22	08/07/22
05/20/22	07/19/22	08/08/22
05/21/22	07/20/22	08/09/22
05/22/22	07/21/22	08/10/22
05/23/22	07/22/22	08/11/22
05/24/22	07/23/22	08/12/22
05/25/22	07/24/22	08/13/22
05/26/22	07/25/22	08/14/22
05/27/22	07/26/22	08/15/22
05/28/22	07/27/22	08/16/22
05/29/22	07/28/22	08/17/22
05/30/22	07/29/22	08/18/22
05/31/22	07/30/22	08/19/22
06/01/22	07/31/22	08/20/22
06/02/22	08/01/22	08/21/22
06/03/22	08/02/22	08/22/22
06/04/22	08/03/22	08/23/22
06/05/22	08/04/22	08/24/22
06/06/22	08/05/22	08/25/22
06/07/22	08/06/22	08/26/22
06/08/22	08/07/22	08/27/22
06/09/22	08/08/22	08/28/22
06/10/22	08/09/22	08/29/22
06/11/22	08/10/22	08/30/22
06/12/22	08/11/22	08/31/22
06/13/22	08/12/22	09/01/22
06/14/22	08/13/22	09/02/22
06/15/22	08/14/22	09/03/22
06/16/22	08/15/22	09/04/22
06/17/22	08/16/22	09/05/22
06/18/22	08/17/22	09/06/22
06/19/22	08/18/22	09/07/22
06/20/22	08/19/22	09/08/22
06/21/22	08/20/22	09/09/22
06/22/22	08/21/22	09/10/22
06/23/22	08/22/22	09/11/22
06/24/22	08/23/22	09/12/22
06/25/22	08/24/22	09/13/22
06/26/22	08/25/22	09/14/22
06/27/22	08/26/22	09/15/22
06/28/22	08/27/22	09/16/22
06/29/22	08/28/22	09/17/22
06/30/22	08/29/22	09/18/22
07/01/22	08/30/22	09/19/22

Timeline for 2021-22  
School Year

Permission Received	60 Day Timeline	80 Day Timeline
07/02/22	08/31/22	09/20/22
07/03/22	09/01/22	09/21/22
07/04/22	09/02/22	09/22/22
07/05/22	09/03/22	09/23/22
07/06/22	09/04/22	09/24/22
07/07/22	09/05/22	09/25/22
07/08/22	09/06/22	09/26/22
07/09/22	09/07/22	09/27/22
07/10/22	09/08/22	09/28/22
07/11/22	09/09/22	09/29/22
07/12/22	09/10/22	09/30/22
07/13/22	09/11/22	10/01/22
07/14/22	09/12/22	10/02/22
07/15/22	09/13/22	10/03/22
07/16/22	09/14/22	10/04/22
07/17/22	09/15/22	10/05/22
07/18/22	09/16/22	10/06/22
07/19/22	09/17/22	10/07/22
07/20/22	09/18/22	10/08/22
07/21/22	09/19/22	10/09/22
07/22/22	09/20/22	10/10/22
07/23/22	09/21/22	10/11/22
07/24/22	09/22/22	10/12/22
07/25/22	09/23/22	10/13/22
07/26/22	09/24/22	10/14/22
07/27/22	09/25/22	10/15/22
07/28/22	09/26/22	10/16/22
07/29/22	09/27/22	10/17/22
07/30/22	09/28/22	10/18/22
07/31/22	09/29/22	10/19/22
08/01/22	09/30/22	10/20/22
08/02/22	10/01/22	10/21/22
08/03/22	10/02/22	10/22/22
08/04/22	10/03/22	10/23/22
08/05/22	10/04/22	10/24/22
08/06/22	10/05/22	10/25/22
08/07/22	10/06/22	10/26/22
08/08/22	10/07/22	10/27/22
08/09/22	10/08/22	10/28/22
08/10/22	10/09/22	10/19/22
08/11/22	10/10/22	10/20/22
08/12/22	10/11/22	10/21/22
08/13/22	10/12/22	10/22/22
08/14/22	10/13/22	10/23/22
08/15/22	10/14/22	10/24/22
08/16/22	10/15/22	10/25/22

## MONONGALIA COUNTY SCHOOLS

### PARENT INFORMATION FORM FOR SPECIAL EDUCATION

STUDENT'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ TEACHER \_\_\_\_\_

The following information is requested to provide a comprehensive evaluation of your child and to assist in developing appropriate education services. If you have any questions or desire assistance in completing this form, please contact the Special Education Department (304-291-9210) or the Parent Educator Resource Center (304-291-9288).

#### DEVELOPMENTAL HISTORY

- Were there any problems during pregnancy (bleeding, high blood pressure, medication, drug use, alcohol, etc.)? \_\_\_\_\_
- Were there any problems during delivery (breech, Cesarean section, excessive labor, jaundice, oxygen deprivation, forceps used, etc.)? \_\_\_\_\_
- Were there any significant problems during infancy (eating, sleeping, colic, developmental delay, etc.)? \_\_\_\_\_

Please indicate with an "X" under the column that describes the age range for each Developmental Milestone:

	0-6 mos.	7-12 mos.	13-18 mos.	19-24 mos.	2-3 yrs.	3-4 yrs.	4-5 yrs.
<b>Crawled</b>							
<b>Walked Alone</b>							
<b>Spoke First Words</b>							
<b>Toilet Trained</b>							

#### FAMILY HISTORY

- Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_
- Please check if any of the following are applicable:  
 Parents are: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Other  
 This child mainly lives with (check one or more): \_\_\_ Mother \_\_\_ Father \_\_\_ Stepmother  
 \_\_\_ Stepfather \_\_\_ Grandparents \_\_\_ Other \_\_\_\_\_  
 This child is: \_\_\_ Adopted, if YES, at what age \_\_\_\_\_  
 \_\_\_ Foster child, if YES, list:  
 Case Manager \_\_\_\_\_ Phone \_\_\_\_\_  
 Custodial Parent \_\_\_\_\_ Phone \_\_\_\_\_
- Please list brothers and sisters:

\_\_\_\_\_  
 Name/Age                      Name/Age                      Name/Age                      Name/Age

- Are there any significant family problems which may be influencing your child's performance in school? If YES, please explain. \_\_\_\_\_

#### MEDICAL HISTORY

- Has your child ever been hospitalized? If YES, please describe. \_\_\_\_\_
- Is your child on medication? If YES, please explain. \_\_\_\_\_



- Please indicate any medical problems your child previously had or currently has:

	<u>Previous</u>	<u>Current</u>		<u>Previous</u>	<u>Current</u>
Pneumonia	_____	_____	Meningitis	_____	_____
Ear Infection/Tubes	_____	_____	Heart Problems	_____	_____
Seizures/Convulsions	_____	_____	Kidney or Bladder	_____	_____
High Fevers	_____	_____	Allergies (specify)	_____	_____
Asthma	_____	_____			
Diabetes	_____	_____	Head Injury	_____	_____
ADHD	_____	_____	Loss of consciousness	_____	_____
Autism Spectrum Disorder	_____	_____	Mood/Anxiety	_____	_____
Other _____	_____	_____	Disorder (specify)	_____	_____

\*Parent is reminded to provide any medical diagnosis that has educational relevance.

**SOCIAL/BEHAVIORAL**

- In comparison to most other children who are the same age as your child, how well does your child:

	<b>Not as well as most</b>	<b>Average</b>	<b>Better than most</b>
Socialize with other children and adults in the neighborhood			
Communicate with other children and adults in the neighborhood			
Perform tasks for self in the home and neighborhood such as dressing, feeding, bathing, toileting, chores, and other responsibilities			

- Please check if any of the following behaviors describe your child:  
 Inattentive       Temper Tantrums       Withdrawn       Unhappy/Depressed  
 Uncooperative       Aggressive       Hyperactive       Unmotivated
- Please comment on any behavior that particularly concerns you. \_\_\_\_\_

**OUTSIDE SERVICES**

- Has your child had any previous evaluations outside this school system (neurological, psychiatric, disability, etc.)? If YES, please describe and attach reports. \_\_\_\_\_
- Has your child received any special services or treatments outside of school (counseling, therapy, human services, or court system involvement)? If YES, please describe. \_\_\_\_\_

**PARENT ASSESSMENT**

- What are personal strengths that your child displays? \_\_\_\_\_
- What are personal weaknesses that your child displays? \_\_\_\_\_
- Please describe the problems with which you want help for your child. \_\_\_\_\_
- Do you have any suggestions about how the school can help your child? \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**DIVISION OF SPECIAL EDUCATION  
MONONGALIA COUNTY SCHOOLS CLASSROOM TEACHER EVALUATION**

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

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

TEACHER: \_\_\_\_\_

GRADE/SUBJECT: \_\_\_\_\_

**DIRECTIONS:** Please evaluate this student's performance in your classroom on a scale of 1 to 5 or NA by circling a rating for each item. A score of 1 means the student consistently performs that skill, 3 means the student performs that skill some of the time and a 5 means the student never performs that skill. NA means that particular skill is not appropriate for your class or age group.

**PLEASE DOCUMENT THE STUDENT'S CURRENT GRADE(S) AND ANY ADDITIONAL INFORMATION THAT WILL BE HELPFUL IN THE EVALUATION PROCESS.** Thank you for your help in evaluating the student.

	always	almost always	sometimes	rarely	never	NA
1. Gets to class on time.	1	2	3	4	5	NA
2. Performs transitional activities such as change of activity, routine, seating.	1	2	3	4	5	NA
3. Begins tasks.	1	2	3	4	5	NA
4. Stays on task.	1	2	3	4	5	NA
5. Terminates tasks.	1	2	3	4	5	NA
6. Follows class rules.	1	2	3	4	5	NA
7. Locates and brings materials to class	1	2	3	4	5	NA
8. Shares materials with peers when appropriate	1	2	3	4	5	NA
9. Uses materials for their intended purpose	1	2	3	4	5	NA
10. Puts materials away after use.	1	2	3	4	5	NA
11. Uses classroom materials and equipment safely.	1	2	3	4	5	NA
12. Works cooperatively with a partner or in small groups.	1	2	3	4	5	NA
13. Performs competitive learning tasks.	1	2	3	4	5	NA
14. Readily accepts assistance.	1	2	3	4	5	NA
15. Evaluates quality of own work.	1	2	3	4	5	NA
16. Interacts appropriately with peers.	1	2	3	4	5	NA
17. Interacts appropriately with adults.	1	2	3	4	5	NA
18. Accepts criticism/correction without incident.	1	2	3	4	5	NA
19. Generally attends well to classroom tasks.	1	2	3	4	5	NA
20. Use appropriate social language in greetings and farewells.	1	2	3	4	5	NA
21. Asks the teacher for help or information.	1	2	3	4	5	NA
22. Follows directions.	1	2	3	4	5	NA
23. Uses intelligible speech (volume, rate, articulation).	1	2	3	4	5	NA
24. Smiles, is social, appears to be happy/content.	1	2	3	4	5	NA
25. Completes homework assignments.	1	2	3	4	5	NA
26. Is successful in creative writing.	1	2	3	4	5	NA
27. Is successful in reading assignments.	1	2	3	4	5	NA
28. Is successful in math assignments.	1	2	3	4	5	NA
29. Write legibly.	1	2	3	4	5	NA
30. Spelling is satisfactory.	1	2	3	4	5	NA

CURRENT GRADE(S): \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Date \_\_\_\_\_

**DIVISION OF SPECIAL EDUCATION  
MONONGALIA COUNTY SCHOOLS OBSERVATION REPORT**

STUDENT \_\_\_\_\_ SCHOOL \_\_\_\_\_ TEACHER \_\_\_\_\_ DATE \_\_\_\_\_

TIME \_\_\_\_\_ OBSERVATION LENGTH \_\_\_\_\_ SETTING \_\_\_\_\_ OBSERVER \_\_\_\_\_

STUDENT LOCATION(S) DURING OBSERVATION \_\_\_\_\_

ACTIVITIES OBSERVED    \_\_\_ LECTURE    \_\_\_ ORAL READING    \_\_\_ SILENT READING    \_\_\_ BOARD WORK

\_\_\_ CLASS DISCUSSION    \_\_\_ GROUP WORK    \_\_\_ SEAT WORK    \_\_\_ OTHER (DESCRIBE) \_\_\_\_\_

**DIRECTIONS:** Compare this student to others in the setting when rating each characteristic. For example, if a student exhibits more oppositional characteristics than just about any other student, circle a 7 or 8. If the student is one of the most compliant students, circle a 1 or 2. If the student's behavior in that characteristic does not call attention to itself because the student is like his peers, circle a 4 or 5. If the observer did not observe, circle DNO.

<b>COMPLIANT</b>	<b>1 2 3 4 5 6 7 8 DNO</b>	<b>OPPOSITIONAL</b>
<b>ON TASK</b>	<b>1 2 3 4 5 6 7 8 DNO</b>	<b>OFF TASK</b>
<b>COOPERATIVE</b>	<b>1 2 3 4 5 6 7 8 DNO</b>	<b>UNCOOPERATIVE</b>
<b>ATTENTIVE</b>	<b>1 2 3 4 5 6 7 8 DNO</b>	<b>INATTENTIVE</b>
<b>CAUTIOUS</b>	<b>1 2 3 4 5 6 7 8 DNO</b>	<b>IMPULSIVE</b>
<b>QUICK TO RESPOND</b>	<b>1 2 3 4 5 6 7 8 DNO</b>	<b>SLOW TO RESPOND</b>
<b>CONFIDENT</b>	<b>1 2 3 4 5 6 7 8 DNO</b>	<b>NOT CONFIDENT</b>
<b>INDEPENDENT</b>	<b>1 2 3 4 5 6 7 8 DNO</b>	<b>DEPENDENT</b>
<b>UNDERACTIVE</b>	<b>1 2 3 4 5 6 7 8 DNO</b>	<b>OVERACTIVE</b>
<b>SOCIABLE</b>	<b>1 2 3 4 5 6 7 8 DNO</b>	<b>LONER</b>
<b>ACADEMICALLY SUCCESSFUL</b>	<b>1 2 3 4 5 6 7 8 DNO</b>	<b>UNSUCCESSFUL</b>
<b>SPOKE CLEARLY</b>	<b>1 2 3 4 5 6 7 8 DNO</b>	<b>UNCLEAR SPEECH</b>
<b>GOOD LANGUAGE SKILLS</b>	<b>1 2 3 4 5 6 7 8 DNO</b>	<b>POOR LANGUAGE</b>
<b>LISTENED</b>	<b>1 2 3 4 5 6 7 8 DNO</b>	<b>DID NOT LISTEN</b>

\*DNO = DID NOT OBSERVE

OTHER COMMENTS AND OBSERVATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SUPERINTENDENT**  
Eddie R. Campbell, Jr., Ed.D.

13 South High Street/Morgantown, WV 26501  
Phone 304-291-9210 and Fax 304-291-5960

**Consent to Release and Obtain Information**

<b>Student's Full Name:</b>	<b>Date of Birth:</b>
<b>Mailing Address:</b>	<b>City/State/Zip Code</b>
<b>School:</b>	<b>Social Security Number:</b>

I, the parent and legal guardian of the above named student, grant permission for Monongalia County Schools (MCS) to obtain and release information regarding my son/daughter from the school, department agency, or persons identified below. I also hereby release the named school department, agency, or person from all legal liability that may arise from further disclosure of said records.

<b>Name of:</b> <input type="checkbox"/> School <input type="checkbox"/> Department <input type="checkbox"/> Agency <input type="checkbox"/> Person (Check One)	
<b>Complete Mailing Address:</b>	<b>Telephone #:</b>

The requested information to be released shall consist of:  duplicated records  verbal information.

Please check/initial all indicated areas to be released:

<input type="checkbox"/>	School Records	<input type="checkbox"/>	Social History	<input type="checkbox"/>	Education Testing Results
<input type="checkbox"/>	Medications	<input type="checkbox"/>	Psychiatric Evaluation	<input type="checkbox"/>	Psychological Evaluation
<input type="checkbox"/>	Discharge Summary	<input type="checkbox"/>	Medical Diagnosis (es)	<input type="checkbox"/>	Other

This information may be shared with employee of MCS involved in providing services for adult student or my son/daughter/minor dependent. I understand the purpose and intent of this authorization is to release and obtain information needed by MCS to provide coordinated services for adult student or my son/daughter/minor dependent. This authorization may be revoked at any time by my written request. The revoking of this authorization shall not cancel any prior actions that have already transpired. This authorization shall remain in effect for one year (365 days) from the date of form completion unless revoked in writing. A copy or fax of this release shall be as binding as the original.

<b>Signature of parent/guardian:</b>	<b>Date:</b>	<b>Phone Number:</b>
<b>Signature of Adult Student (Some agencies require consent of student over 13-years of age):</b>	<b>Date:</b>	<b>Phone Number:</b>



**SUPERINTENDENT**  
Eddie R. Campbell, Jr., Ed.D.

To Whom It May Concern:

I, \_\_\_\_\_ (Parent's Name), give my authority to \_\_\_\_\_ (Substitute Guardian/Parent/Grandparent) to make all medical and/or educational decisions for my child, \_\_\_\_\_ (Child's Name), in my absence. This will remain in effect for the duration of my child's schooling with Monongalia County Schools.

Signature: \_\_\_\_\_

Name /Date

Notarized/Witnessed by: \_\_\_\_\_

Name/Date

## **SECTION 504 and CONFIDENTIALITY**

- **Guidelines for Supporting and Accommodating Students with Disabilities**
- **504 Eligibility, Accommodation Plans, and Other Process Forms**

**2260.01 - SECTION 504/ADA PROHIBITION AGAINST DISCRIMINATION BASED ON DISABILITY**

Pursuant to Section 504 of the Rehabilitation Act of 1973 ("Section 504"), the Americans with Disabilities Act of 1990, as amended ("ADA"), and the implementing regulations (collectively "Section 504/ADA"), no otherwise qualified individual with a disability shall, solely by reason of his/her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The Board of Education does not discriminate in admission or access to, or participation or treatment in its programs or activities. As such, the Board's policies and practices will not discriminate against students with disabilities, and the Board shall provide, as necessary, suitable educational facilities, special equipment, and special services to qualified individuals with disabilities. No discrimination will be knowingly permitted against any individual with a disability on the sole basis of that disability in any of the programs, activities, policies, and/or practices in the District.

"An individual with a disability" means a person who has, had a record of, or is regarded as having, a physical or mental impairment that substantially limits one or more major life activities. Major life activities are functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, eating, sleeping, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Major life activities also include the operation of a major bodily function, including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

An impairment that is episodic in nature or in remission is considered a disability if it would substantially limit a major life activity when active.

The determination of whether an impairment substantially limits a major life activity must be made without regard to the ameliorative effects of mitigating measures such as medication, medical supplies, equipment or appliances, low-vision devices (not including ordinary eyeglasses or contact lenses), prosthetics (including limbs and devices), hearing aids and cochlear implants or other implantable hearing devices, mobility devices, oxygen therapy equipment or supplies, assistive technology, reasonable accommodations or auxiliary aids or services, or learned behavioral or adaptive neurological modifications.

With respect to public preschool, elementary and secondary educational services, a qualified person with a disability means a disabled person:

- A. who is of an age during which nondisabled persons are provided educational services;
- B. who is of any age during which it is mandatory under West Virginia law to provide educational services to disabled persons; or
- C. to whom the State is required to provide a free appropriate public education pursuant to the Individuals with Disabilities Education Improvement Act (IDEIA).

With respect to vocational education services, a qualified person with a disability means a disabled person who meets the academic and technical standards requisite to admission or participation in the vocational program or activity.

**Title IX Complaint Coordinators/Compliance Officer(s) (hereinafter referred to as the "COs")**

The Board designates the following individual(s) to serve as the "District COs":

Adam Henkins  
 Director of Safe and Supportive Schools  
 304-291-9210 x1516  
 13 S. High Street  
 Morgantown, WV 26501  
 ahenkins@k12.wv.us

Director of Psychological Services  
 304-291-9210  
 13 S. High Street  
 Morgantown, WV 26501

The name(s), title(s), and contact information of this/these individual(s) will be published annually:

- A. on the District's web site.
- B. on each individual school's web site.

The CO(s) is/are responsible for coordinating the District's efforts to comply with and fulfill its responsibilities under Section 504 and Title II of the ADA. A copy of Section 504 and the ADA, including copies of their implementing regulations, may be obtained from the CO.

The CO(s) will oversee the investigation of any complaints of discrimination based on disability, which may be filed pursuant to the Board's adopted internal complaint procedure, and will attempt to resolve such complaints.

The Board will provide for the prompt and equitable resolution of complaints alleging violations of Section 504/ADA. (See complaint procedure below.) The Board will further establish and implement a system of procedural safeguards in accordance with Section 504, including the right to an impartial due process hearing. (See AG 2260.01B.) Finally, students and parents will be advised of their right to request a due process hearing before an Impartial Hearing Officer (IHO) regarding the identification, evaluation, or educational placement of persons with disabilities, including the right to participation by the student's parents or guardian and representation of counsel, and their right to examine relevant education records.

### **Training**

The CO(s) will also oversee the training of employees in the District so that all employees understand their rights and responsibilities under Section 504 and the ADA, and are informed of the Board's policies, administrative guidelines and practices with respect to fully implementing and complying with the requirements of Section 504/ADA.

The Board will provide in-service training and consultation to staff responsible for the education of persons with disabilities, as necessary and appropriate.

### **Facilities**

No qualified person with a disability will, because the District's facilities are inaccessible to or unusable by persons with disabilities, be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination under any program or activity to which Section 504/ADA applies.

For facilities constructed or altered after June 3, 1977, the District will comply with applicable accessibility standards. For those existing facilities constructed prior to June 3, 1977, the District is committed to operating its programs and activities so that they are readily accessible to persons with disabilities. This includes, but is not limited to, providing accommodations to parents with disabilities who desire access to their child's educational program or meetings pertinent thereto. Programs and activities will be designed and scheduled so that the location and nature of the facility or area will not deny a student with a disability the opportunity to participate on the same basis as students without disabilities.

### **Education**

The Board is committed to identifying, evaluating, and providing a free appropriate public education (FAPE) to students within its jurisdiction who have a physical or mental impairment that substantially limits one or more major life activities, regardless of the nature or severity of their disabilities.

If a student has a physical or mental impairment that significantly limits one or more major life activities, the Board will provide the student with a free appropriate public education ("FAPE"). An appropriate education may include regular or special education and related aids and services to accommodate the unique needs of students with disabilities. For disabled students who are not eligible for specially designed instruction under the IDEIA, the special education and related aids and services (including accommodations/modifications/interventions) they need in order to have their needs met as adequately as the needs of nondisabled students are met, shall be delineated, along with their placement, in a Section 504 Plan (Form 2260.01A F13). Parents/guardians/custodians ("parents") are invited and encouraged to participate fully in the evaluation process and development of a Section 504 Plan.

Further, if a student has a Section 504 plan, each teacher involved with the education of the student shall be provided specific instruction from the school regarding the plan's contents and requirements. With a written Section 504 Plan, it is the expectation that each teacher will receive a copy of the plan and every update made to the plan, and each teacher is required to sign an acknowledgment that they received the plan and any subsequent updates.

The Board is committed to educating (or providing for the education of) each qualified person with a disability who resides within the District with persons who are not disabled to the maximum extent appropriate. Generally, the District will place a person with a disability in the regular educational environment unless it is demonstrated that the education of the person in the regular environment even with the use of supplementary aids and services cannot be achieved satisfactorily. If the District places a person in a setting other than the regular educational environment, it shall take into account the proximity of the alternate setting to the person's home.

The Board will provide non-academic extracurricular services and activities in such a manner as is necessary to afford qualified persons with disabilities an equal opportunity for participation in such services and activities. Nonacademic and extracurricular services and activities may include counseling services, physical recreational athletics, transportation, health services, recreational activities, special interests groups or clubs sponsored by the District, referrals to agencies that provide



assistance to persons with disabilities, and employment of students. In providing or arranging for the provision of meals and recess periods, and nonacademic and extracurricular services and activities, including those listed above, the District will verify that persons with disabilities participate with persons without disabilities in such services and activities to the maximum extent appropriate.

### **Investigation and Complaint Procedures**

The CO shall investigate any complaints brought under this policy. Throughout the course of the process, as described herein, the CO should keep the parties informed of the status of the investigation and the decision-making process.

All complaints must include the following information to the extent it is available: a description of the alleged violation, identify the individual(s) believed to have engaged in, or to be actively engaging in, conduct in violation of this policy, if any; a detailed description of the facts upon which the complaint is based; and a list of potential witnesses.

If the Complainant is unwilling or unable to provide a written statement including the information set forth above, the CO shall ask for such details in an oral interview. Thereafter, the CO will prepare a written summary of the oral interview, and the Complainant will be asked to verify the accuracy of the report by signing the document.

Upon receiving a complaint, the CO will consider whether any action should be taken during the investigatory phase to protect the Complainant from further loss of educational opportunity, including but not limited to a change of class schedule for the Complainant, tentative enrollment in a program or other appropriate action. In making such a determination, the CO should consult the Superintendent prior to any action being taken. The Complainant should be notified of any proposed action prior to such action being taken.

As soon as appropriate in the investigation process, the CO will inform any individual named by the Complainant in connection with an alleged violation of this policy, that a complaint has been received. The person(s) must also be provided an opportunity to respond to the complaint.

Within five (5) business days of receiving the complaint, the CO will initiate an investigation.

Although certain cases may require additional time, the CO will attempt to complete an investigation into the allegations of harassment within fifteen (15) calendar days of receiving the formal complaint. The investigation will include:

- A. interviews with the Complainant;
- B. interviews with any persons named in the complaint;
- C. interviews with any other witnesses who may reasonably be expected to have any information relevant to the allegations, as determined by the CO;
- D. consideration of any documentation or other evidence presented by the complainant, respondent, or any other witness which is reasonably believed to be relevant to the allegations, as determined by the CO.

At the conclusion of the investigation, the CO shall prepare and deliver a written report to the Superintendent which summarizes the evidence gathered during the investigation and provides recommendations based on the evidence and the definitions in this Policy, as well as in State and Federal law as to whether the Complainant has been denied access to educational opportunities on the basis of one of the protected classifications, based on a preponderance of evidence standard. The CO's recommendations must be based upon the totality of the circumstances, including the ages and maturity levels of those involved.

Absent extenuating circumstances, within ten (10) business days of receiving the report of the CO, the Superintendent must either issue a final decision regarding the complaint or request further investigation. A copy of the Superintendent's final decision will be delivered to the Complainant. After consultation with legal counsel, a redacted final decision may be provided to the Respondent, upon request. The Superintendent may redact information from the decision in the event the release of information raises concerns regarding the integrity of the complaint or investigation process. The Board authorizes the Superintendent to consult with legal counsel to determine the extent to which information in an investigation report must be provided to either the complainant or respondent.

If the Superintendent requests additional investigation, the Superintendent must specify the additional information that is to be gathered, and such additional investigation must be completed within ten (10) business days. At the conclusion of the additional investigation, the Superintendent must issue a final written decision as described above. The decision of the Superintendent shall be final.

If the Complainant feels that the decision does not adequately address the complaint s/he may appeal the decision to the State Superintendent.

The Board reserves the right to investigate and resolve a complaint, or report of, regardless of whether the member of the School District community or third party chooses to pursue the complaint. The Board also reserves the right to have the complaint investigation conducted by an external person in accordance with this policy, or in such other manner as deemed appropriate by the Board.

**Additional School District Action**

If the evidence suggests that any conduct at issue violates any other policies of the Board or State law, is a crime, or requires mandatory reporting under West Virginia law, the CO or Superintendent shall take additional such actions as necessary and appropriate under the circumstances, which may include a report to the appropriate social service and/or law enforcement agency charged with responsibility for handling such investigations.

**Confidentiality**

The District will make every possible effort to protect the privacy of any individuals involved in the investigation process. All complainants proceeding through the investigation process should be advised that as a result of the investigation, allegations against individuals may become known to those individuals, including the complainant's identity.

During the course of an investigation, the CO will instruct all members of the School District community and third parties who are interviewed about the importance of maintaining confidentiality. Any individual who is interviewed as part of an investigation is expected not to disclose any information that s/he learns or that s/he provides during the course of the investigation.

All public records created as a part of an investigation will be maintained by the CO in accordance with the Board's records retention policy. Any records which are considered student records in accordance with the State or Federal law.

**Monongalia County Schools  
504 Referral Form**

<b>Student Name:</b>	<b>Date of Birth:</b>	<b>Pre-referral checklist:</b> <input type="checkbox"/> Parent has been contacted about reason for meeting <input type="checkbox"/> Does the student have an IEP? If so, do not complete this form and contact special education designee <input type="checkbox"/> Student previously retained <input type="checkbox"/> Student is young or old for their grade placement
<b>School:</b>	<b>Teacher/Grade:</b>	
<b>Parent Name:</b>	<b>Telephone:</b>	
<b>Address:</b>	<b>WVEIS #:</b>	

Please check all referral concerns that apply. Appropriate personnel must be invited to the SAT meetings.

<input type="checkbox"/> Behavior <input type="checkbox"/> Emotional <input type="checkbox"/> Speech <input type="checkbox"/> Academic concerns <input type="checkbox"/> Suspected cognitive delay <input type="checkbox"/> Attention/hyperactivity <input type="checkbox"/> Homebound student <input type="checkbox"/> Foster home placement <input type="checkbox"/> Surrogate is needed	<input type="checkbox"/> Developmental delay <input type="checkbox"/> Fine motor <input type="checkbox"/> Gross motor <input type="checkbox"/> Language other than English spoken in the home <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Suspension <input type="checkbox"/> Alternative placement <input type="checkbox"/> Social Skills	<input type="checkbox"/> Health concern with no diagnosis <input type="checkbox"/> Health concern with current diagnosis and/or medical report <input type="checkbox"/> Possible retention candidate <input type="checkbox"/> Team referral from WVTSS process <input type="checkbox"/> Parent referral <input type="checkbox"/> Community agency/physician referral <input type="checkbox"/> Social welfare concerns <input type="checkbox"/> Other _____
--	--	---

**Reason(s) for Referral, include Strengths and Weaknesses:**

**Accommodation and interventions attempted:**

**Referring Person's e-mail address is:** \_\_\_\_\_ **Parent/Guardian e-mail address:** \_\_\_\_\_

**Complete all areas that apply to this student:**

Absences (# days or periods) \_\_\_\_\_  
 Behavior (# office referrals) \_\_\_\_\_  
 Medical diagnosis (type) \_\_\_\_\_  
 Vision screening passed? \_\_\_ glasses? \_\_\_  
 Hearing screening passed? \_\_\_ aids? \_\_\_  
 Acuity: Reading \_\_\_ Math \_\_\_  
 WVGSA: Reading \_\_\_ Math \_\_\_  
 Grades: Reading \_\_\_ Math \_\_\_ Writing \_\_\_  
 Other subjects \_\_\_\_\_

**Bring applicable reports to SAT/504 meeting:**

WVTSS data regarding reading/language arts	Preschool screening data (ELRS)
WVTSS data regarding math	Academic screening results (KBIT, KTEA)
Fast Forward, Read 180 reports	Anecdotal notes/behavior logs
Work samples (writing)	Language proficiency results
Outside psych./med. evaluations	Parent communications
WVTSS documentation folder	Court/DHHR reports
Diagnostic testing (CTOPP, GORT, Key Math)	Other _____

Signature of referring person: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Date: \_\_\_\_\_

# Monongalia County Schools

From:

**Invited Parties:** \_\_\_ Parent/Guardian \_\_\_ Adult Student/Student \_\_\_ Regular Teacher \_\_\_ Motor  
\_\_\_ Evaluator /School Psychologist \_\_\_ Administrator \_\_\_ 504 Coordinator \_\_\_ Nurse  
\_\_\_ Counselor \_\_\_ Interpreter \_\_\_ Special Educator \_\_\_ Employee \_\_\_ Employee Supervisor  
Other(s): \_\_\_\_\_

You are invited to attend and participate in a meeting for \_\_\_\_\_ (Person's  
Name) on \_\_\_\_\_ (Date and Day of Week). This meeting will be held at  
\_\_\_\_\_ (Location of Meeting).

\_\_\_ Initial/referral meeting concerning you child's academic and/or behavior progress following regular classroom interventions to meet his/her needs. This information along with your completion of the enclosed parent input form. This information may suggest a need for additional evaluation and/or eligibility consideration. On the other hand, if sufficient information/evaluation data are present to determine your child as 504 eligible, the team may proceed with eligibility and accommodation planning..

\_\_\_ 504 Eligibility Meeting (Initial)

\_\_\_ 504 Accommodation Planning

\_\_\_ Triennial Review/Eligibility Meeting

- **Parent/guardian participation and involvement are encouraged throughout all 504 processes. Parental/guardian or adult student consent is required for all individual evaluations. Parent, guardian, or adult student consent is required for initial placement decisions. You may bring and/or invite others to the meeting.**

Very truly yours,

SAT/504 Coordinator

Telephone Number/E-Mail Address:

## Check all that apply:

- I will attend this meeting as scheduled
- I will not be able to attend, but I would like to participate via a phone conference. Please call this number:  
\_\_\_\_\_
- I will not be able to attend, but you have my permission to hold this meeting without me.
- Please reschedule this meeting.
- I am waiving my 8 day notice.

Signature of Respondent: \_\_\_\_\_ Date: \_\_\_\_\_

# 504 Consent Form

## Notice of Individual Evaluation /Reevaluation Request

### Monongalia County Schools

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Teacher:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **WVEIS #:** \_\_\_\_\_  
**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

#### Dear Parent(s)/Guardian/Adult Student:

Your permission is requested to conduct an evaluation to determine your student's educational needs and make more informed decisions and plans to meet your child's needs. If your child has not been deemed eligible for 504, the evaluation might be utilized to determine 504 eligibility and develop an appropriate Accommodation Plan for your child. If your child already has a 504 Plan, the evaluation information might be utilized to continue/discontinue their eligibility and/or to improve their current plan.

_____ Classroom Performance	_____ Interests/Preferences	_____ Adaptive Functioning
_____ Assistive Technology	_____ Auditory Processing	_____ Functional Behavior/FBA
_____ Developmental Skills	_____ Intellectual Ability	_____ Perceptual Motor
_____ Behavior Functioning	_____ Behavior Intervention Plan	_____ Observation(s)
_____ Social Skills	_____ Teacher Report	_____ Vocational Aptitude
_____ Academic Achievement-- Specify: _____		
_____ Developmental History (Parent Questionnaire)		
_____ Occupational Therapy Evaluation, including teacher referral report		
_____ Physical Therapy Evaluation, including teacher referral report		
_____ Health—Specify: _____		
_____ Vision/Hearing—Specify: _____		
_____ Other—Please specify: _____		

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**Notice of Rights Pamphlet** has been provided, and I understand that I will be given an opportunity to meet with appropriate school staff to review evaluation results and plan next steps for my child's education.

\_\_\_\_\_ I give permission to evaluate \_\_\_\_\_ **Parent Signature**  
 \_\_\_\_\_ I wish to schedule a conference before I decide.  
 \_\_\_\_\_ Do not evaluate my child \_\_\_\_\_ **Date:** \_\_\_\_\_

## MONONGALIA COUNTY SCHOOLS

## PARENT INPUT FORM FOR 504

STUDENT'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ TEACHER \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

- Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
This child mainly lives with (check one or more): \_\_\_ Mother \_\_\_ Father \_\_\_ Stepmother  
\_\_\_ Stepfather \_\_\_ Grandparents \_\_\_ Other \_\_\_\_\_  
List individual(s) who have legal authority to make education decisions for this child: \_\_\_\_\_
- Is this a foster child, if YES, answer the following:  
Case Manager \_\_\_\_\_ Phone \_\_\_\_\_  
Custodial Parent \_\_\_\_\_ Phone \_\_\_\_\_  
Has parental rights been terminated? \_\_\_ Yes \_\_\_ No
- Are there any significant family problems or changes in your family that might be negatively influencing child's performance? If YES, please explain. \_\_\_\_\_

**MEDICAL HISTORY**

- Has your child ever been hospitalized? If YES, please describe. \_\_\_\_\_
- List current medical conditions: \_\_\_\_\_
- Is your child on medication? If YES, please explain. \_\_\_\_\_

**\*Parent is reminded to provide any medical diagnosis/reports that have educational relevance (ADHD and/or necessitate need for a health care plan (e.g. seizures):**

**ACADEMIC/HOME/SOCIAL BEHAVIORS:**

<b>Academic Strengths:</b>	<b>Academic Concerns/Weaknesses:</b>
<b>Home Strengths:</b>	<b>Home Concerns/Weaknesses:</b>
<b>Personal/Social Strengths:</b>	<b>Personal/Social Weaknesses/Problem Behaviors</b>
<b>Suggestions for School:</b>	
<b>Other:</b>	

Parent/Guardian Signature: \_\_\_\_\_

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

# Monongalia County Schools

## 504 Student Eligibility/Identification Form

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**Student:** \_\_\_\_\_ **ID #:** \_\_\_\_\_ **Date of Meeting:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Referred By:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Case Manager/Teacher:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Information/evaluation data reviewed and considered for eligibility consideration (attach supporting documentation to this form):** \_\_\_\_\_  
\_\_\_\_\_

Is there documentation of a physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following but not severe enough to warrant specially designed instruction/special education at this time?       **Yes**       **No**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Neurological       | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Sense Organs (e.g., hearing, seeing, smelling) |
| <input type="checkbox"/> Respiratory Organs | <input type="checkbox"/> Speech Organs   | <input type="checkbox"/> Cardiovascular                                 |
| <input type="checkbox"/> Bowel/Bladder      | <input type="checkbox"/> Digestive       | <input type="checkbox"/> Genetic Disorder/Syndrome                      |
| <input type="checkbox"/> Hemic & Lymphatic  | <input type="checkbox"/> Skin            | <input type="checkbox"/> Communicable Disease                           |
| <input type="checkbox"/> Endocrine          | <input type="checkbox"/> Immune System   | <input type="checkbox"/> Other: _____                                   |

Is there documentation of a mental or psychological disorder that has been determined not severe enough to warrant special education at this time?       **Yes**       **No**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Attention Deficit Disorder        | <input type="checkbox"/> Autism Spectrum               | <input type="checkbox"/> Social Maladjustment |
| <input type="checkbox"/> Emotional/Mental Health Diagnosis | <input type="checkbox"/> Cognitive/Learning Disability | <input type="checkbox"/> Other _____          |

If there is no medical/ mental diagnosis, is there sufficient history and documentation to establish the individual is “regarded as having impairment”?       **Yes**       **No**

**Explain:** \_\_\_\_\_

Are there limitations in one or more of the following life activities (ADA Amendments Act of 2008)?

- |  |                                   |                                    |  |
|--|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Seeing        | <input type="checkbox"/> Hearing  | <input type="checkbox"/> Breathing | <input type="checkbox"/> Caring for Oneself      |
| <input type="checkbox"/> Eating        | <input type="checkbox"/> Bending  | <input type="checkbox"/> Sleeping  | <input type="checkbox"/> Speaking                |
| <input type="checkbox"/> Lifting       | <input type="checkbox"/> Standing | <input type="checkbox"/> Thinking  | <input type="checkbox"/> Performing Manual Tasks |
| <input type="checkbox"/> Walking       | <input type="checkbox"/> Reading  | <input type="checkbox"/> Learning  | <input type="checkbox"/> Communicating           |
| <input type="checkbox"/> Concentrating | <input type="checkbox"/> Working  | Other: _____ (specify)             |  |

How long is impairment expected to affect student? \_\_\_\_\_

Is there sufficient information /data to document impairment?       **Yes** or  **No**

Does the student have or is the student perceived as having a physical or a mental impairment?       **Yes** or  **No**

Does this impairment or perceived condition substantially limit a major life activity (disregard mitigating measures such as medication and hearing aids. Effects of glasses and contact lenses may be considered?)       **Yes** or  **No**

Answer to above 3 questions must be “Yes” for the student to be eligible:       **Eligible**       **Not Eligible**

Condition is:  **Episodic** (plan in effect when condition is active)  **In remission** (reconsider planning if returns)

**Committee Signatures (Minimum of 3 Professional Staff): Title:**

**Date:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Does the student require a health care plan?  **Yes** or  **No**. If so, contact school nurse. 9/15/2021

**504 ACCOMMODATION PLAN**

<b>Student Name:</b>	<b>Date of Birth:</b>	<b>School:</b>
<b>Parent/Guardian:</b>	<b>Telephone #:</b>	<b>Teacher:</b>
<b>Address:</b>	<b>WVEIS #:</b>	<b>Grade:</b>
	<b>Medicaid #:</b>	<b>Current Date:</b>
<b>Parent e-mail address:</b>	<b>Other contact/ e-mail addresses:</b>	

<p><b>Indicate disability impairment and how it impacts the student's education.</b></p>	<p><b>Accommodations needed to address impact and eliminate/reduce restrictions and/or effects.</b></p>	<p><b>Person(s) Responsible:</b></p> <p>Parent</p>
<p> <input type="checkbox"/> No health plan is needed  <input type="checkbox"/> Health plan is attached  <input type="checkbox"/> Will take tests under standardized conditions  <input type="checkbox"/> Testing accommodations are attached                      Emergency Contact:                      _____                      Emergency Contact Number                      _____                 </p>	<p><b>Materials Needed:</b></p>	<p><b>Training Needs:</b></p>



**Transition Planning**

Transition services are a coordinated set of activities for 504 students that promote movement from school to post-school activities, including, but not limited to, post-secondary education, vocational training, integrated/supported employment, continuing and adult education, adult services, and/or independent living or community participation. Planning will be based on student's needs, including preferences and interests, and may include instruction, related services, community experiences, development of employment and other post-school adult objectives.

**Will the student's next 504 need to address transition services?** If yes, permission must be obtained to invite agency representatives to the next 504 meeting.

Agency(ies) to be invited is/are: WV Division of Rehabilitation Services (Tel. 304-285-3155) Other: \_\_\_\_\_  
 1415 Earl Core Rd.; Morgantown, WV 26505 Other: \_\_\_\_\_

**Parent/Guardian/Adult Student need to initial if providing consent for transition planning:** Date: \_\_\_\_\_ Parent Initial \_\_\_\_\_ Student Initial \_\_\_\_\_

**Project Review Date:** \_\_\_\_\_ **Projected Re-Evaluation Date:** \_\_\_\_\_ **Committee Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **School Administrator/Chairperson:** \_\_\_\_\_  
**504 Coordinator:** \_\_\_\_\_ **School Psychologist:** \_\_\_\_\_  
**General Education Teacher:** \_\_\_\_\_ **Special Educator:** \_\_\_\_\_  
**School Counselor:** \_\_\_\_\_ **School Nurse:** \_\_\_\_\_  
**Director of Attendance:** \_\_\_\_\_ **Student:** \_\_\_\_\_  
**Other(s):** \_\_\_\_\_

\_\_\_ I had an opportunity to participate in the development of this plan, and I have received a copy of the Notice of Rights Pamphlet.

\_\_\_ I do give permission for my child to receive the accommodations described (required for all initial plans)

\_\_\_ I do not give permission for my child to receive the accommodations described.

**Parent Guardian/Adult Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

504 Evaluation Survey	Yes	No	Maybe	Comments:
My participation and input were valued and considered by the team.				
Plan developed was appropriate to address impact of disability and promote access.				
Teachers and/or staff implemented the plan appropriately				
Services and accommodations occurred within the least restrictive environment.				
Confidentiality was respected throughout the process				
Suggestions and/or additional comments:				

**504 Prior Written Notice and/or Memorandum of Conference**  
**Monongalia County Schools**

**Student's Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Parent(s)/Guardian(s):** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **WVEIS:** \_\_\_\_\_  
**City/State:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Dear \_\_\_\_\_:

As a result of:

- \_\_\_ 504 Review (informal/formal) or conference conducted on \_\_\_\_\_.
- \_\_\_ 504 Eligibility Meeting conducted on \_\_\_\_\_,
- \_\_\_ 504 Accommodation Plan Meeting conducted on \_\_\_\_\_,
- \_\_\_ Disciplinary Action Review Meeting conducted on \_\_\_\_\_,
- \_\_\_ Other: \_\_\_\_\_

the district is \_\_\_ proposing **or** \_\_\_ refusing to initiate or change:

- \_\_\_ the educational evaluation or reevaluation of the student.
- \_\_\_ the identification of the student as having a disability under 504
- \_\_\_ the development of an accommodation plan to address needs of a 504 eligible student
- \_\_\_ adjustment of accommodation plan by making addition(s)
- \_\_\_ adjustment of accommodation plan by removing accommodation(s) and/or modifications
- \_\_\_ the provision of a free appropriate public education (FAPE) to the student.

Specifically, the district is: \_\_\_\_\_  
\_\_\_\_\_

The district is proposing **or** refusing this action because: \_\_\_\_\_  
\_\_\_\_\_

The evaluation procedure(s), assessment(s), record(s) or report(s) the district used as a basis for the \_\_\_ proposed **or** \_\_\_ refused action are: \_\_\_\_\_  
\_\_\_\_\_

Other options the district considered include: \_\_\_\_\_  
\_\_\_\_\_

The reasons the above options were rejected are: \_\_\_\_\_  
\_\_\_\_\_

Other factors relevant to the district's \_\_\_ proposal **or** \_\_\_ refusal are: \_\_\_\_\_  
\_\_\_\_\_

504 eligible students, parents, and employees have protections under 504 procedural safeguards.. A copy of the Procedural Safeguards and assistance in understanding the provisions of the procedural safeguards may be obtained by contacting the Monongalia County Schools 504 Coordinator at 304-291-9210, as appropriate, the local Parent Educator Resource Center at 304-599-5952 and/or the West Virginia Department of Education, Office of Special Programs at 304.558.2696 or 1.800.642.8541.

Sincerely,

\_\_\_\_\_  
Signature/Position Date

## 504 MEMORANDUM OF CONFERENCE

Student's Name \_\_\_\_\_ WVEIS # \_\_\_\_\_ Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent/Guardian (s): \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_

Student has a 504 Plan due to: \_\_\_\_\_

**Reason for Conference/Communication/Meeting and Problem Description:**

**Explain action(s) taken (If adjustments to student's 504 is/are being made, dissemination and verification procedures apply). Parent notification and/or input are required.)**

Is the student's 504 Plan comprehensive and appropriate?	Yes	No
Is the student's 504 Plan being implemented and followed?	Yes	No
Does the 504 Plan need to be modified?	Yes	No
Participants: _____	Title: _____	Date: _____
_____	Title: _____	Date: _____
_____	Title: _____	Date: _____
_____	Title: _____	Date: _____

**If you are making an evaluation request, please forward this form, and appropriate parent/guardian/adult 504 consent for evaluation(s). If you are making evaluation requests to consider special education/IDEA eligibility, utilize special education procedures and forms (consent, PWN, and tracking form).**

## Verification of Dissemination of 504 Plan

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

WVEIS #: \_\_\_\_\_

**As a non-participant in this student’s 504 Plan meeting, I acknowledge that I have read and understood the student’s 504.**

If a student has a Section 504 plan, the school is required by House Bill 2598 to instruct each of the student’s teachers about the plans contents and requirements. If the plan is written, each teacher must receive a copy of the plan and of every update and must sign a receipt acknowledging they were given the copies.

By signing below, you are attesting you: received a copy of the plan, have read and understood the plan, and make accommodations/modifications specified in the plan to help student succeed. This requirement includes, but is not limited to teachers of music, musical education, art, driver education and other instruction provided.

Teacher’s Printed Name	Signature	Date:

**Case Manager and Date:**

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**This form is to be part of, attached to, the student’s 504 Plan.**

## **PROCEDURES FOR 504 STUDENTS ENROLLING AND EXITING MONONGALIA COUNTY SCHOOLS**

### **WHEN ENROLLING STUDENTS ALWAYS CHECK WVEIS TO MAKE SURE THE STUDENT WAS NEVER PREVIOUSLY ENROLLED IN MONONGALIA COUNTY OR IN ANY OTHER WV COUNTY AS DOUBLE ENTRIES ARE HIGHLY PROBLEMATIC**

- *Students who were previously enrolled in Monongalia County Schools or in any WV County school, even if they have been residing out of state, may still be considered special education or 504 eligible students who require provision of FAPE. If they are enrolled as a new student, their previous eligibility/identification may go undetected and result in FAPE denial.*

### **NEW STUDENTS ENROLLING IN MONONGALIA SCHOOLS THAT HAVE NEVER BEEN ENROLLED IN WV SCHOOLS:**

1. Ask if they have any medical or physical disabilities that have been addressed through 504.
2. If so, ask them if they have a copy of the plan or if they could make this available to us. At the same time, request a copy of the eligibility, pertinent medical/evaluation reports, and current plan from their previous school setting utilizing the record request form.
3. Upon receiving the records give them to the 504 and/or SAT Coordinator, who will complete the last two step.
4. The coordinator should send copies to 504 Coordinator at the BOE and copies of the plan should be distributed to all persons who will need to implement, utilizing the 504 Verification of Dissemination form.
5. Coordinator should provide parent a copy of 504 Prior Written Notice or 504 Memorandum Form indicating student's 504 will be followed (provision of FAPE) until their eligibility can be determined. If there is some portion of the 504 that cannot be implemented, an agreement with parent should be documented on the form that this portion of the plan will not be implemented and/or you are substituting some other accommodation until student's eligibility and planning can be completed by Monongalia County Schools.

### **NEW STUDENT ENROLLING IN MONONGALIA SCHOOLS THAT HAVE BEEN ENROLLED IN WV SCHOOLS OR ARE MOVING FROM AND IN-STATE SCHOOL OR WITHIN THE COUNTY**

1. Check WVEIS to see if there is a 504 Tag for the student.
2. If there is no tag, ask if student has any medical or physical disabilities that need to be or have been addressed through 504. (Do not rely on the fact there is no tag in the system.)

3. If there is a tag, ask them if they have a copy of the plan. If so, copy, but still request a copy of the eligibility, pertinent medical/evaluation reports, and current plan from their previous school setting. If they do not have a copy of the plan, please request this with eligibility information.
4. Upon receiving records give them to the 504 and/or SAT Coordinator
5. The coordinator should send copies to 504 Coordinator at the BOE and copies of the plan should be distributed to all persons who will need to implement.
6. Coordinator should provide parent a copy of the 504 Prior Written Notice or the 504 Memorandum of Conference indicating student's 504 plan will be followed (provision of FAPE). If there is some portion of the 504 that cannot be implemented, an agreement should be documented on the form that this portion of the plan will not be implemented and/or you are substituting/adjusting plan in order that it can be met in new school environment. 504 coordinator will have the option for in-state and in-county students to continue their 504 plans until their annual review is due or reconvening to create a new plan.
7. Eligibility and planning should be held as soon as possible. If it is determined additional evaluations or medical reports are needed, inform the parent via 504 Prior Written Notice form and request any needed consents.

### **STUDENTS MOVING FROM YOUR SCHOOL TO ANOTHER SCHOOL WITHIN THE COUNTY**

1. When a student is leaving your school to move to another school within the county, it is always wise to ask parent if student has a 504 plan. Indeed, it is possible the student has a plan but is in the process of being tagged. Regardless of parent response, check to see if student is tagged 504 (as parent does not always understand the difference between SAT, 504, IEP) in WVEIS.
2. If student is an identified 504 student, notify appropriate personnel (504 Coordinator, SAT Coordinator, and/or Counselor in your school), who will make sure records are transferred to receiving school and county 504 coordinator receives termination report.

### **STUDENTS EXITING 504 and/or TRANSFERRING TO OUT-OF-COUNTY PLACEMENT FROM MONONGALIA COUNTY SCHOOLS**

1. Termination form should be completed and forwarded to county office.
2. 504 eligibility, evaluations, and plans should be forwarded from your school when school records are requested
3. **Students who are exiting due to special education/IDEA eligibility or because they are no longer eligible for 504 planning will also need to have their 504 tag removed at the school level.**

# 504 Termination/Transfer Report

Student's Name: \_\_\_\_\_ WVEIS # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Student has been detagged as 504 in WVEIS. (Do not send this report until the student has been detagged.) *This step does not apply to students moving within the county or to a school in another WV county.*

## Reason for Termination:

\_\_\_\_\_ Student has transferred to another school within the county.  
His/her new school is: \_\_\_\_\_.

\_\_\_\_\_ Student has transferred to another WV county. Name of this county is: \_\_\_\_\_.

\_\_\_\_\_ Student has transferred to another state.

\_\_\_\_\_ Student qualified for special education services.

\_\_\_\_\_ Student has graduated.

\_\_\_\_\_ Student has dropped out of school.

\_\_\_\_\_ Student no longer qualifies for planning.

\_\_\_\_\_ Other: \_\_\_\_\_

Person Sending Report: \_\_\_\_\_ Date: \_\_\_\_\_

Send to: Angela Hayes/County 504 Coordinator/BOE

**EXAMINATION OF RECORDS:** You have the right to see and examine education records pertaining to all of your child's 504 processes.

**CONFIDENTIALITY:** 504 processes and records have confidentiality protections under FERPA.

**COMPLAINTS:** It is recommended you first seek to resolve 504 disagreements/ complaints with school level administrators. If not resolved at this level, it is suggested you contact Monongalia County Schools 504 Coordinator for assistance: **Angela Hayes 504 Coordinator: c/o Monongalia County Schools; 13 S. High St.; Morgantown, WV 26501; Telephone (304-291-9210, Extension 1517); or e-mail to [acaterin@k12.wv.us](mailto:acaterin@k12.wv.us).** If you disagree with any 504 decision, however, you have the right to request and participate in an impartial hearing. You may be represented by a person of your choice, including an attorney. You must make a written request within 30 calendar days from receipt time of the grieved action. This should be filed with the county 504 coordinator. Upon receipt of request, the district will notify you of date, time, and location of the hearing. If you disagree with the hearing officer, you have the right to request court of jurisdiction review this decision. You also have the right to file complaints pertaining to harassment, retaliation or discrimination against your child in ways that do not involve your child's 504 processes. You also have the right to file a complaint with the U.S. Office of Civil Rights at 400 Maryland Av, SW, Washington, D.C. 20202-1100.

**PERSONNEL:** Prospective employees and employees of Monongalia County Schools who have physical and mental impairments that substantially limit one or more major life functions are entitled to 504/ADA protections. Potentially eligible current employees should contact their building level administrator or the county 504 coordinator to initiate a referral.

Employee 504 processes are conducted by a committee composed of at least one building level administrator or employee's immediate supervisor, the employee, and the county 504 coordinator. 504 employee processes and procedures generally parallel those established for students in this pamphlet and/or through implementation guidelines—except when not relevant or when there is a mutual agreement (e.g. annual plan development).

**PARENT/GUARDIAN(S):**

Recognizing that parent(s)/guardian(s) of our students may also have disabilities and require accommodations, Monongalia County Schools promotes equal access by following ADA recommended procedures, such as maintaining an ADA approved website, making provisions for interpreters, arranging individual student meetings/conferences in accessible locations, etc. If you are disabled or you know of a disabled parent or guardian in need of accommodations to access school environment, school information, and/or obtain information regarding your/their child, please contact a building level administrator, SAT/504 coordinator, and/or county 504 coordinator for assistance.



## Notice of Rights and Procedural Protections Under Section 504 and the ADA (Americans with Disabilities Act)





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**Notice and Introduction:** Monongalia County Schools does not discriminate on the basis of race, color, religion, sex, age, national origin, or disability in admission, access, treatment, or employment in its programs, services, and activities. Applicants, students, parents/guardians, employees, referral agencies, and all organizations holding agreements with us are hereby notified of this policy. Additional information regarding 504 policies/procedures, including grievances/ complaints, can be located on our county website. Individual who need assistance regarding implementation and/or compliance with regulations should contact: Angela Hayes/MCS 504 Coordinator: c/o Monongalia County Schools; 13 S. High St.; Morgantown, WV 26501; Telephone (304-291-9210, Extension 1517); or e-mail to [acaterin@k12.wv.us](mailto:acaterin@k12.wv.us).

Please note the rights of identified special education students are addressed under IDEA and are not addressed here.

**FAPE/DISCIPLINARY ACTION NOTICE:** 504 eligible students are entitled to a free and appropriate public education, which means their individual education needs will be met as adequately as those of nondisabled peers. No fees will be imposed upon a student with a disability other than those that might be imposed on nondisabled peers. Insurance companies, however, and other third party providers may still be obligated to pay. Protections regarding disciplinary actions taken against 504 eligible students are the same as those for IDEA eligible students.

**NOTICE/CONSENT:** You have the right to be notified of any prior actions that would identify your child as having a disability, evaluate your child for services under 504/ADA (consent needed), or place your child in a program based on disability (consent needed).

#### 504 REFERRAL/IDENTIFICATION

**PROCESSES:** Student referrals for possible 504 eligibility and planning in Monongalia County Schools come from a variety of sources, including but not limited to: Student Assistance Teams (SAT), parents, physicians, and Eligibility Committees when students have failed to qualify under IDEA. For the most part, referrals are primarily funneled through SAT teams in schools that may also serve as a school's 504 Committee (unless established differently in a school). School administrators or SAT coordinators can help you with referral procedures.

**EVALUATION NOTICE:** Your informed consent will be sought prior to conducting any individual evaluations that might be recommended through 504 processes. Although no individual evaluation will be conducted without your consent, schools may review existing records such as test scores, teacher reports/recommendations, grades and other such information without your consent. Please be advised: all testing and other evaluation procedures utilized are validated for their specific purposes. They may include tests and other evaluation materials designed to assess specific areas of education need and not just to elicit a general IQ score. Tests are selected and administered to best ensure they accurately measure what the test seeks to measure, rather than any sensory, speaking, or manual impairments that might be present (except when the test is designed to measure sensory, speaking, or manual skills for 504 eligibility purposes). Evaluation(s) utilized to make significant changes/renew eligibility must also meet these same requirements.

## Accommodation Plan

All eligible students will have a written accommodation plan developed annually. Plans may be adjusted or altered more frequently if needed. Plans should address testing accommodations and may include health plans. Focus of plans is not on performance enhancement but on providing fairness and equal access to education and work place environments. Plans should address all needed services/ accommodations that are impacted by and/or linked to the identified disability or disabilities.

**ELIGIBILITY AND PLACEMENT:** The 504 Committee, consisting of at least an administrator/504 coordinator, teacher(s), and you, will be responsible for determining eligibility and making placement decisions. Other appropriate personnel may be invited, such as the evaluator, nurse, and/or counselor. You also have the right to invite others to attend and be involved in 504 processes, including plan development. Placement decisions are based on a variety of information resources. Reevaluations or verification of continued need for 504 planning will occur every three years for both students and employees.

**LEAST RESTRICTIVE ENVIRONMENT NOTICE:** 504 eligible students have the right to be educated in facilities comparable to nondisabled peers, and they will be served with nondisabled students in the regular education environment to the maximum extent appropriate. Prior to removing your child from the regular education

## Section 504

### Sample Accommodations and Modifications

This Appendix contains examples of 504 accommodations and modifications. An accommodation is any technique that alters the academic setting or environment in some way, but does not change the content of required work. A modification is any technique that alters the work required in such a way that it differs in substance from the work required of other students in the same class. Teams must assess when modifications are implemented in a plan whether or not student grading must also be adjusted. Some intervention tools might be seen as either an accommodation or a modification, depending on the situation or on the implementation.

This is intended to be a staff document. The following examples are not offered as check lists and should not be considered as all-inclusive or mandatory listings. The examples are intended to serve as “starters” for 504 teams designing accommodation plans that meet a student’s specific need(s). The best 504 plans incorporate teacher expertise and available regular education resources. The Team process involves schools in identifying the resources they (and outside agencies) have to support various student needs. Obviously, the kinds of accommodations schools can provide will vary based on school configuration, age of student, etc. The 504 evaluation team decides the accommodations that will best support a particular student. The following examples are organized into two groups. The first group includes general environmental, organizational, behavioral, presentation, and assessment strategies. The second group includes possible examples of accommodations that might be valuable when dealing with specific disability profiles.

#### Examples of General Accommodations

- **Environmental Strategies**
- **Organizational Strategies**
- **Behavioral Strategies**
- **Presentation Strategies**
- **Evaluation Methods**

#### Examples of Accommodations for Specific Disabilities

Allergies	Cystic Fibrosis	Orthopedically Impaired
Arthritis	Diabetes	Student with health needs
Asthma	Drugs/alcohol	Tourette's Syndrome
ADD/ADHD	Emotionally Disturbed	Traumatic Brain Injury
Bipolar Cancer	Encopresis/Enuresis	Tuberculosis
Cerebral Palsy	Epilepsy	Visual Impairment
AIDS	Hearing Impairment	Weight (obesity, anorexia, bulimia)
	Learning Disability	
	Leukemia	

#### Examples of General Accommodations

General program accommodations/adjustments or services are always made on a case-by-case basis and individualized. Accommodations are to be reasonable and are intended to provide persons with disabilities compensation for their functional limitation(s) due to a mental or physical impairment. Where Section 504 is concerned, accommodations are made to bring a student with a disability to the same starting point as a non-disabled student.

Consequently, the accommodations defined in a Section 504 plan are those interventions that are not typically available to all students.

### **Environmental Strategies**

- Provide a structured learning environment
- Make separate "space" for different types of tasks
- Possible adapting of non-academic times such as lunch, recess, and physical education
- Change student seating
- Utilize a study carrel
- Alter location or personal or classroom supplies for easier access or to minimize distraction
- Provide sensory breaks
- Provide a written or picture schedule

### **Organizational Strategies**

- Model and reinforce organizational systems (i.e. color-coding)
- Write out homework assignments, check student's recording of assignments
- Tailor homework assignments toward student strengths
- Set time expectations for assignments
- Provide clues such as clock faces indicating beginning and ending times
- Teach study/organizational skills
- Schedule before or after school tutoring/homework assistance

### **Behavioral Strategies**

- Use behavioral management techniques consistently within a classroom and across classes
- Implement behavioral/academic contracts
- Utilize positive verbal and/or nonverbal reinforcements
- Utilize logical consequences
- Confer with the student's parents (and student as appropriate)
- Establish a home/school communication system for behavior monitoring
- Post rules and consequences for classroom behavior
- Put student on daily/weekly progress report/contract
- Reinforce self-monitoring and self-recording of behaviors

### **Presentation Strategies**

- Tape lessons so the student can listen to them again; allow students to tape lessons
- Use computer-aided instruction and other audiovisual equipment
- Select alternative textbooks, workbooks, or provide books on tape
- Highlight main ideas and supporting details in the book
- Provide copied material for extra practice (i.e. outlines, study guides)
- Prioritize drill and practice activities for relevance
- Vary the method of lesson presentation using multi-sensory techniques:
  - a) lecture plus overhead/board demonstration support
  - b) small groups required to produce a written product
  - c) large groups required to demonstrate a process
  - d) computer-assisted instruction
  - e) peer tutors or cross-age tutors
  - f) demonstrations, simulations

g) experiments

h) games

- Ask student to repeat/paraphrase context to check understanding
- Arrange for a mentor to work with student in his or her interest area or area of greatest strength
- Provide peer tutoring
- Simplify and repeat instructions about in-class and homework assignments
- Vary instructional pace
- Reinforce the use of compensatory strategies, i.e. pencil grip, mnemonic devices, “spell check”
- Vary kind of instructional materials used
- Assess whether student has the necessary prerequisite skills. Determine whether materials are appropriate to the student's current functioning levels
- Reinforce study skill strategies (survey, read, recite, review)
- Introduce definition of new terms/vocabulary and review to check for understanding
- Be aware of student's preferred learning style and provide matching instruction materials
- Pre-teach and/or re-teach important concepts
- Prepare advanced organizers/study guides for new material

### **Assignments**

- Modify the amount of homework
- Use written directions to supplement oral directions
- Reduce paper and pencil tasks
- Allow for assignments to be word processed
- Lower reading level of assignments
- Break assignments into a series of smaller assignments
- Use highlighted texts

### **Evaluation Methods**

- Limit amount of material presented on a single page
- Provide a sample or practice test
- Provide for oral testing
- Provide tests in segments so that student hands in one segment before receiving the next part
- Provide personal copy of test tools and allow for color-coding/highlighting
- Adjust time for completion
- Modify weights of tests when grading

## Examples of Accommodations for Specific Disabilities

What follows are some examples of accommodations and services that might be considered for specific disability profiles. Please keep in mind that these examples are not intended to be all-inclusive or mandatory. Do not use these examples as a “checklist” as accommodations are to be made on a case-by-case basis specific to individual need. Also remember that the mere presence of these conditions does not automatically qualify a student for a Section 504 plan. The disability must significantly limit one or more life functions before a 504 plan is to be considered. Additionally, this disability must impact the student so that he or she is not afforded access and benefit of programs and services equal to that of non-disabled students.

### Allergies

EXAMPLE: The student has severe allergic reactions to certain pollens and foods. For purposes of this example the condition substantially limits the major life activity of breathing and may interfere with the student's ability to get to school or participate once there.

#### Possible Accommodations and Services:

- Avoid allergy-causing substances: soap, weeds, pollen, food
- Inservice necessary persons: dietary people, peers, coaches, laundry service people, etc.
- Allow time for shots/clinic appointments
- Use air purifiers
- Adapt physical education curriculum during high pollen time
- Improve room ventilation (i.e. when remodeling has occurred and materials may cause an allergy)
- Develop health care and/or emergency plans
- Address pets/animals in the classroom
- Involve school health consultant in school related health issues
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects

### Arthritis

EXAMPLE: A student with severe arthritis may have persistent pain, tenderness or swelling in one or more joints. A student experiencing arthritic pain may require a modified physical education program. For purposes of this example, the condition substantially limits the major life activity of performing manual tasks.

#### Possible Accommodations and Services:

- Provide a rest period during the day
- Accommodate for absences for doctors' appointments
- Provide assistive devices for writing (e.g. pencil grips, non-skid surface, typewriter/computer, etc.)
- Adapt physical education curriculum
- Administer medication following medication administration protocols
- Train student for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Arrange for assistance with carrying books, lunch tray, etc.
- Provide book caddy
- Implement movement plan to avoid stiffness
- Provide seating accommodations

- Allow extra time between classes
- Provide locker assistance
- Provide modified eating utensils
- Develop health care plan and emergency plan
- Provide for accommodations for writing tasks; a note taker, a computer or tape recorder for note-taking
- Make available access to wheelchair/ramps and school van for transportation
- Provide more time for massage or exercises
- Adjust recess time
- Provide peer support groups
- Arrange for instructional aide support
- Install handle style door knobs (openers)
- Record lectures/presentations
- Have teachers provide outlines of presentations
- Issue Velcro fasteners for bags
- Obtain padded chairs
- Provide a more comfortable style of desk
- Adjust attendance policy, if needed
- Provide a shorter school day
- Furnish a warmer room and sit student close to the heat
- Adapt curriculum for lab classes
- Supply an extra set of books for home use and keep a set at school
- Let student give reports orally rather than in writing
- Provide an awareness program for staff and students
- Monitor any special dietary considerations
- Involve school health consultants in school health related issues
- Provide post-secondary or vocational transition planning

### **Asthma**

EXAMPLE: A student has been diagnosed as having severe asthma. The doctor has advised the student not to participate in physical activity outdoors. For purposes of this example, the disability limits the major life activity of breathing.

#### **Possible Accommodations and Services:**

- Adapt activity level for recess, physical education, etc.
- Provide inhalant therapy assistance
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Remove allergens (e.g. hair spray, lotions, perfumes, paint, latex)
- Make field trips that might aggravate the condition non-mandatory and supplement with videos, audiotapes, movies, etc.
- Accommodate medical absence by providing makeup work, etc.
- Adjust for administration of medications
- Provide access to water, gum, etc.
- Adapt curriculum expectations when needed (i.e. science class, physical education, etc.)
- Develop health care and emergency plans
- Have peers available to carry materials to and from classes (e.g. lunch tray, books)
- Provide rest periods
- Make health care needs known to appropriate staff



- Provide indoor space for before and after school activities
- Have a locker location which is centralized and free of atmosphere changes
- Adapt attendance policies or school day length if needed
- Place student in most easily controlled environment

### **Attention Deficit Disorder (ADD) and Attention Deficit Hyperactive Disorder (ADHD)**

EXAMPLE: The student does not meet eligibility requirements under IDEA as emotionally disturbed, learning disabled or other health impaired. A doctor regards the student as having ADD, and for purposes of this example, the disability limits the major life activity of learning. The student, because of his disability, is unable to participate in the school's programs to the same degree as students without disabilities and therefore is substantially limited by the disability.

#### **Possible Accommodations and Services:**

- Seat the student away from distractions and in close proximity to the teacher
- State classroom rules, post in an obvious location and enforce consistently
- Use simple, concise instructions with concrete steps
- Provide seating options
- Tolerate (understand the need) excessive movement
- Provide a peer tutor/helper
- Teach compensatory strategies
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Monitor for stress and fatigue; adjust activities
- Adjust assignments to match attention span, etc.
- Provide supervision during transitions, disruptions, field trips
- Model the use of study guides, organizing tools
- Accommodate testing procedures; lengthy tests might be broken down into several shorter administrations
- Provide prompt feedback on both successes and areas needing improvement
- Initiate frequent parent communication
- Establish a school/home behavior management program
- Provide training for staff
- Have the student use an organizer; train in organizational skills
- Establish a nonverbal cue between teacher and student for behavior monitoring
- Assign chores/duties around room/school
- Adapt environment to avoid distractions
- Reinforce appropriate behavior
- Have child work alone or in a study carrel during high stress times
- Highlight required or important information/directions
- Provide a checklist for student, parents, and/or teacher to record assignments of completed tasks
- Use a timer to assist student to focus on given task or number of problems in time allotted. Stress that problems need to be correctly done
- Have student restate or write directions/instructions
- Allow student to respond in variety of different modes (i.e. may place answers for tests on tape instead of paper)
- Give student opportunity to stand/move while working
- Provide additional supervision to and from school
- Adapt student's work area to help screen out distracting stimuli
- Grade for content integrity, and not just neatness/presentation
- Schedule subjects which require greater concentration early in the day

- Supply small rewards to promote behavior change
- Avoid withholding physical activity as a negative reinforcer
- Allow for periodic, frequent physical activity, exercise, etc.
- Determine trigger points and prevent action leading to trigger points
- Provide for socialization opportunities, such as circle of friends

### **Bipolar Disorder**

EXAMPLE: The student was diagnosed as having a bipolar disorder. The severity (frequency, intensity, duration considerations) of the condition/behaviors did not qualify the student for IDEA. A properly convened 504 committee determined that the condition did significantly impair the major life activity of learning and developed a 504 plan for the student. Here are some possible accommodations for this scenario.

#### **Possible Accommodations and Services:**

- Break down assignments into manageable parts with clear and simple directions, given one at a time.
- Plan advanced preparation for transitions.
- Monitor clarity of understanding and alertness.
- Allow most difficult subjects at times when student is most alert.
- Provide extra time on tests, class work, and homework if needed.
- Strategies in place for unpredictable mood swings.
- Provide appropriate staff with training on bipolar disorder.
- Create awareness by staff of potential victimization from other students.
- Implement a crisis intervention plan for extreme cases where student gets out of control and may do something impulsive or dangerous.
- Provide positive praise and redirection.
- Report any suicidal comments to counselor/psychologist immediately.
- Consider home instruction for times when the student's mood disorder makes it impossible for him to attend school for an extended period.

### **Cancer**

EXAMPLE: A student with a long-term medical problem may require special accommodations. Such a condition as cancer may substantially limit the major life activities of learning and caring for oneself. For example, a student with cancer may need a class schedule that allows for rest and recuperation following chemotherapy.

#### **Possible Accommodations and Services:**

- Adjust attendance policies
- Limit numbers of classes taken; accommodate scheduling needs (breaks, etc.)
- Send teacher/tutor to hospital, as appropriate
- Take whatever steps are necessary to accommodate student's involvement in extra-curricular activities if they are otherwise qualified
- Adjust activity level and expectations in classes based on physical limitations; don't require activities that are too physically taxing
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Provide appropriate assistive technology
- Provide dietary accommodations
- Provide a private area in which to rest
- Shorten school day
- Arrange for home tutoring following treatment
- Send additional set of texts and assignments to hospital schools



- Tape lessons. Accept the fact that the lessons and content-area tests may not be appropriate; the student is learning many life lessons through this experience.
- Adjust schedule to include rest breaks
- Provide counseling; establish peer group support
- Adapt physical education
- Provide access to school health services
- Provide awareness training to appropriate staff and students
- Develop health care emergency plan to deal with getting sick at school
- Furnish a peer tutor
- Provide student with a student buddy for participation in sports
- Initiate a free pass system from the classroom
- Provide lessons using mastery learning techniques
- Provide individual school counseling
- Begin friendship groups for the student
- Provide teachers with counseling, emphasizing positive attitudes
- Plan ongoing communication about school events
- Notify parents of communicable diseases in school
- Designate a person in school to function as liaison with parents as a means of updating changing health status

### **Cerebral Palsy**

EXAMPLE: The student has serious difficulties with fine and gross motor skills. A wheelchair is used for mobility. For purposes of this example, the condition substantially limits the major life activity of walking. Cognitive skills are intact.

#### **Possible Accommodations and Services:**

- Provide assistive technology devices
- Arrange for use of ramps and elevators
- Allow for extra time between classes
- Assist with carrying books, lunch trays, etc.
- Adapt physical education curriculum
- Provide for physical therapy as appropriate. Such therapy needs to relate directly to "life skills."
- Train for proper dispensing of medications; monitor and/or distributed medications; monitor for side effects
- Adapt eating utensils
- Initiate a health care plan that also addresses emergency situations
- Train paraprofessionals in the case of this student (i.e. feeding, diapering, transporting to and from the wheelchair)
- Adapt assignments
- Educate peers/staff with parent/student permission
- Ensure that programs conducted in the basement or on second or third floor levels are accessible
- Ensure that bathroom facilities, sinks and water fountains are readily accessible.
- Provide post-secondary or vocational transition planning

### **Chronic Infectious Diseases: Acquired Immune Deficiency Syndrome (AIDS)**

EXAMPLE: The student frequently misses school and does not have the strength to attend a full day. For purposes of this example, the student has a record of a disability, which substantially limits the major life activities of thinking, learning and working. Please review applicable District policies.

#### **Possible Accommodations and Services:**

- Inservice staff and students about the disease, how it is transmitted and how it is treated (Consult appropriate District policies)
- Apply universal precautions
- Administer medications following medication administration protocols, train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Adjust attendance policies
- Adjust schedule or shorten day
- Provide rest periods
- Adapt physical education curriculum
- Establish routine communication with health professionals, area nurse, and home
- Develop health-care and emergency plan
- Consult with doctor, parents, teachers, area nurse and administrators
- Train appropriate teachers on medical/emergency procedures
- Provide link between home and classroom via computer, etc.
- Arrange for an adult tutor at school or home
- Adapt assignments and tests
- Provide an extra set of textbooks for home
- Provide staff training on confidentiality
- Provide education and support for peers regarding issues of death and dying
- Provide transportation to and from school if needed as a related service
- Tape books or provide a personal reader
- Arrange to communicate with a home computer with e-mail
- Notify parents of communicable disease in the classroom
- Arrange for participation in a support group
- Provide for post-secondary employment transitions for secondary students
- Develop and promote a nondiscriminatory classroom climate and supportive student attitudes
- Promote the most supportive, least restrictive educational program
- Videotape classroom teaching
- Provide a peer support group to encourage communication
- Involve school health consultant in school-related health issues

### **Cystic Fibrosis**

EXAMPLE: This student is a new enrollee at your school and has an extensive medical history. He has significant difficulty breathing and will often be absent due to respiratory infection. While medical needs can be easily documented on a health plan, his educational needs also need to be accommodated. For purposes of this example, learning is the major life activity that is substantially impaired.

#### **Possible Accommodations and Services:**

- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Create a health care plan for management of acute and chronic phases

- Promote good communication between parents, hospital, home and school on school assignments
- Shorten the school day
- Adapt physical education activities
- Apply universal precautions, correct disposal of fluids
- Recognize need for privacy for “good coughing”
- Educate staff and peers

### **Diabetes**

EXAMPLE: A sixth grader with juvenile diabetes requires accommodation to maintain optimal blood sugar. His mom provides the crackers and juice to be used at "break" time and before physical education class. She asks that teachers remind him to eat at a certain time of the morning if he does not pay attention to the beeper on his watch. The youngster is very self sufficient; while he is able to monitor his own blood sugar now, he prefers to do this privately. Therefore, mom asks that the equipment and a notebook/log be stored in a nearby file cabinet and the youngster be allowed to go into the hall with the equipment to check his blood sugar twice a day. She also asks that his teacher allow him to use the bathroom as needed.

#### **Possible Accommodations and Services:**

- Health care plan for management of condition in the school setting and in emergencies
- Educate staff to signs/symptoms of insulin reaction/hypoglycemia: hunger, shakiness, sweatiness, change in face color, disorientation, drowsiness
- Never leave the child alone if he/she is feeling poorly; walk to the office or clinic with the student.
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects; communicate systematically and frequently with parents
- Adapt physical education activities
- Store equipment and documentation in a readily accessible location for student, parent and area nurse or clinic aid
- Accommodate food access/meal schedules
- Allow access to bathroom facilities

## Drugs and Alcohol

EXAMPLE: The student has used drugs and alcohol for many years. This problem has affected the major life activities of learning, concentrating and caring for oneself. The student is presently not using drugs or alcohol and is in a rehabilitation program. If the student is not using drugs or alcohol, he or she may qualify for accommodations or services under Section 504.

### Possible Accommodations and Services:

- Provide copies of texts and assignments to treatment facility
- Arrange for periodic home-school contacts
- Establish daily/weekly assignments monitoring system
- Communicate with treatment facility; pursue transition services available through the treatment facility
- Establish peer support group
- Dismiss from school for treatment
- Ensure strong link with school counselor
- Integrate a student assistance program into the classroom
- Inservice faculty/staff with parent/student permission
- Provide post-secondary or vocational transition planning
- Provide ongoing support around chemical dependency in conjunction with other agencies
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects

## Emotionally Disturbed

EXAMPLE: An emotionally disturbed student may need an adjusted class schedule to allow time for regular counseling or therapy. For purposes of this example, the condition substantially limits the individual's major life activity of learning.

### Possible Accommodations and Services:

- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Maintain weekly/daily journals for self-recording of behavior
- Establish home-school communication system
- Schedule periodic meetings with home and treatment specialists
- Provide carry-over of treatment plans into school environment
- Assist with inter-agency referrals
- Utilize behavior management programs
- Develop contracts for student behavior
- Post rules for classroom behaviors; teach expectations
- Provide counseling, social skills instruction
- Reinforce replacement behaviors
- Educate other students/staff/school personnel
- Foster carryover of treatment plans to home environment
- Reinforce positive behavior
- Schedule shorter study/work periods according to attention span capabilities
- Be consistent in setting expectations and following up on reinforcements/consequences
- Provide post-secondary or vocational transition planning

### **Encopresis/Enuresis**

EXAMPLE: A student who will urinate or defecate in clothes. Not to be confused with physical incontinence, but only to a needed behavior change (i.e. toilet training, bowel/bladder retraining).

#### **Possible Accommodations:**

- Maintain low key responses
- Have a change of clothes available at school in the clinic or alternative location
- Plan a consistent response to events; send student to clinic or alternative location for clean-up and change of clothes; while wearing latex/rubber gloves, place soiled clothes in a plastic bag; call parent and make arrangements for soiled items to be returned home
- Observe for consistent trigger events
- Support bowel/bladder retraining program that is recommended by the physician

### **Epilepsy**

EXAMPLE: The student is on medication for seizure activity, but experiences several petit mal seizures each month. This condition substantially limits the major life activity of learning.

#### **Possible Accommodations and Services:**

- Call parent and document the characteristics of each seizure
- Assess breathing after seizure
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Train staff and students and prepare an emergency plan
- Anticipate recovery process should a seizure occur. Move seating/clear space during seizure. Do not insert objects into the student's mouth during seizure; administer no fluids if student is unconscious. Turn the unconscious student on his or her side to avoid aspiration of vomit. Provide rest time and return to academic considerations following seizure. Arrange a buddy system, especially for field trips
- Avoid portable chalk boards or furniture that would topple over easily
- Provide an alternative recess, adapt activities such as climbing and/or swimming
- Plan for academic make-up work
- Alter door openings to allow access from the outside (i.e. bathroom stall doors that swing both ways)
- Observe for consistent triggers (e.g. smells, bright light, perfume, hair spray)
- Provide post-secondary or vocational transition planning

### **Hearing Impairment**

EXAMPLE: A parent is hearing impaired and requests, access to school sponsored activities. The District makes accommodations by providing interpreter services for the parent to participate effectively in school-sponsored events or meetings about the student.

#### **Possible Accommodations and Services:**

- Provide an interpreter for those school events where accommodations may be necessary/are requested
- Make alternative arrangements for home-school contacts/communication
- Assist with locating peer or support groups
- Use written notes for communication
- Arrange with phone company for assistive devices on public phones
- Provide information on assistive technology; acquire assistive equipment for school use
- Provide in-house TDD or relay services to receive/communicate efficiently
- Provide post-secondary or vocational transition planning

### **Learning Disabilities**

Individual profiles of learning strengths and weaknesses will vary. **THE EXAMPLE:** The student has a learning disability that impacts her ability to read. She has more difficulty with word decoding and spelling than reading comprehension. Thus, completing reading tasks is difficult and slow. She is currently not eligible to receive special education under IDEA.

#### **Possible Accommodations and Services:**

- Provide lower-readability materials covering course context
- Provide extended time on tests
- Allow access to spell checkers and/or word processing
- Provide information on accommodations for college-entrance/qualifying exams (i.e. PSAT)
- Clearly sequenced instruction
- Provide lecture notes/overheads
- Visual graphs/charts/diagrams to support instruction
- Provision of computer access
- Seating toward the instructor
- Support/suggestions relative to post-secondary/career options
- Support in the use of organizational/time-management strategies
- Support in the use of strategies to assist memory and problem-solving
- Provide post-secondary or vocational transition planning
- Provide training in self-advocacy

### **Leukemia**

**EXAMPLE:** The student has recently been diagnosed with leukemia and requires frequent hospitalization. The condition substantially limits the major life activity of learning and caring for oneself.

#### **Possible Accommodations and Services:**

- Involve school nurse in assessing current limitations and development of health plan
- Provide homebound instruction if needed
- Provide the student with an adjusted school day
- Make needed accommodations during physical education/recess
- Provide rest periods
- Have medical services and medication available at school. Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Support the proper diet as per physical recommendation
- With parent/student permission, have area nurse to educate teachers/staff/peers
- Notify parents of existing communicable diseases at school (i.e. chicken pox, flu, strep throat, etc.)
- Consult with medical staff about individual needs and/or concomitant factors

### **Orthopedically Impaired**

**EXAMPLE:** The student has limited mobility and uses a wheelchair. This condition substantially limits the major life activity of walking.

#### **Possible Accommodations and Services:**

- Develop a health care and emergency plan
- Implement an adaptive physical education program
- Provide physical therapy at school
- Correct problems with physical accessibility of facilities/pathways between buildings
- Provide extra time to get to class

- Provide bathroom assistance
- Supply a set of textbooks for home
- Provide a copy of class notes from a peer
- Practice emergency exit from school building
- Ensure that access to programs held in the basement or on upper floors is handicapped accessible
- Ensure that bathroom facilities, water fountains, sinks, etc. are readily accessible
- Provide post-secondary or vocational transition planning

### **Student with Special Health Care Needs**

EXAMPLE: The student has a special health care problem and requires clean intermittent catheterization twice each day. This procedure empties the bladder and helps prevent urinary tract infections and possible wetting. The school is required to provide trained personnel to perform the procedure or to provide the student a private location to perform the procedure. The condition is substantially limiting in the major life activity of caring for oneself.

#### **Possible Accommodations and Services:**

- Apply universal precautions
- Provide trained personnel to perform special medical procedures. Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Provide student with private location and time to perform procedures
- Involve area nurse, parents, teachers, and staff in periodic review
- Allow preferential seating as indicated by need
- Adapt recess, physical education, and transportation
- Adjust classroom environment
- Develop health care and emergency plan
- If necessary, adapt attendance policy
- Establish health alert system whereby every staff member involved with this student is aware of the health problem and of proper procedures
- Provide a beeper/paging system for trained personnel
- Make available homebound services/instruction if needed
- Arrange for inservice to other students and staff with parent/student permission
- Provide post-secondary or vocational transition planning

### **Tourette's Syndrome**

EXAMPLE: The student exhibits inappropriate gestures and sounds in the classroom and hallways. The condition is substantially limiting in the major life activities of learning and caring for oneself.

#### **Possible Accommodations and Services:**

- Provide student with a means of catching up on missed lessons
- Pair with a fellow student for study if indicated
- Educate other students about associated outbursts/gestures/tics
- Arrange for frequent parental interaction if indicated
- Monitor administration/side effects of medication
- Implement a behavior management program if indicated; cue student about inappropriate behaviors
- Provide supervision for transition activities, during periods of "acting out"
- Provide alternative/larger work-space or appropriate space for the child to act out if indicated
- Teach compensatory strategies



- Adapt assignments if indicated
- Provide peer/teacher inservice with parent/student permission
- Provide post-secondary or vocational transition planning

### **Traumatic Brain Injury**

EXAMPLE: The student sustained a brain injury in an automobile accident. Many academic and motor skills have been lost from the injury, but the prognosis is for full recovery with rehabilitation supports. The student does not qualify for special education under IDEA. The condition is substantially limiting to the major life activities of learning, thinking, concentrating and performing manual tasks.

#### **Possible Accommodations and Services:**

- Provide extended school year/time
- Furnish memory/organizational aids
- Provide alternative testing
- Initiate tutoring program if medically unable to attend school
- Arrange an emergency plan
- Monitor for seizure activity
- Inservice staff and peers with student/parent permission
- Monitor fatigue/mental exhaustion
- Provide frequent short breaks during periods of intense concentration
- Shorten the instructional day if indicated
- Provide strategies for organizing/sequencing tasks
- Provide post-secondary or vocational transition planning

### **Tuberculosis**

EXAMPLE: The student is suspected of having active tuberculosis and must stay home until diagnostic tests are completed. The disease is no longer infectious, but the student is still weak. The condition is substantially limiting to the major life activity of learning.

#### **Possible Accommodations and Services:**

- Provide home tutor, as necessary
- Inservice staff on the need for confidentiality to limit the stigmatization of him or her
- Have the medical evaluator provide feedback to staff
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Inservice staff and students about the disease, how it is transmitted and how it is treated
- Work with community agency or health department to provide medication and health education materials
- Work with community agency or health department to test students and staff for exposure and/or infection and to determine when the student can return to school
- Provide therapy and dispense medications if student is diagnosed with active TB; observed for side effects; arrange for parents to give medication on holidays and weekends

### **Visual Impairment**

EXAMPLE: A student has a progressive medical disorder, which results in increasing loss of visual acuity. He now requires both enhanced lighting and enlarged print materials in order to read.

#### **Possible Accommodations and Services:**

- Preferential seating



- Adaptations to the physical environment (i.e. consistent room arrangement, removal of obstacles to path of entry)
- Copies of text/reading materials for adaptation
- Modified writing tools (i.e. dark felt tip pens)
- Dark lined writing paper
- Lighting aids
- Low vision devices including magnifiers, monocular glass, closed-circuit TV
- Desktop slantboard
- Enlarged print materials; textbooks, workbooks, worksheets
- Books on tape
- Audiotape recorder, tapes and organizational location (headphones if needed)
- Oral instead of written tests
- Standardized tests (i.e. CAT, SAT) in large print or Braille
- Tactile maps
- Computer with enlarged print screen/adaptations

**Weight: Diagnosis of Obesity, Anorexia, and Bulimia**

EXAMPLE: A student has an extreme eating disorder that may require special accommodations. Obesity may be considered a disability under Section 504 where it substantially impairs a major life activity such as walking.

**Possible Accommodations and Services:**

- Provide special seating modifications or furniture
- Make dietary modifications per physician recommendation
- Adapt physical education program per physician recommendation
- Allow extra time to get to classes
- Educate peers
- Adapt rest rooms
- Provide opportunities for socialization and peer counseling/interaction
- Ensure privacy for self-care
- Provide counseling involving the area nurse
- Provide for elevator privileges per physician's recommendation
- Arrange for counselor/area nurse to supervise peer counseling to deal with esteem issues, peer attitudes, teasing, etc.
- Address busing concerns to ensure room on buses for seating
- Arrange to provide opportunities for the individual to participate in intramural and extra- curricular events
- Make any class location changes that may be needed

Student's Name: \_\_\_\_\_ Monongalia County Schools Date: \_\_\_\_

<p><b>Presentation Accommodations:</b></p> <p><input type="checkbox"/> P01 Text-to-speech (TTS), excluding ELA reading passages.</p> <p><input type="checkbox"/> P02 Human read aloud, excluding ELA reading passages.</p> <p><b>(Will also need to be paired with T10 if using this code, P02.)</b></p> <p><input type="checkbox"/> P03 Braille test booklet</p> <p><input type="checkbox"/> P06 Test presented through sign language, locally provided</p> <p><input type="checkbox"/> P13 Text-to-speech, including ELA reading passages</p> <p>Notes: _____</p> <p>_____</p> <p><input type="checkbox"/> P14 Human read aloud, including ELA reading passages</p> <p>Notes: _____</p> <p>_____</p> <p><input type="checkbox"/> P15 Item specific directions read aloud</p> <p><input type="checkbox"/> P16 Directions presented through sign language, locally provided</p> <p><input type="checkbox"/> P17 Braille computer test</p> <p><input type="checkbox"/> P18 Simplified test directions</p> <p><input type="checkbox"/> P19 Large print paper test</p> <p><input type="checkbox"/> P21 Screen-reading software used with computer</p> <p><input type="checkbox"/> P22 Enlarge text on computer screen</p> <p><input type="checkbox"/> P23 Magnifying device to enlarge assessment material</p> <p><input type="checkbox"/> P24 Translator (Human)</p> <p><input type="checkbox"/> P27 Approved bilingual word-to-word dictionary for directions only</p> <p><input type="checkbox"/> P28 High contrast for computer-based assessment</p> <p><input type="checkbox"/> P30 Translated test directions</p> <p><input type="checkbox"/> P32 Stacked translation for computer-based assessment</p> <p><input type="checkbox"/> P33 Turn off any universal tools for computer-based assessment</p> <p><input type="checkbox"/> P34 Embedded American sign Language</p> <p><input type="checkbox"/> P35 Braille computer-based fixed form with paper booklet for tactile graphics</p> <p><input type="checkbox"/> P36 Closed Captioning</p> <p><input type="checkbox"/> P37 Masking</p> <p><input type="checkbox"/> P38 Color contrast</p> <p><input type="checkbox"/> P39 Color overlays</p> <p><input type="checkbox"/> P40 Print-on-demand</p> <p><input type="checkbox"/> P41 Provide translation glossary (Paper/Pencil Tests)</p> <p><input type="checkbox"/> P42 Noise buffers</p> <p><input type="checkbox"/> P43 Streamlined mode for computer-based assessment.</p> <p><input type="checkbox"/> P44 Line reader</p> <p><input type="checkbox"/> P45 Unlimited replays</p> <p><input type="checkbox"/> P46 Human read aloud in Spanish</p>	<p><input type="checkbox"/> P47 Alternate form-visual impairment</p> <p><input type="checkbox"/> P48-Scripts</p> <p><input type="checkbox"/> P49-Amplification system</p> <p><input type="checkbox"/> P50-Test presented through sign language, locally provided, including ELA passages</p> <hr/> <p><b>Response Accommodations:</b></p> <p><input type="checkbox"/> R03 Braille writer or tactile to respond</p> <p><input type="checkbox"/> R04 Scribe-including ELA essay</p> <p><input type="checkbox"/> R05 Abacus</p> <p><input type="checkbox"/> R11 Assistive technology-alternate response options</p> <p><input type="checkbox"/> R15 Bilingual word-to-word dictionary</p> <p><input type="checkbox"/> R19 Calculator—Tactile/Talking Calculator</p> <p><input type="checkbox"/> R20 Multiplication table</p> <p><input type="checkbox"/> R21 Speech-to-text</p> <p><input type="checkbox"/> R22 Unlimited re-recordings</p> <p><input type="checkbox"/> R23 100's number table</p> <p><input type="checkbox"/> R24 Calculator, 4 function <b>(Only for SAT School Day, WVASA)</b></p> <p><input type="checkbox"/> R25 Word processor use for essay questions <b>(SAT School Day)</b></p> <hr/> <p><b>Setting and Time Accommodations:</b></p> <p><input type="checkbox"/> T03 Extra breaks (no studying)</p> <p>T04 Extra time can no longer be entered <b>(Use T17 thru T22 for SAT School Day/11th)</b></p> <p><input type="checkbox"/> T07 Flexible scheduling (No Studying)</p> <p><input type="checkbox"/> T09 Provide Separate Setting (Small Group)</p> <p><input type="checkbox"/> T10 Separate Setting (one-to-one setting)</p> <p><input type="checkbox"/> T11 Testing environment modifications</p> <p><input type="checkbox"/> T12 Preferential seating</p> <p><input type="checkbox"/> T13 Separate setting (change in location)</p> <p><input type="checkbox"/> T14 Flexible scheduling (limited time testing)</p> <p><input type="checkbox"/> T15-Extended breaks</p> <p><input type="checkbox"/> T16-Breaks as needed</p> <p><input type="checkbox"/> T17Extended time + 50 % reading <b>(SAT School Day)</b></p> <p><input type="checkbox"/> T18Extended time + 50 % essay <b>(SAT School Day)</b></p> <p><input type="checkbox"/> T19 Extended time +50 % math <b>(SAT School Day)</b></p> <p><input type="checkbox"/> T20 Extended time + 100 % reading <b>(SAT School Day)</b></p> <p><input type="checkbox"/> T21 Extended time +100% essay <b>(SAT School Day)</b></p> <p><input type="checkbox"/> T22 Extended time + 100% math <b>(SAT School Day)</b></p> <hr/> <p><b>Special Notes:</b> -----</p> <p>-----</p> <p>-----</p> <p>-----</p>
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**P01 and P02 are not allowable SAT School Day accommodations (11<sup>th</sup> grade testing). R24, R25 and T-17 through T22 are only SAT School Day (11<sup>th</sup> grade) testing accommodations. P01 and P02 may not be selected for SAT School Day/11<sup>th</sup> grade testing.**

## Section II. Guidelines for Supporting and Accommodating Students with Disabilities

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Federal laws governing student participation in assessments must meet the requirements of the Every Student Succeeds Act (ESSA) of 2016, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), and Section 504 of the Rehabilitation Act of 1973 (reauthorized in 2008). To appropriately assess all students, the West Virginia Department of Education (WVDE) must ensure assessments are valid, reliable, and consistent with national assessment standards. When using assessments to identify schools needing improvement over a period of time, assessment administration and content must be consistent and scores must be comparable. The challenge is to maintain a fair assessment that meets the technical quality requirements of statewide assessment and accountability, while avoiding discrimination against students with disabilities or English Language Learners. To this end, these guidelines are provided to aid schools and districts in their decision-making and assessment responsibilities.

This section offers guidance on the assessment of students with disabilities, which includes:

- students with disabilities as defined by the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004), and more specifically, those meeting the eligibility criteria in West Virginia Board of Education (WVBE) Policy 2419, whose individualized education plans (IEPs) must address assessment participation; and
- the criteria for participation in an alternate assessment for students with disabilities as defined by the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004), and more specifically, those meeting the eligibility criteria in West Virginia Board of Education (WVBE) Policy 2419, this document contains more information of students with disabilities who are eligible for the alternate assessment.
- students who are not eligible under WVBE Policy 2419 and do not have an IEP, but who meet the definition of disability under Section 504 of the Rehabilitation Act of 1973, and whose Section 504 plans call for instructional and assessment accommodations.
- students who are English Language Learners (ELL's) with disabilities, who are eligible for both an IEP and ELL plan and are eligible for supports and accommodations. For guidance in addressing accommodations for students who are English Language Learners (ELLs) without disabilities (refer to section IV of this document). For guidance in addressing students with plans refer to section VI.

Students with disabilities including those who are eligible under IDEA 2004 and WVBE Policy 2419 (i.e., students with IEPs) or Section 504 of the Rehabilitation Act of 1973. The students with disabilities subgroup include students with either an IEP or 504 plan for reporting and accountability. Any student with a disability may receive appropriate accommodations identified by their respective IEP teams or Section 504 committees which is on the students' current plan. The decision-making process for provision of accessibility supports should consider student characteristics, classroom instruction and assessment tasks and accessibility policies (Shyyan, V., Thurlow, M., Christensen, L., Lazarus, S., Paul, J., and Touchette, B. 2016, p. 27). This section contains information on the decision making process, more information on accessibility is available at <http://ccsso.ingeniuxondemand.com/DssPreview/Documents/2016/CCSSO%20Accessibility%20Manual.docx>.

## Role of IEP Teams and Section 504 Committees

Guidelines in this document for IEP teams and Section 504 committees serve the following purposes:

- to define appropriate and nationally researched and accepted accommodations and how they are to be implemented for all West Virginia Measures of Academic Progress (WV-MAP) assessments except the National Assessment of Education Progress (NAEP) (see NAEP section for available accommodations);
- to prohibit modifications that change what the test measures and ensure that modifications are not written into IEPs or Section 504 plans;
- to define criteria for participation in statewide assessments; and
- to describe how decisions are documented in IEPs or Section 504 plans

### IEP teams

Special education law and policy require that an IEP be developed and implemented to meet the individual needs of each eligible student with a disability as defined under IDEA 2004. An IEP is a written plan, developed by a team as defined in WVBE Policy 2419, Regulations for the Education of Students with Exceptionalities. The IEP describes the specially designed instruction and appropriate accommodations, if any, needed for an eligible student to master the content standards and objectives as outlined in policy, and to prepare for postsecondary education and the workplace. The IEP also identifies the assessment supports and accommodations that a student needs to receive. *Both general and special education federal laws and state policies require the provision of these assessment accommodations for eligible students with disabilities.*

IDEA 2004 also requires state guidelines for provision of appropriate accommodations to students with disabilities in statewide assessments and for participation in alternate assessment when necessary as determined by students' IEP teams. According to the January 12, 2001, joint memorandum issued by the U.S. Department of Education (ED), Office of Elementary and Secondary Education (which governs the administration of ESEA)<sup>4</sup>, and the ED Office of Special Education and Rehabilitative Services (which ensures the provisions of IDEA 2004), decisions regarding accommodations must be based on a full understanding of the consequences for reporting and accountability. The IEP will document the student's participation in the general assessment, with or without accommodations or if the student is eligible for an alternate assessment. If the student needs accommodations they are documented in the students' current IEP. Tools for teams are available starting on page 169

### Section 504 committees

For students with disabilities as defined under Section 504, who do not have an IEP, the Section 504 committee determines any needed accommodations for WV-MAP assessments.<sup>5</sup>The

<sup>4</sup> Specifically, these requirements include ESEA requirements as amended by the No Child Left Behind Act of 2001 (PL 107-110); WVBE Policy 2510, Assuring the Quality of Education; Regulations for Educational Programs; WVBE Policy 2340, WV-MAP; the Individuals with Disabilities Education Act of 2004 (IDEA-PL108-446); and WVBE Policy 2419, Regulations for the Education of Students with Exceptionalities.

<sup>5</sup> The Americans with Disabilities Act Amendments Act of 2008 (Amendments Act), effective January 1, 2009, amended the Americans with Disabilities Act of 1990 (ADA) and included a conforming amendment

Section 504 plan is developed by a group of stakeholders qualified to evaluate and determine whether the student meets the definition of a student with a disability under Section 504, and plan for the educational needs of the student. LEAs are required to have written procedures for developing Section 504 plans. For any student who needs accommodations the procedures for assigning the current supports and accommodations are contained in WVEIS WOW.

### **English Language Learners with Disabilities**

For appropriate selection of designated supports and accommodations for students who are English Language Learners (ELL's) with disabilities, the IEP or 504 team must include a member to specifically address the individual language needs of the student. The ELL team member appropriately identifies any designated supports and accommodations for the student's plan for instruction and assessment. Educators on the teams should fully account for the complexity of both language and disability implications during the instruction and assessment of ELs with disabilities (Shyyan, Christensen, Touchette, Lightborne, Gholson and Burton, 2013). Both the IEP and ELL plans is maintained and each committee should contain members to address the specific individual needs of the student.

### **Guidelines for Instructional Practice**

Students with disabilities are allowed to have both supports and or accommodations. English learners with disabilities should have access to language supports that they regularly use during classroom instruction. Designated supports and strategies may be made available to any student based on the student's individual needs and are not limited to particular impairments or to students who have Individualized Education Programs (IEPs) or 504 plans. Accommodations are made only to students with disabilities.

The chart below assists teams in recognizing student need for accessibility for instruction. The supports and accommodations a student received routinely may indicate the selection of the designated supports and accommodations needed for state assessments. The comparison of the resources and practices are included in the section on assessment codes.

### **Guidance for Needs-Specific Accessibility Options**

<b>Student Need</b>	<b>Guidance for Accessibility (Student IEP and 504 Plans supersede these guidelines)</b>
<b>Visual Impairments</b>	<ul style="list-style-type: none"> <li>• Reading Materials: All materials that are required to be read by a student may be read aloud to the student.</li> <li>• Pictures, Figures, Drawings, and Photographs: Descriptions may be read to students. In addition, teachers can provide students with further explanation of the descriptions. These explanations may clarify the description without adding additional content.</li> <li>• Graphs: Further descriptions or repetition of descriptions may be necessary for a student. These explanations may clarify the description without adding additional content.</li> <li>• Venn Diagrams: Venn diagrams may be described to the student. In addition, a teacher may use a different chart, diagram format, or graphic organizer.</li> </ul>

to the Rehabilitation Act of 1973 (Rehabilitation Act) that affects the meaning of disability in Section 504.

<b>Student Need</b>	<b>Guidance for Accessibility (Student IEP and 504 Plans supersede these guidelines)</b>
<b>Reading Impairments</b>	<ul style="list-style-type: none"> <li>• Reading Materials: All materials that are required to be read by students may be read aloud to the student.</li> <li>• Writing Activities: All activities that require the student to write may allow for an oral response or the use of technology usually used by the student in a classroom environment.</li> </ul>
<b>Physical Impairments</b>	<ul style="list-style-type: none"> <li>• Kinesthetic Activities: If a student cannot participate in a kinesthetic activity, the student may be asked to describe the activity orally.</li> <li>• Activities Requiring Movement: Tasks such as moving around the room or coming up to the board can be modified to allow the teacher or other students to interact with the student or allow for the student to respond orally.</li> <li>• Writing Activities: If helpful to a student, all activities that require the student to write may allow for an oral response or the use of technology usually used by the student in a classroom environment.</li> </ul>
<b>Hearing Impairments</b>	<ul style="list-style-type: none"> <li>• Activities Requiring Listening: Listening activities may be presented in American Sign Language (ASL). For activities that require students to describe sounds, such as those from a thunderstorm, a sound may be described by the student as how it feels and looks.</li> <li>• Activities Requiring Oral Responses: Oral responses may be provided via sign language or in writing.</li> </ul>
<b>Expressive Language Impairments</b>	<ul style="list-style-type: none"> <li>• Activities Requiring Oral Responses: Oral responses may be provided in writing, using a communication device, or any other means that the student uses to communicate.</li> </ul>
<b>English Learners</b>	<ul style="list-style-type: none"> <li>• Reading Materials: All materials that are required to be read by students may be read aloud to the student.</li> <li>• Writing Activities: All activities that require the student to write may allow for an oral response.</li> <li>• Visual Supports: If helpful to a student, vocabulary and key contextual topics may be supplemented with visual supports.</li> <li>• Flexible Grouping: Teachers may administer the Classroom Activity in flexible groups based on English language proficiency.</li> <li>• Activities Requiring Oral Responses: Oral responses may be provided in writing.</li> <li>• Students may use an English, non-English, and bilingual dictionary and thesaurus as needed.</li> </ul>
<b>Separate Setting</b>	<ul style="list-style-type: none"> <li>• Group activities may be tailored to occur between a single student and his or her educator where the educator and student share discussion and work.</li> <li>• Activities between student(s) and an educator may be conducted online or via a telephone connection.</li> <li>• All student-facing information included in a Classroom Activity should be presented to students working in a separate setting.</li> </ul>



## Selecting general assessment designated supports and accommodations: Three steps

When participation in the general assessment is determined to be the appropriate assessment choice, the student will participate in all other components of WV-MAP (except for students on alternate assessment). IEP teams, Section 504 and ELL committees must actively engage in a planning process that addresses the provision of designated supports and accommodations if needed, to facilitate student access to grade-level instruction and state assessments. That is, IEP teams, Section 504 committees and ELL committees must determine if the student will participate under standard conditions for all students, (b) standard conditions with options available to all students (see Options to Standard Conditions and/or universal tools), or (c) standard conditions with designated supports and/or accommodations. If the latter is chosen, the following three-step process should be followed for deciding which designated supports and accommodations are needed, for which tests and subtests.

Students with SAT plans and ELL without disabilities may be eligible to receive designated supports (see subsequent sections for more information). Students with disabilities including students with IEPs or 504s may be eligible for both supports and or accommodations. Many supports and accommodations for the general summative assessment and other tests in the WV-MAP are considered *options* to standard conditions for alternate assessment; therefore, they are not considered accommodations but accessibility features or universal tools.

### Step one—Select appropriate designated supports and accommodations

Decisions about appropriate assessment accommodations must be reviewed annually. The parent(s) and student, if appropriate, must be involved in and informed of decisions regarding assessment participation. The implications of the decisions must be carefully explained to the parent(s) and student.

When making decisions about which assessment accommodations to allow, IEP teams and Section 504 committees should consider the following:

- Which supplementary aids, services, and program modifications are identified as a need for a student in the IEP or Section 504 plan and are needed for classroom instruction?
- Would using this designated support or accommodation in the various assessments in the WV-MAP result in getting the best measure of what the student knows and can do on the skill being tested?

Not every accommodation used in instruction is appropriate or helpful in assessment. Consider whether accommodations used to assist a student in learning also are needed to show what he or she has learned. Accommodations should address the barriers to accessing the test resulting from the student's disability; therefore, ensuring that the skill, rather than the disability, is being measured.

Other factors to consider in making accessibility decisions may include the effectiveness of the support/accommodation according to available research and difficulties encountered when using the accommodation.

- Will the student actually use the accommodation when testing occurs? When possible, the student should be involved in the decision. An accommodation is more likely to be effective if the student understands how to use it and is willing to do so.
- Which specific assessment accommodations, if any, should be required when assessing for the general summative assessment and other components of the WV-MAP—and to which tests and subtests do these accommodations apply?

- The CCSSO Accessibility Manual is a reference for teams to use in decision making processes for administering accessibility supports. This manual is available in a pdf document on the following link:

### **Step Two—Document the reasons for designated supports and accommodations selected**

Any designated supports and accommodations must be specified on the IEP or Section 504 plan. In the documentation, the committee must articulate the reasons for differentiating supports/accommodations for the student.

1. What does this individual student need, in order to show us what he/she really knows?
2. If provided, will the accommodation change what the test is trying to measure?
3. If a support/accommodation is deemed appropriate has the student had prior experience using it?

### **Step Three— Verification of information to WVEIS**

Testing conditions and accommodations identified, if any, must also be documented in the student's IEP, Section 504 plan, and/or ELLs with disabilities plan. The same information should be verified in the WVEIS student information, as applicable. The *Accommodations 14 Application* should reflect any codes that are currently on a plan.

### **Universal Tools for General Summative Assessment (available for all students)**

Universal tools are accessibility tools that allow any student access to the assessment and are available under standard conditions. Accessible tools are available for any student taking the general summative assessment. The chart includes universal tools that may support any student and will not need identified on the assessment page of the IEP or 504 plan. Consider using these tools if these are provided to students instructionally.

<b>Guidelines Embedded Resource</b>	<b>Description</b>	<b>Instructional Practices</b>	<b>Description</b>
<b>Breaks</b>	The number of items per session can be flexibly defined based on the student's need.	Breaks	Students pace themselves while completing work. Students may move about the classroom or take a short break outside to refocus.
<b>Calculator</b> (for calculator-allowed items only, Grades 6-8 and 11)	An embedded on-screen digital calculator can be accessed for calculator-allowed items when students click on the calculator button. This tool is available only with the specific items	Calculator	Student uses calculator during instructional tasks for calculations. Practice during the diagnostic or interim using the embedded calculator is recommended.



<b>Digital Notepad Global Notes</b>	These tools are used for making notes, computations, or responses about an item or performance task.	AVID Style Notes, brainstorming ideas, writing down connections, scratch paper, whiteboards, or notepaper	Strategies allow students to create notes or work on computations. Students may create two-column notes to record main ideas and to make connections with previous knowledge or ask questions. Students can organize ideas by listing all ideas for each topic and then prioritize.
<b>English Dictionary (for ELA-performance task full writes)</b>	An English dictionary may be available for the full write portion of an ELA performance task,	English Dictionary. Student uses this tool during diagnostic and interims as well as other writing tasks.	A full write is the second part of a performance task. The use of this universal tool may result in the student needing additional overall time to complete the assessment.
<b>English glossary</b>	Grade- and context-appropriate definitions of specific construct-irrelevant terms are shown in English on the screen via a pop-up window. The student can access the embedded glossary by clicking on any of the pre-selected terms.	English Glossary is used during diagnostic and interim assessment.	The use of this accommodation may result in the student needing additional overall time to complete the assessment.
<b>Expandable passages</b>	Each passage or stimulus can be expanded so that it takes up a larger portion of the screen.		
<b>Global Notes (for ELA performance tasks)</b>	Global notes is a notepad that is available for ELA performance tasks in which students complete a full write. A full write is the second part of a performance task.	Student should be familiar with this option on diagnostic and interim prior to use on summative.	The student clicks on the notepad icon for the notepad to appear. During the ELA performance tasks, the notes are retained from segment to segment so that the student may go back to the notes even though the student is not able to go back to specific items in the previous segment.

<b>Highlighter</b>	A digital tool for marking desired text, item questions, item answers, or parts of these with a color.	Highlighter	A digital or physical tool for marking desired text with a color. Students use highlighters to distinguish useful/meaningful text when completing an assignment. Students can denote main ideas, supporting details, and conclusion.
<b>Keyboard Navigation</b>	Navigation throughout text can be accomplished by using a keyboard.	Students applying keyboarding skills using knowledge/skill of software	Students use classroom software programs such as Accelerated Reader, Interactive Math, Rosetta Stone, or EDMODO to complete classroom assignments, and make use of keyboarding skills in doing so.
<b>Mark for Review</b>	Allows students to flag items for future review during the assessment.	Circle, star, or check (✓) the item numbers of problems or questions that have not been answered	Circling, starring, or placing a check mark by an item about which a student is unsure enables the student to proceed to the next item. Students may also use paper sticky flags to notate areas for review or rereading. Students can also circle steps within a mathematics problem to revisit or ask questions.
<b>Spell Check</b>	Writing tool for checking the spelling of words in student-generated responses.	Proofreading	Students proofread other students' work using a dictionary. Teachers proofread students' work and have students make specific corrections. Students use rubrics to evaluate their own work, including checking for spelling, grammar, or content.
		Automated spell-check device	Students use an automated spell-check device during instruction.
<b>Strikethrough</b>	Allows users to cross out answer options.	Process of elimination	Students cross out the answers to multiple-choice items that are obviously wrong. Students cross out incorrect words in sentences.

<b>Zoom</b>	A tool for making text or other graphics in a window or frame appear larger on the screen. The default font size for all tests is 14 pt. The student can make text and graphics larger by clicking the Zoom In button. To increase the default print size of the entire test (from 1.5X to 3.0X default size),	Large-print texts	Students receive large-print versions of state textbooks, or other text, to enable access to curriculum.  Students have access to enlarged mathematics problems to make sure all steps are completed.
<b>English Dictionary</b>	An embedded English dictionary will be available for the full write portion of an ELA/literacy performance task. A non-embedded English dictionary may be available for the same portion of the test.	Electronic or paper English dictionary	Students use an electronic or paper English dictionary to look up word meanings.
<b>Thesaurus</b>	A thesaurus contains synonyms of terms while a student interacts with text included in the assessment.	Electronic or paper thesaurus	Students utilize a thesaurus to enrich their writing vocabulary and to hone their knowledge of nuances in the English language.
<b>Math Tools</b>	Examples include embedded ruler or embedded protractor.	Rulers, protractors, number lines, manipulatives	Students can use rulers, protractors, and manipulative materials to complete graphs, rays, and circumferences.
<b>Writing Tools</b>	Examples include bold, italic, bullets, undo/redo.	Writing tools	Students use desktop publishing software (Microsoft Word) in order to type up a story or article during instruction. Students can use italics and bullets to cite a reference or to emphasize important ideas.

### Non-embedded Universal Tools

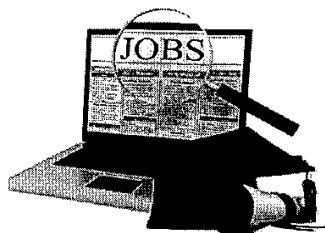
Some universal tools may need to be provided outside of the computer test administration system. These tools, shown in Table 2, are to be provided locally for those students. They can be made available to any student.

Universal Tool	Description
<p>Breaks</p> <p>English Dictionary (for ELA-performance task full writes)</p>	<p>Breaks may be given at predetermined intervals or after completion of sections of the assessment for students taking a paper-based test. Sometimes students are allowed to take breaks when individually needed to reduce cognitive fatigue when they experience heavy assessment demands. The use of this universal tool may result in the student needing additional overall time to complete the assessment.</p> <p>An English dictionary can be provided for the full write portion of an ELA performance task. A full write is the second part of a performance task. The use of this universal tool may result in the student needing additional overall time to complete the assessment.</p>
<p>Scratch paper</p>	<p>Scratch paper to make notes, write computations, or record responses may be made available. Only plain paper or lined paper is appropriate for ELA. Graph paper is required beginning in sixth grade and can be used on all math assessments. A whiteboard with marker may be used as scratch paper. As long as the construct being measured is not impacted, assistive technology devices, including low-tech assistive technology (Math Window), are permitted to make notes. The assistive technology device needs to be consistent with the child's IEP or 504 plan and acceptable to the member. Access to internet must be disabled on assistive technology devices.</p> <p><b>CAT:</b> All scratch paper must be collected and securely destroyed at the end of each CAT assessment session to maintain test security. All notes on whiteboards or assistive technology devices must be erased at the end of each CAT session.</p> <p><b>Performance Tasks:</b> For mathematics and ELA performance tasks, if a student needs to take the performance task in more than one session, scratch paper, whiteboards, and/or assistive technology devices may be collected at the end of each session, securely stored, and made available to the student at the next performance task testing session. Once the student completes the performance task, the scratch paper must be collected and securely destroyed, whiteboards should be erased, and notes on assistive technology devices erased to maintain test security.</p>
<p>Thesaurus (for ELA-performance task full writes)</p>	<p>A thesaurus contains synonyms of terms while a student interacts with text included in the assessment. A full write is the second part of a performance task. The use of this universal tool may result in the student needing additional overall time to complete the assessment.</p>

Acceptable designated supports and accommodations for the general summative assessment follow below with specific guidance on each of the WV-MAP components in subsequent sections (the general summative; alternate assessment; ELPA 21; and NAEP). Because the Grade 12 CCR Assessment is a retest of the grade 11 WVGSA, the same designated

# Transition from school to work

**Graduation is just  
the beginning!**



What's in your employment future? What work choices will you make? These are big questions.

For many, the West Virginia Division of Rehabilitation Services (DRS) is a great place to start.

Do you have significant limitations with physical activities, learning, driving, seeing, hearing, or coping with stress?

If so, you may be eligible for transition assistance to help you answer your work-related questions.

## What is transition?

The assistance we provide is a combination of work-related counseling and guidance tailored to each person's unique needs. We help students find their own best path from the familiar school environment to the world of gainful employment.

## What we do

We provide a wide range of services to help people get and keep jobs. Because everyone is different, services are customized for each individual.

## Why DRS?

- We help you achieve your work goals
- We help you realize the rewards of work: independence, reliable income and personal satisfaction
- We can help with education in community rehabilitation programs, vocational schools, community and technical colleges, state colleges and universities.

## How much does this cost?

Most vocational assistance to eligible students is provided at no cost, but some related services may be covered by insurance or other funding sources. We help our clients to explore those options.

## DRS Services

Depending on the needs of an individual, DRS services may include:

- Medical and Psychological Assessment
- Vocational Evaluation and Planning
- Career Counseling and Guidance
- Work-related Training and Education
- Worksite Assessment and Accommodations
- Job Matching
- Job Coaching
- Supported Employment
- Assistive Technology
- Short-term Medical or Psychological Services
- Driver Evaluations
- On-the-Job Training

## Where to begin?

Contact us through a school counselor or school nurse, or call DRS to find the office that serves your county. You may also find a list of our offices and phone numbers listed on our website at [wvdrs.org](http://wvdrs.org).



West Virginia  
Department of Education <sup>and</sup> Arts



**West Virginia Division of Rehabilitation Services**  
Administrative Services • 107 Capitol Street  
Charleston, West Virginia 25301  
[wvdrs.org](http://wvdrs.org) • 1-800-642-8207

## **SPECIFIC REFERRALS**

- **Gifted**
- **ADHD**
- **English Language Learners**

### **Specific Referrals: Gifted**

Enrichment: 6 weeks of in-class enrichment, though not required, may help elucidate if student is a strong candidate. Enrichment can include additional and/or individualized assignments, above-level computer programming, and/or compacted/accelerated classes. Progress through enrichment can be quantified by measures already given to children, for example, iReady Math/Reading or Reasoning Minds.

Diagnostics: several diagnostic assessments are available to aid in the decision making process of referring a student for gifted.

**Kaufman Brief Intelligence Test, Second Edition (KBIT-2)**: Offers a quick yet relatively thorough estimate of verbal and nonverbal intelligence. Takes about 20 minutes to administer and is appropriate for ages 4-90.

**Gifted and Talented Evaluation Scales – Second Edition (GATES-2)**: The GATES-2 is a quick approach for identifying students 5 through 18 years of age who may be gifted and talented. Estimates provided for General Intellectual Ability, Academic Skills, Creativity, Leadership, and Artistic Talent.

**Gifted Rating Scales (GRS)**: The Gifted Rating Scales are norm-referenced rating scales based on current theories of giftedness and federal and state guidelines regarding the definition of gifted and talented students. Provides estimates for intellectual, academic, motivation, creativity, leadership and artistic talent.

Gifted Recommendations for Home: parents may wish to provide additional challenges or supports for potentially gifted students at home (NAGC).

- Be attentive to your child’s comments and observations.
- Create an environment that promotes self-expression.
- Help him or her to develop skills and interests, for example, in plant science, animal care, electronics, carpentry, mechanics, law, design, and crafts.
- Encourage him or her to explore the beauty of diverse cultures—through language, poetry, story, song, dance, puppetry, cooking, and crafts.
- Promote exploration and discovery.
- Emphasize effort and progress rather than perfection.
- Show your child how errors can be opportunities to discover and learn.
- Model positive ways to address setbacks and solve problems.
- Instill ways to help your child understand and regulate emotional reactions.
- Promote a healthy lifestyle.
- Demonstrate how to serve your community.
- Consider summer or weekend programs to provide additional enrichment.

## Environmental, Cultural, Economic and/or Disability Concerns Checklist for Gifted Referrals

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

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

The purpose of this checklist is to document if the student needs special consideration for eligibility determination for gifted services due to environmental, cultural, economic, and/or disability concerns. Check all factors that apply to the student. No set of items must be checked to make a determination. Use all available records, including interviews with parents, to obtain data. If none of the factors apply, check the appropriate line at the bottom of this form

### 1. ENVIRONMENTAL CONCERNS

- Limited developmental experiences
- Irregular attendance
- Transiency in elementary school
- Home responsibilities interfering with learning activities

### 2. LANGUAGE CONCERNS

- Lack of proficiency in any language (a discrepancy of 2 or more grade levels or years between the student's age in language as determined by standardized tests)
- Nonstandard English constituting a barrier to learning or a foreign language or nonstandard English spoken in the home which exhibits strong dialectal differences
- Limited opportunity to acquire depth in English (English not spoken in the home. Transiency due to migrant employment of the family. Dialectical differences acting as a barrier to learning)

### 3. CULTURAL CONCERNS

- Limited experiences in mainstream culture (student does not participate in scouts, clubs, or other organizations and activities with members of mainstream culture)
- Few experiences in any culture which stimulates intellectual growth (student has limited involvement in organizations or activities in any culture)
- Family cultural standards in conflict with mainstream cultural standards

### 4. ECONOMIC CONCERNS

- Student's name appears on Title 1 qualification list
- Residence in a depressed economic area
- Low family income at a subsistence level
- Necessary pupil employment interfering with learning opportunities
- Family unable to afford enrichment materials and/or experiences

### 5. DISABILITY CONCERNS

- Student has a disability that requires evaluation in an alternate mode of communication
- Student has a mental/behavioral and/or health condition that may adversely impact their performance
- NONE of the above factors apply to this student

Student needs special consideration

Student does not need special consideration



**Monongalia County Schools**  
**Parent Information for Special Education Gifted Consideration**

Student Name \_\_\_\_\_  
 Date \_\_\_\_\_

Teacher \_\_\_\_\_  
 School \_\_\_\_\_

Please rate your child on each of the characteristics listed below. The rating scale is described as follows: **5** = the child has this trait to a **high degree**, **4** = the child has this trait **more than** the typical child, **3** = the child **compares** with the typical child, **2** = the child has this trait **less than** the typical child and **1** = the child **lacks** this trait.

1. Has an advanced vocabulary; communicates terms in a meaningful way.	5	4	3	2	1
2. Can easily perceive cause-effect relationships.	5	4	3	2	1
3. Has a high level of planning, problem-solving, abstract thinking ability, and arrives at unique solutions.	5	4	3	2	1
4. Has a high level of written expression.	5	4	3	2	1
5. Has a quick mastery and recall of information.	5	4	3	2	1
6. Persists in completing tasks.	5	4	3	2	1
7. Reads a great deal on his or her own for pleasure.	5	4	3	2	1
8. Demonstrates intense curiosity and wants to know how things work.	5	4	3	2	1
9. Is capable of working independently; requires little direction from teachers.	5	4	3	2	1
10. Displays effective organizational skills to include time management and classroom participation.	5	4	3	2	1
11. Is an active participant in class/group discussion.	5	4	3	2	1
12. Has a high level of need for success and recognition.	5	4	3	2	1
13. Is a keen and alert observer.	5	4	3	2	1
14. Displays a subtle/mature sense of humor.	5	4	3	2	1
15. Is success-oriented; hesitates to try something where failure is a possibility	5	4	3	2	1
16. Can be adamant about his or her beliefs; high sense of fairness.	5	4	3	2	1
17. Is unusually vulnerable to criticism from others.	5	4	3	2	1
18. Mental speed is faster than writing ability; is reluctant/ frustrated to write at length.	5	4	3	2	1
19. Reluctant to practice skills already mastered	5	4	3	2	1
20. May complete only part of an assignment and take off in a new direction.	5	4	3	2	1
21. Equates achievement and grades with self-esteem and self-worth.	5	4	3	2	1
22. Has difficulty with task completion.	5	4	3	2	1
23. Tends to dominate others or be overly critical with others if given the chance.	5	4	3	2	1
24. Questions almost everything-asks for reasons why.	5	4	3	2	1
25. Is often perfectionist and may not always be satisfied with his or her own speed or products.	5	4	3	2	1

Please describe your child's specific strengths (i.e., academic, personal/social, art, music, athletic, leadership)

Please describe your child's specific weaknesses (i.e., academic, personal habits/traits)

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

### **Specific Referrals: ADHD**

**Special Note:** If a parent presents an ADHD diagnosis from an outside source, either a special education referral or 504 should be considered. If student's skills and classroom performance do not appear to necessitate a special education referral, a 504 accommodation plan should be discussed by the SAT team and parents. If the parent would prefer the SAT continue instead of proceeding with a 504 or special education referral, it should be noted in the SAT minutes.

**Diagnostics:** several diagnostic assessments are available to aid in the decision making process of referring a student for ADHD.

**Attention Deficit Disorders Evaluation Scales-Fourth Edition (ADDES-4):** evaluates ADHD related behaviors in children and youth from input provided by primary observers of the student's behavior.

**Brown ADD/ADHD Scale:** Used to explore the executive cognitive functioning aspects of cognition associated with ADHD.

**Conner's Third Edition:** Offers a thorough assessment of ADHD related behaviors. Now addresses comorbid disorders such as Oppositional Defiant Disorder and Conduct Disorder.

**Accommodations:** the SAT team may wish to implement the following accommodations for students who are demonstrating ADHD related behaviors.

- Administering the test individually/testing in a separate room
- Providing noise buffers such as headphones, earphones, or earplugs
- Extended time
- Multiple or frequent breaks Change in testing schedule or order of subjects

**Interventions:** the SAT team may wish to implement the following interventions for students who are demonstrating ADHD related behaviors.

- Demonstrate when teaching new skills
- Allow the student to practice hands-on learning of new skills to facilitate concentration
- Use pictures, diagrams, chalkboard, and gestures when delivering information to maintain the student's attention
- Schedule important activities/assignments/meetings at times when the student is most likely to maintain attention (e.g., one hour after medication, 45 minutes after lunch, first thing in the morning, etc.)
- Give an assignment that involves immediate, short-term tasks
- Highlight or underline important information the student reads (e.g., directions, reading assignments, math word problems, etc.)
- Teach time-management skills
- Provide a daily plan and have the student follow it
- Organize assignments by dividing them into small segments

- Set deadlines and provide the student with a reward after completing each segment of the assignment
- Reinforce the student for beginning, staying on, and completing assignment
- Set time limits for completing assignments
- Prompt the student as a reminder of time constraints when working on projects
- Provide clearly-stated directions, written or verbal (e.g., make directions as simple and concrete as possible)
- Have the student listen and take “Who, What, Where, When, How, and Why” notes when information is presented
- Present directions following the outline of (1) What, (2) How, (3) Materials, and (4) When
- Move objects used for tactile stimulation (e.g., pens paper clips loose change, etc.) away from the student’s reach
- Deliver information to the student on a one-to-one basis or use a peer tutor
- Follow a less desirable task with a more desirable task
- Make completion of the first necessary to perform the second
- Reward the student for concentrating on an assignment for a specific length of time (e.g., take a break, visit briefly with a peer, etc.)
- Develop an environment that is quiet and uncluttered (e.g., clean, well-lighted, fresh-smelling, and at a comfortable temperature)
- Allow the student to occasionally take assignments home when the work setting is overly distracting
- Assign one task at a time
- Give the student a specific amount of time to complete it
- Allow the student some movement while performing tasks
- Monitor and limit the amount of movement
- Choose a peer tutor to work with the student to model appropriate work habits
- Avoid seating the student near people with whom he/she may be tempted to converse during lectures, assemblies, group projects, etc.
- Maintain consistency in the classroom’s daily routine

ADHD Recommendations for Home: children with inattentive/impulsive behaviors may benefit from additional supports at home.

- A very structured routine, with predictable times for eating, homework, sleeping, and playing. Consistency between home and school expectations/routine is especially important
- Quiet places to complete homework
- Timers for homework to help students stay on task
- Increased organization in personal spaces

- Clear expectations and rules, with praise/positive reinforcement for good behavior and predictable/consistent/immediate consequences for poor behavior
- Good sleep hygiene, with decreased screen time prior to sleep
- Increased time for productive motor movement/exercise

## ESL Procedures for ELL Referrals for Testing

ESL (English as a Second Language) refers to the curriculum/program.

ELL and LEP (English Language Learners or Limited English Proficient) refer to the students.

**Prior to any decisions to obtain parent signatures for testing, the actual testing sessions, and placement of ELLs through an IEP into Special Education, the following ESL procedure must be completed.**

- Ask an ESL Educator to check an ESL PHLOTE (Primary Home Language Other Than English) list for currently enrolled ELL students who are being referred for testing. This list provides all the information needed for students.
- Obtain a county interpreter/translator list in order to schedule the appropriate interpreter/translator for parent or for student.
- Consult an ESL Educator about checking a student's ESL file in the permanent record to obtain a copy of a **filed interpreter/translator form**. If the parent did not return the form to the ESL Educator, a **county interpreter/translator form** must be completed **prior to** 1) parent meetings and 2) any completion of initial paperwork from Special Education, the school psychologist, or any assessment individual requiring a parent signature.

If a parent notes that she/he will require an interpreter, then regulations require that an appropriate interpreter/translator must be provided prior to any other steps in the procedure. If a parent indicates he/she does not require an interpreter, then the procedure would be followed as it would be for all parents.

- Parent must have completed a WVEIS form. Please note the Native Language on the front of the form and the questions at the top back of the form. A PHLOTE list will already provide all of this information for students currently enrolled in our system; however, if the student is new or is being referred from Birth to Three, then the completed WVEIS form is required.

If the parent indicates on the front and back consistently that the child speaks his/her native language, for example Mandarin Chinese, a Mandarin Chinese interpreter will be required for any testing. If the child speaks some English, but Mandarin Chinese is still spoken in the home, an interpreter must be obtained. If the parent states that the child is no longer a Mandarin Chinese speaker, after several years in the United States or in an American school, then no interpreter is needed. **Note: The person in charge must interview the parent to make sure the information is correct, since the decision to obtain or not to obtain an interpreter is crucial and required by federal regulations.**

- There are **two types of interpreters/translators**: 1) One type is for parents who need assistance with English in meetings and with written documents. 2) The second type is the Assessment Interpreter who is available to assist the assessment administrator with the testing of the student. The first group of parent interpreters is not specifically trained. They just offer their services for other parents in their native languages. The Assessment Interpreters must be trained at North to learn how they will assist with the assessment, understand how their services will be needed, view a copy of the assessment, and sign a confidentiality agreement. The Assessment Interpreter must be present if the WVEIS form indicates the child's need for assistance. This interpreter may or may not say anything during the assessment, depending on the child's responses. The purpose of the interpreter is to protect the child and the county in order to provide a valid testing session; otherwise, legal issues may arise.

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

To the parents of: \_\_\_\_\_

**Monongalia County Schools Interpreter/Translator Procedure**

In compliance with federal law, we must make certain that parents have every opportunity to understand official meetings and documents.

**The discussions and documents will contain legal and academic language, rather than conversational English.**

**Do you require an interpreter/translator?**

\_\_\_\_\_ I do not require an interpreter/translator.

\_\_\_\_\_ I will require an interpreter/translator to explain the documents and discussions to me.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this form and return to your child's school by the following date: \_\_\_\_\_ Contact Person: \_\_\_\_\_**



# Interpreter Privacy Agreement

Interpreter \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, agree to sign the attached HIPPA confidentiality document in order to protect the privacy of individuals for whom I interpret or translate.

Please sign this agreement as well as the bottom of the first page of the HIPPA document.

Signature \_\_\_\_\_





## Interpreter and Translator Confidentiality Agreement

Name of Interpreter/Translator: \_\_\_\_\_

A. I am aware that in the course of any assignment by Monongalia County Schools as an interpreter or translator, I may have access to students' private information, any such information must be kept in confidence by me and used only in connection with the work assigned to me by Monongalia County Schools.

B. Therefore, during my volunteering in Monongalia County Schools, I agree:

- 1) that I shall not derive any personal profit or advantage from any confidential information that I may acquire during my interpretation/translation services assigned to me by Monongalia County Schools.
- 2) that translated documents remain the property of Monongalia County Schools and/or the requester of my services at all times.
- 3) I will not retain any information for myself, including any and all means from which the information can be recovered or reproduced in any form.
- 4) that individually identifiable data is confidential and is protected by various state and federal laws.
- 5) that confidential data includes all personal information (e.g., name, birth date, social security number) which may, in any manner, identify the individual.
- 6) that confidential data may be used only for purposes directly related to the translation services.
- 7) that any personal use of confidential data is strictly prohibited.
- 8) that access to data must be limited to those staff whose duties specifically require access to such data in the performance of their assigned duties.

C. I certify that I have read and understand the foregoing Agreement.

\_\_\_\_\_  
Interpreter/Translator Signature

\_\_\_\_\_  
Date

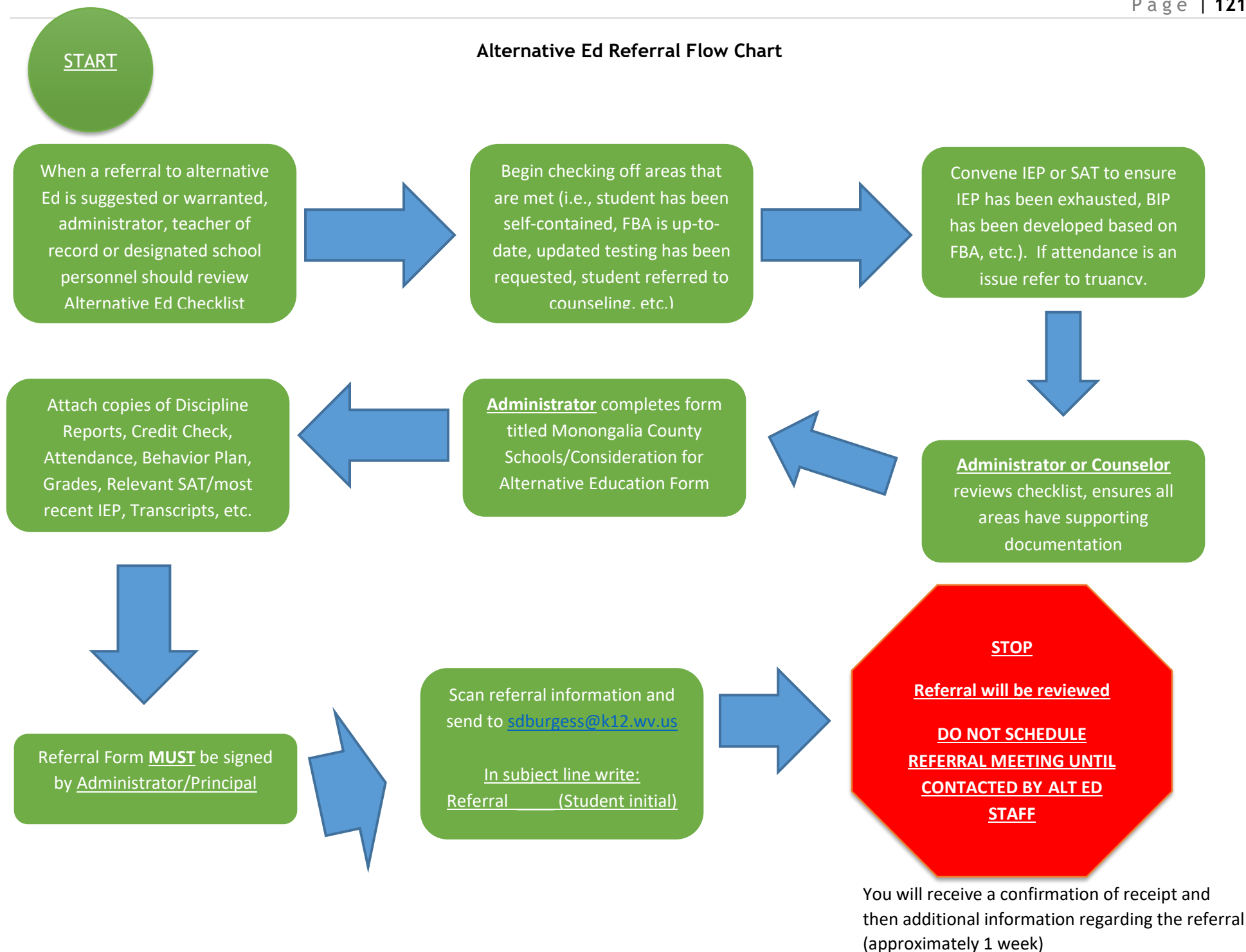




## **SPECIFIC REFERRALS**

- **Alternative Education**
- **Homebound Services**

## Alternative Ed Referral Flow Chart



\*\*\*\*This form should be started at a SAT or IEP meeting prior to considering the student for alternative placement at the EXCEL Center. This checklist will help the SAT and IEP team in gathering documentation requirements prior to referring for alternative placement. ALL documentation requirements on this form must be included in the referral packet.

Referral Received: \_\_\_\_\_

Reviewed: \_\_\_\_\_

## ADMINISTRATORS AND COORDINATORS CHECKLIST FOR ALTERNATIVE PLACEMENT

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- Student is being monitored by SAT or has an IEP due to concerns with academics, behaviors, or attendance. Interventions have been attempted and proven to be unsuccessful.
- If student has an IEP, has self-containment in special education environment been attempted to remediate area of concern. **If NOT, increase special education services prior to considering alternative education referral.**
- Utilize the school's School Psychologist as a resource prior to completing the Consideration for Alternative Education form. **Request updated testing** (i.e., achievement testing, rating scales, etc.)
- Complete the form titled Monongalia County Schools/Consideration for Alternative Education (i.e., identifying information, description of the problem behaviors/violations, summary of interventions, accommodations/modifications implemented prior to placement)
- The following areas **MUST** be checked with supporting documentation attached:
  - Student has multiple and repeated discipline violations that have been resistant to interventions, accommodations, and modifications.
  - Multiple SAT/IEP meetings to address concerns (**documentation must be attached**)
  - Interventions implemented, student has a behavior intervention plan
  - Student has a functional behavior assessment that was completed or updated within the last year (If behavior is a concern an FBA must have been completed by the SAT or IEP team prior to referring) Results of the FBA have been implemented for a minimum of 6 weeks with little change in behavior.
  - If student has an IEP, has self-containment in special education environment been attempted? If NO, place in a more restrictive environment in an attempt to address problem.
  - Student has a crisis intervention plan. (**Attach if applicable**)
- The following areas **MUST** have supporting documentation and be attached to the Alternative Ed referral form:
  - Discipline report (i.e., Educator's Handbook)
  - Attendance Report
  - Grades – Current (i.e., Edline)
  - Transcripts (high school only)
  - Credit Check (high school only)
  - Behavior Plan (if applicable and behavior is a concern)
  - Relevant IEPs/SATs
  - Crisis Plan (if applicable)

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Signature of Reviewer

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Date

Outcome of Review:    \_\_\_ Student requires additional school interventions    \_\_\_ Consider for alt ed placement  
                                 \_\_\_ Student is recommended for referral to an outside agency

Monongalia County Schools/Consideration for Alternative Education

Student Complete Name \_\_\_\_\_ School \_\_\_\_\_

Submit completed form to: \_\_\_ High School: Alternative Learning Principal \_\_\_ Middle School: Alternative Learning Principal \_\_\_ Elementary School: Special Education Director

Current Date:	DOB: _____ Age: _____	WVEIS # _____
Parent/Guardian:	Grade: _____	Medicaid: _____
Phone Numbers/Name		
Address:		

Description of Problem Behaviors/Violations:	Summary of Interventions/Action Steps Taken Thus Far:	Accommodations/Modifications Implemented Prior to Placement Decisions:
		Outside agencies involved with name of service providers (e.g., probation, DHHR, etc):
<p>___ Student has multiple and repeated discipline violations that have been resistant to interventions, accommodations, and modifications. (Documentation must be attached.)</p> <p>___ Student should be considered for emergency entry into an alternative setting: Explain:</p>	<p>___ Multiple SAT/IEP meetings to address concerns. <b>Copies Attached.</b></p> <p>___ Interventions implemented have addressed</p> <p>___ Academics only      ___ Social Skills</p> <p>___ Emotional Concerns      ___ Other</p> <p>Explain:</p> <p>___ Student has a behavior intervention plan <b>Copy attached.</b></p> <p>___ Student has a functional behavior assessment that was completed or updated in the last year. Date: _____</p> <p>___ Student has a crisis intervention plan. Date: _____</p> <p><b>Copy attached</b></p>	<p>To be completed by Special Education Director and Alternative Learning Principal</p> <p>___ Student requires additional school interventions.</p> <p>___ Student may be considered for alternative placement.</p> <p>___ Student is being placed by Safe and Supportive Schools Committee. <b>Letter attached.</b></p> <p>___ Student is recommended for referral to an outside agency. Please contact:</p>

Signature of Administrator recommending this placement: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Counselor Signature: \_\_\_\_\_

**Packet includes:**

Discipline Report \_\_\_\_\_ Attendance Report \_\_\_\_\_ Grades \_\_\_\_\_ Transcript (high school only) \_\_\_\_\_

Credit Check (high school only) \_\_\_\_\_ Behavior Plan \_\_\_\_\_ Relevant IEPs/SATs \_\_\_\_\_ Crisis Plan \_\_\_\_\_

\_\_\_\_Alternative Education Team/IEP Committee &?or SAT (see signatures below) have reviewed attached referral packet (must be attached) and agree student is eligible for alternative education placement and the following plan:

**Monongalia County Alternative Education Placement Plan**

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

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

Alternative Site: \_\_\_\_\_

Plan Implementation Date: \_\_\_\_\_

Academic Components (Courses):

Proposed Alternative Education Schedule:

\_\_\_ Is consistent with CORE curriculum \_\_\_ Is appropriate for student’s developmental level \_\_\_ Provides individualized instruction \_\_\_ Is functionally appropriate and of high interest

Behavior Component:

Modification/Accommodations:

Setting:

Person(s) Responsible:

Immediate Plans and Criteria for Reentry into the Regular Education Program. (Specific academic goals and/or behavior goals and timeline.)

\*Proposed Progress Review Date (within 45 days of placement):

Person Responsible: \_\_\_\_\_ Individuals to be invited:

Notes:

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

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

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

Alternative Ed Designee \_\_\_\_\_

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

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Copies to: Home School Counselor/Admin/SAT, Alternative School Representative, Central Office, Other \_\_\_\_\_



Consideration for Alternative Education Placement form and Alternative Education Plan must be attached.

**Monongalia County**  
**Alternative Education Placement Plan Review/Transition**

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

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

Alternative Site: \_\_\_\_\_

Plan Review Date: \_\_\_\_\_

Progress on Reentry Criteria Goals:

Review Summary/Comments:

\_\_\_ Student will return full-time to regular school placement.

\_\_\_ Student will remain in current alternative placement.

\_\_\_ Student will move to another alternative placement program.

Explain:

\_\_\_ Student will be placed on administrative homebound.

Explain:

\_\_\_ Student will have a hybrid alternative and regular education placement:

Explain:

\_\_\_ Other (Explain):

Transition Plan- Accommodations/Modifications/Supports that will be provided to student in home school

Settings/Person(s) Responsible and Timeline

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

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

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

Alternative Ed Designee \_\_\_\_\_

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

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Copies to: Home School Counselor/Admin/SAT, Alternative School Representative, Central Office, Other \_\_\_\_\_

G.U.I.D.E.S.  
Groups United to Inspire, Develop, and Educate Students  
Entrance/Exit Criteria  
Monongalia County Schools

### Placement into the G.U.I.D.E.S. Program

Placement into the G.U.I.D.E.S. program should be based on 1) need, 2) the immediacy in which behavior needs to be addressed, 3) the nature of the behaviors exhibited, and 4) documentation of strategies and interventions with corresponding behavioral data. The following criteria reflect both acceptable and unacceptable justifications for placing a student in the G.U.I.D.E.S Program.

Considering that separate schools for students with behavioral issues should be designed for extreme behaviors, placing students in the G.U.I.D.E.S. Program for general anti-social behaviors will not be permitted. Examples of general anti-social behaviors include chronic cursing, incomplete work/homework, and defiant behaviors. These behaviors should be addressed by a student support team, which includes but is not limited to administrators, IEP Specialist, Special Education Instructional Coach, school psychologist, BD teachers and a member of the county behavioral analysis team. The team will develop more intrusive behavioral interventions which could include, but are not limited to, tier II behavior interventions, re-teaching, increased consequences, escorting, and self-containing. A minimum of 1) 5 weeks of unsuccessful school wide PBS plan and 2) 4 weeks of unsuccessful Tier II interventions must be documented. Additionally, documentation of direct consultation with a member of the county behavioral analysis team must be in the student's file. Only when all interventions have been **exhausted and documented with behavioral data** would students displaying general anti-social behaviors be considered for placement into the G.U.I.D.E.S. program.

- Referrals for the G.U.I.D.E.S. program should be made by building administrators.
- For students not currently identified as a special education student, to be identified for placement in the alternative setting, students will have been exposed to ineffective tier I behavior intervention (school wide PBS) for a period of 4 weeks and ineffective tier II behavior intervention (for example, check in/check out) for a 5 week period. Data must be provided. Students exhibiting multiple severe instances that put themselves or others in risk of serious bodily injury may be given preferential consideration.
- For students currently identified as special education eligible, a Functional Behavioral Assessment must have been completed within the last 12 months, Behavior Plan implementation must have occurred with evidence of unsuccessful behavior intervention over the course of 5 weeks. Students exhibiting multiple severe instances that put themselves or others in risk of serious bodily injury may be given preferential consideration.
- For general education and special education students, documentation will be substantiated by an observation by Alternative Education Class Staff or a County employed Behavior Analysts.
- Documentation of behavior plans, intervention strategies, office level referrals, and previous Functional Behavior Assessments will be reviewed by the Student Support Team and the Director of Student Services before the decision is made to consider the student for the Program.

Placement into the G.U.I.D.E.S Program should be reserved for students who display extreme behaviors that are considered an immediate threat to fellow students, staff, and/or themselves. Examples of extreme behaviors include multiple instances of general physical aggression toward peers (i.e. fighting), verbal threats of immediate physical harm towards peers and/or staff, and/or verbal threats or actual self-imposed harm to self (i.e. self-imposed injuries). Documentation of severe problem behaviors does not need to be as extensive as it does for general anti-social behavior. Each step (school wide PBS and Tier II interventions) are still required to be followed and supported with documentation, however, less time at each level is necessary to generate a meeting of the student support team. Placement into the G.U.I.D.E.S Program could also be independently determined on an as needed basis by the Director of Student Services.

### Criteria transitioning back to home school

A transition plan for returning to the student's home school should be discussed and included in the student's IEP prior to change of placement to the G.U.I.D.E.S Program and include specific language/criteria, such as, "The IEP team will reconvene within 45 days to review progress and determine appropriate programming". ***This plan is necessary to avoid permanent unnecessary long-term placement away from the student's peers and the typical educational setting, and it provides criteria for transition back to the student's home school.*** This plan should include the following:

- 1) Phase One of transition
  - a. The student should complete Levels One through Four in the G.U.I.D.E.S Program and meet the behavioral objectives and individual transition goal at the criteria specified in the initial placement meeting. Prior to beginning Level 5 (transition), a Student Support Team meeting should be held to develop an individualized transition plan.
- 2) Phase Two of Reintegration
  - a. After completing criteria for phase one of the transition plan, the student will then be integrated back to their home school using an individualized transition plan. Schools of origin will be provided with training and support so that teachers in the least-restrictive environment can effectively support the student's individual needs. Adult mentors will be assigned to each student upon transition to their school of origin to track student attendance, attitude, behavior, grades, and provide positive reinforcement to aide in a successful transition. Schools of origin will be provided with ongoing support in facilitating student success. Staff from the G.U.I.D.E.S Program will assist in the transition process by: modeling/training staff members at the school of origin as to how to implement the behavior intervention plan, returning to the school with the student during the transition, and conducting follow up sessions to oversee the student's progress within their home school.

## Criteria Checklist for G.U.I.D.E.S Program

- \_\_\_\_\_ Attendance report
- \_\_\_\_\_ Discipline referrals
- \_\_\_\_\_ Bus referrals
- \_\_\_\_\_ Documented school wide PBSP **AND** student data
- \_\_\_\_\_ Documented Tier II behavior intervention plan **AND** student data
- \_\_\_\_\_ Current grades, benchmark results, progress report, etc.
- \_\_\_\_\_ Most recent SAT or IEP
- \_\_\_\_\_ FBA **and** BIP (Required for Special Education Students)
- \_\_\_\_\_ Documentation of county behavior analysis team consultation

**2412 - HOMEBOUND/HOSPITAL INSTRUCTION PROGRAM**

The Board of Education shall provide home/hospital instruction to a student who is temporarily unable to attend classes for a period that has lasted or will last for more than two (2) consecutive weeks or more due to an injury or illness as certified in writing by a licensed physician or licensed mental health provider who specializes in the health condition that may temporarily confine a student to home or a hospital.

Written documentation of the medical condition shall be provided by a licensed physician or licensed mental health provider which written documentation shall include the:

- A. diagnosis
- B. specific reasons and period of time that the student must remain at home or in the hospital;
- C. criteria or conditions under which the student will return to school and the expected date of return; and
- D. a reintegration plan (for mental health diagnosis)

Applications must be approved by the Supervisor of School Health and Homebound Services.

A written statement by a licensed physician or licensed mental health provider who specializes in the health condition of the student must be resubmitted at least every three (3) months if a student's temporary home/hospital instruction is prolonged. The Board may require that the parent/guardian obtain an opinion from a second licensed physician who specializes in the health condition of the student at the expense of the Board.

Home/Hospital services must be designed to provide the student adequate opportunity to continue learning toward mastery of grade level content standards of core classes while they are temporarily confined to home or a hospital. These services may not replace full time instruction on an ongoing basis. The expectation is that the student will return to the regular classroom. The schedule for home/hospital services must include adequate instructional time and be provided at a location determined by the Board (not necessarily the student's home) when a responsible adult in addition to the teacher is present.

The Board shall develop and implement within their attendance policy procedures which shall outline and define the delivery of home/hospital services.

Because home/hospital services are temporary in nature, the home/hospital teachers are responsible for facilitating instruction only for approved content standards for core courses (i.e., English language arts, mathematics, science and social studies). The home/hospital services are guided by the student's SAT/IEP/504 and classroom teacher(s), therefore, the home/hospital teacher must be in regular contact with the classroom teacher(s) to:

- A. secure and understand units/lessons, instructional plans and instructional resources (including approved online and virtual options), and
- B. establish procedures for the collection, grading, and return of student work, as requested by the classroom teacher(s) for feedback assessment.

The weekly instruction schedule will take into consideration the student's ability to attend/participate as specified by the licensed physician requesting home/hospital instruction.

Home/Hospital instruction provided for an exceptional student who is unable to attend school temporarily because of an injury, illness, or health condition, requires a change in the student's placement to Out-Of-School Environment (OSE) as defined by West Virginia State Board of Education policy 2419. The change of placement to Out-of-School Environment must be addressed by the student's IEP team and implemented in accordance with the requirements of West Virginia State Board of Education policy 2419.

Home/Hospital services may also be provided temporarily at the direction of the Superintendent for students who have not met the immunization requirements of WV Code 16-3-4.

Teachers providing homebound instruction shall hold a West Virginia teaching license appropriate for the level of instruction for which the assignment is made.

Instruction will not be provided when:

- A. the instructor's presence in the place of a student's confinement presents a hazard to his/her health;
- B. a parent or other adult in authority is not at home with the student during the hours of instruction;
- C. the condition of the student is such as to preclude his/her receiving any benefit from such instruction.



# Monongalia COUNTY SCHOOLS

SUPERINTENDENT

Eddie R. Campbell, Jr., Ed.D.

EDUCATION...EMPOWERS...EXCELLENCE

8/12/2020

## Attention: Teachers Interested in Providing Tutoring for Students and/or Homebound Services:

**Tutor and/or homebound forms should be returned to: Attention Interns/Lori Bailey at the BOE.**

Psychological Services and the Parent Education Resource Center are interested in updating our list of prospective **tutors** for students as a resource for parents. If you choose to participate, your name and information will be placed on a list that might be distributed to parents when they are making inquiries about tutors (e.g. SAT meetings, parent conferences) and/or provided to SAT Coordinators, counselors, and school psychologists. This list will also be posted under the psychological services page of MCS. Rate of pay and other incidentals (e.g. where/when issues) would be determined by you and the parent. If interested, please submit immediately as it is hoped this information can be provided at the upcoming SAT training. **Tutoring application form below needs to be returned to Lori Bailey or Angela Hayes at the BOE.**

The BOE is also interested in establishing and maintaining a list of teachers who are interested in providing **homebound** services for students. These are not homeschooled students. They are students who have health and/or safety concerns that negate their ability to attend school. **If you are interested in this second option, the attached homebound application needs to be returned to Gina Romme at Westover Annex.**

If you are interested in **both** options, you will need to send Tutoring application to Lori Bailey or Angela Hayes at the BOE, and the Homebound Application to Gina Romme at the Westover Annex.

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### Tutoring Application Form

Name: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

\_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Certifications you possess: \_\_\_\_\_

I am qualified, interested, and willing to tutor students in the following subject areas:

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

I am qualified, interested, and willing to tutor students in the following grade levels: \_\_\_\_\_:

\_\_\_\_ I am assuring this information is correct and I am aware it may be published and disseminated to interested parties

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

# ATTENTION CERTIFIED TEACHERS

## Are you interested in delivering HOMEBOUND INSTRUCTION?

We are actively recruiting certified individuals who are **currently employed OR are on the Monongalia County Substitute Teacher List** to serve students who qualify for homebound instruction.

**If you are interested in being a part-time homebound teacher, please complete the application below and return to Gina Rommé at Westover Annex or scan email to gromme@k12.wv.us**

Name: \_\_\_\_\_ I am \_\_\_\_\_ a full-time teacher at \_\_\_\_\_ School;  
(Please print)

Or \_\_\_\_\_ an approved substitute

Address: \_\_\_\_\_  
Street Address/P O Box City/State/Zip

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Certification(s): \_\_\_\_\_  
(List subjects and grade levels)

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

I understand that:

- I am applying to become a homebound teacher for Monongalia County Schools and that this position is provided through the Division of Pupil Services.
- Payment of services will be the following:
  - 1) Full-time teachers will be paid their hourly wage according to the salary schedule set forth by the Monongalia County Board of Education.
  - 2) Substitute teachers will be paid \$18.00 per hour.
- This position is to deliver only 4 hours/week of educational instruction (or more if directed by the student's individual educational plan (IEP), or as indicated by The Homebound Coordinator or Director of Student Services.
- The instructional schedule is arranged between the assigned homebound teacher and the parent/guardian of the student receiving services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**\*\*\*Substitute Teachers Only:**

Please obtain verification of employment and certification(s) by a Human Resources Department representative prior to submitting this form to the homebound secretary.

\_\_\_\_\_  
Signature of Mon. Co. Schools Human Resource Representative

\_\_\_\_\_  
Date

## **SPECIFIC REFERRALS**

- **Motor team assignments and contact information**
- **Motor team referral process for students with a SAT or 504**
- **Consent forms and release of information**



MOTOR TEAM  
SCHOOL ASSIGNMENTS/CONTACT INFORMATION

2020-2021

<b>Physical Therapists</b>		
<p><b><u>John Patti</u></b></p> <p><a href="mailto:jpatti@k12.wv.us">jpatti@k12.wv.us</a></p> <p>Eastwood Elementary School Skyview Elementary School Mylan Park Elementary School Cheat Lake Elementary School Brookhaven Elementary School Westwood Middle School Mountaineer Middle School South Middle School Suncrest Middle School Morgantown High School University High School</p>	<p><b><u>Lisa Ammons</u></b></p> <p><a href="mailto:lrammons@k12.wv.us">lrammons@k12.wv.us</a></p> <p>Mountainview Elementary School Ridgedale Elementary School North Elementary School Mason Dixon Elementary School Clay Battelle Middle School Clay Battelle High School</p>	
<b>Occupational Therapists</b>		
<p><b><u>Paula Sisler</u></b></p> <p><a href="mailto:psisler@k12.wv.us">psisler@k12.wv.us</a></p> <p>Cheat Lake Elementary School Brookhaven Elementary School Mason Dixon Elementary School South Middle School Clay Battelle Middle School Clay Battelle High School University High School</p>	<p><b><u>Bree Oleksa</u></b></p> <p><a href="mailto:boleksa@k12.wv.us">boleksa@k12.wv.us</a></p> <p>Mountainview Elementary School Mylan Park Elementary School Eastwood Elementary School Mountaineer Middle School Morgantown High School</p>	<p><b><u>Alex Boyles</u></b></p> <p><a href="mailto:aboyles@k12.wv.us">aboyles@k12.wv.us</a></p> <p>Skyview Elementary School Suncrest Primary School North Elementary School Ridgedale Elementary School Suncrest Middle School Westwood Middle School</p>
<b>Adaptive Physical Education</b>		
<p><b><u>Lorri Lipscomb</u></b></p> <p><a href="mailto:llipscom@k12.wv.us">llipscom@k12.wv.us</a></p> <p>All Schools</p>		

Schedule is subject to change.



## MONONGALIA COUNTY SCHOOLS MOTOR TEAM

Westover Annex  
200 West Park Avenue  
Westover, WV 26501

Phone: (304) 291-9288 ext. 1710  
Fax: (304) 291-9311

Welcome to the Motor Team. We are a group of Physical Therapists, Occupational Therapists, and an Adapted Physical Educator.

The purpose of this packet is to provide you will all the information for the Motor Team Referral Process for IEP students, SAT/504 students, and transfer students.

Our team currently consists of the following:

Physical Therapists:	John Patti	<a href="mailto:jpatti@k12.wv.us">jpatti@k12.wv.us</a>
	Lisa Ammons	<a href="mailto:lraberammons@k12.wv.us">lraberammons@k12.wv.us</a>
Occupational Therapists:	Breanne Oleksa	<a href="mailto:boleksa@k12.wv.us">boleksa@k12.wv.us</a>
	Paula Sisler	<a href="mailto:psisler@k12.wv.us">psisler@k12.wv.us</a>
	Alex Boyles	<a href="mailto:aboyles@k12.wv.us">aboyles@k12.wv.us</a>
Adapted Physical Educator:	Lorri Lipscomb	<a href="mailto:llipscom@k12.wv.us">llipscom@k12.wv.us</a>

If, at any time, you have questions about your student's therapy program, please don't hesitate to contact your student's therapists/ service provider. Educating your students is a team effort and we look forward to working with you. Our office phone number is 304-291-9288 ext. 1710. Phone messages are checked on Fridays. To contact staff more rapidly, please refer to the above e-mail addresses and phone numbers. The phone numbers are for **internal use only** (since they are our private cell phone numbers) and we would appreciate it that our phone numbers not be given to parents.

## Monongalia County Schools Motor Team Referral Process For Students with an Existing IEP (PreK - 12)



### At IEP

- Motor Team Referral Process Explanation provided
- A signed Notice of Individual Evaluation/Reevaluation Request by the parent (please specify whether evaluation(s) is for PT/OT/APE when checking Motor Skills)
- **Signed Release of Information Form with Physician contact information provided**



The following items are collected and forwarded to the Motor Team (Please do no attempt to give this information to a Motor Team Member)  
**Attn: John Patti (Westover Annex)**

- A copy of the Notice of Individual Evaluation/Reevaluation Request
- A signed Physician Release of Information form from Parent
- A copy of the Tracking Form



Following the Evaluations,

- An Evaluation Response Memo will be sent/email from John Patti
- An IEP meeting is scheduled with the evaluating PT/OT/APE personnel

## Monongalia County Schools Motor Team Referral Process For Students being referred via SAT or 504 Process

### At SAT/504

- Motor Team Referral Process Explanation provided
- A copy of the signed Informed Consent for SAT evaluation(s)
- **Signed Release of Information Form with Physician contact information provided**

The following items are collected and forwarded to the Motor Team (Please do not attempt to give this information to a Motor Team Member)  
**Attn: John Patti (Westover Annex)**

- A copy of the Informed Consent for SAT evaluation
- A signed Physician Release of Information from Parent
- A copy of the SAT/504 Referral Cover page

### Following the Evaluations,

- An Evaluation Response Memo will be sent/email from John Patti
- A SAT/504 meeting is scheduled with the Evaluating PT/OT/APE personnel

## Monongalia County Schools Motor Team Referral Process For Students Transferring into Monongalia County Schools

### Special Education Specialist/ Special Education Teacher is to:

- Notify John Patti of student transferring
- Forward/ FAX the copy of the student's existing IEP to the Motor Team

### John will:

- Log the transfer student's information
- Contact the appropriate Motor team member who will service that transferring student

### For the PWN the Motor Team Member(s) will:

- Write up a word document that contains:
  - The present levels with the following: Student name, transfer from (location), student is currently receiving (PT/OT/APE) for the following reasons (will list.....) Example attached
- We will treat the student for 30 minutes 2x within the next 30 days to determine appropriate present levels, needs, frequency, and goals

- Within the 30 day time frame, an IEP will need to be scheduled to review our findings

## INDIVIDUALIZED EDUCATION PROGRAM

Page \_\_\_ of \_\_\_

Student's Full Name \_\_\_\_\_

Date \_\_\_\_\_

## PART VII: PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

**SAMPLE WRITE UP**

\_\_\_\_\_ is a transfer student from \_\_\_\_\_. \_\_\_\_\_ was receiving occupational therapy services two times a month for a total of 60 minutes per month with the focus on fine motor skills and visual motor skills needed for legible writing and self-care skills. Per the previous OT report: \_\_\_\_\_ has met the objective to tie a bow and is independent in tying his shoes. (S)He uses scissors to cut out intricate shapes with accuracy and colors within small spaces with accuracy. \_\_\_\_\_ demonstrates the ability to produce legible writing with size functional for space provided when working one to one or in a small OT group. Letter formation has improved. (S)He continues to have some difficulty with keeping his/her letters on the bottom line.

Time: two 30 minute sessions within one month

Goal: Given appropriate instruction and equipment, \_\_\_\_\_ will safely access his school environment, 100% of the time. Therapy progress notes, teacher report, quarterly progress reports.

## NOTICE OF INDIVIDUAL EVALUATION/REEVALUATION REQUEST

Monongalia County Schools

Student's Full Name _____	Date _____
School _____	DOB _____
Parent(s)/Guardian(s) _____	Grade _____
Address _____	WVEIS# _____
City/State _____	Telephone _____
<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REEVALUATION <input type="checkbox"/> OTHER _____	

**Dear Parent(s)/Adult Student:**

Your permission is requested to conduct an evaluation to determine the student's educational needs. If the student has been receiving special education services, a reevaluation is required at least every three years or more frequently, if warranted. Upon completion of the evaluation, a meeting will be scheduled to discuss the evaluation results.

This evaluation will be conducted by qualified professionals and will include the areas checked below. A written description of each evaluation component is provided. The evaluation results will be used as the primary source to determine the student's eligibility for special education and related services and/or to adjust the student's educational services.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Academic Information<br><input type="checkbox"/> Achievement<br><input type="checkbox"/> Classroom Performance<br><input type="checkbox"/> Teacher Report<br><input type="checkbox"/> Adaptive Skills<br><input type="checkbox"/> Assistive Technology<br><input type="checkbox"/> Behavioral Performance<br><input type="checkbox"/> Functional Behavioral Assessment<br><input type="checkbox"/> Communication | <input type="checkbox"/> Developmental Skills<br><input type="checkbox"/> Health _____<br><input type="checkbox"/> Hearing<br><input type="checkbox"/> Information from the Parent<br><input type="checkbox"/> Intellectual Ability<br><input type="checkbox"/> Motor Skills<br><input type="checkbox"/> Observation(s)<br><input type="checkbox"/> Perceptual-Motor<br><input type="checkbox"/> Social Skills | <input type="checkbox"/> Transition Assessments<br><input type="checkbox"/> Functional Vocational Evaluation<br><input type="checkbox"/> Vocational Aptitudes<br><input type="checkbox"/> Interests/Preferences<br><input type="checkbox"/> Vision |
|---|--|--|

**NOTE: Please specify PT, OT, and/or APE evaluation(s) beside "Motor Skills".**

- Procedural Safeguards Brochure explaining parent/student rights and the responsibilities of the county school district is enclosed for an initial referral.

\_\_\_\_\_  
Signature Date

I have read, or had read to me, the above Notice of Individual Evaluation/Reevaluation Request regarding the student. I understand the contents and implications of this notice and have been advised of my rights.

**Check one:**

- I give permission to evaluate/reevaluate.  
 I wish to schedule a conference before I decide.  
 Do not evaluate/reevaluate the student.

**\* REQUIRED \***  
**Received by school/county:**  
 \_\_\_\_\_  
 Date Personnel

\_\_\_\_\_  
Parent/Adult Student Signature Date

**Please return this signed form within 5 days and retain a copy for your records**



## Informed Consent for SAT Evaluations

*Student's Name:* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Teacher:* \_\_\_\_\_

Dear Parent:

As the result of a Student Assistance Team meeting, it is recommended your child be administered one or more screening instruments designed to measure academic achievement, ability, and/or behavior functioning. Parent is advised the purpose of these evaluations is **not** to determine eligibility for special education/related services but to gather additional evaluative information in order to make more objective/informed decisions in regard to possible: interventions, instruction, behavior planning, need of further evaluation/monitoring, and/or need for a multidisciplinary evaluation to explore possible special education eligibility. Parent is also advised of the right to request a multidisciplinary evaluation regardless of this request and/or following any screening evaluations. All evaluation results, findings or plans resulting from these evaluation will be provided to the parent/guardian.

Consent is being requested to complete the following marked items:

<b>Intelligence:</b> <input type="checkbox"/> Kaufman Brief Intelligence Test-2 <input type="checkbox"/> Other:	<b>Rating Scales:</b> <input type="checkbox"/> Conners' Rating Scales <input type="checkbox"/> Brown ADD Scales <input type="checkbox"/> BASC-2 <input type="checkbox"/> Other:
<b>Achievement:</b> <input type="checkbox"/> KTEA <input type="checkbox"/> Key Math <input type="checkbox"/> TOWL <input type="checkbox"/> Other:	<b>Behavior:</b> <input type="checkbox"/> Behavior Intervention Plan <input type="checkbox"/> Functional Behavior Assessment (FBA) <input type="checkbox"/> Classroom Observation <input type="checkbox"/> Other:
<b>Fine Motor (Specify):</b> <input type="checkbox"/> Occupational Therapy Evaluation, including a teacher referral report	<b>Gross Motor (Specify)</b> <input type="checkbox"/> Physical Therapy Evaluation, including a teacher referral report
<b>Other (Specify):</b> <b>NOTE: If APE evaluation is requested, specify in this section.</b>	

**Please check one:**

\_\_\_\_\_ I have read the above information, and I give my consent for evaluation

\_\_\_\_\_ I have read the above information, and I do not give my consent

\_\_\_\_\_ I have read the above information, and I would like to have a conference before making a decision

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## 504 Consent Form

### Notice of Individual Evaluation /Reevaluation Request

#### Monongalia County Schools

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Teacher:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **WVEIS #:** \_\_\_\_\_  
**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

#### Dear Parent(s)/Guardian/Adult Student:

Your permission is requested to conduct an evaluation to determine your student's educational needs and make more informed decisions and plans to meet your child's needs. If your child has not been deemed eligible for 504, the evaluation might be utilized to determine 504 eligibility and develop an appropriate Accommodation Plan for your child. If your child already has a 504 Plan, the evaluation information might be utilized to continue/discontinue their eligibility and/or to improve their current plan.

Classroom Performance       Interests/Preferences       Adaptive Functioning  
 Assistive Technology       Auditory Processing       Functional Behavior/FBA  
 Developmental Skills       Intellectual Ability       Perceptual Motor  
 Behavior Functioning       Behavior Intervention Plan       Observation(s)  
 Social Skills       Teacher Report       Vocational Aptitude  
 Academic Achievement-- Specify: \_\_\_\_\_  
 Developmental History (Parent Questionnaire)  
 Occupational Therapy Evaluation, including teacher referral report  
 Physical Therapy Evaluation, including teacher referral report  
 Health—Specify: \_\_\_\_\_  
 Vision/Hearing—Specify: \_\_\_\_\_  
 Other—Please specify: \_\_\_\_\_

---

\_\_\_\_\_ Monongalia County Schools Notice of Parent/Student Rights in Identification, Evaluation, and Placement Explanation has been provided in regard to Section 504 of Rehabilitation Act of 1973.

I give permission to evaluate \_\_\_\_\_ Parent Signature  
 I wish to schedule a conference before I decide.  
 Do not evaluate my child \_\_\_\_\_ Date:

Monongalia County Schools  
13 South High Street, Morgantown, WV 26501  
(304) 291-2766  
Consent to Release Information

\_\_\_\_\_  
(FULL NAME OF STUDENT)

\_\_\_\_\_  
(DATE OF BIRTH)

\_\_\_\_\_  
(TELEPHONE NUMBER)

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)

**MEDICAL HISTORY:** \_\_\_\_\_

\_\_\_\_\_  
MEDICAL DIAGNOSIS

THERAPY HISTORY: \_\_\_\_\_

*Authorization to Release & Obtain Information*

*As parent or legal guardian of the above student, I grant permission for Monongalia County Schools (MCS) to obtain and/or release information regarding my son/daughter from the school, department, agency, or person identified below. This information may be shared with any MCS employee involved in providing services for him/her. I understand the purpose and intent of this release is to obtain and share information in order to provide coordinated services for my son/daughter. This request shall remain in effect for one full year (365 days) from the date of the signature unless revoked in writing. A copy or FAX of this release shall be as binding as the original.*

\_\_\_\_\_  
Primary Care Provider

\_\_\_\_\_  
Phone/FAX number

\_\_\_\_\_  
Orthopedic Physician

\_\_\_\_\_  
Phone/FAX number

\_\_\_\_\_  
Neurologist

\_\_\_\_\_  
Phone/FAX number

\_\_\_\_\_  
Orthotist

\_\_\_\_\_  
Phone/FAX number

\_\_\_\_\_  
Rehabilitation Technology Specialist

\_\_\_\_\_  
Phone/FAX number

\_\_\_\_\_  
**SIGNATURE OF STUDENT IF 18 YEARS OLD**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN IF  
STUDENT IS UNDER 18 YEARS OLD**

\_\_\_\_\_  
**DATE**



## MONONGALIA COUNTY SCHOOLS MOTOR TEAM

Westover Annex  
200 West Park Avenue  
Westover, WV 26501

Phone: (304) 291-9288 ext. 1710  
Fax: (304) 291-9311

# Memo

**To:** \_\_\_\_\_

**From:** John M. Patti, DPT

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

**Re:** \_\_\_\_\_

The following evaluations have been completed:

\_\_\_\_\_ Physical Therapy

\_\_\_\_\_ Occupational Therapy

\_\_\_\_\_ Adapted Physical Education

\*Please schedule follow up as needed. Please contact and notify the evaluating Motor Team therapist prior to scheduling the EC/IEP/SAT/504 Meeting. **The evaluating therapist must be present at the meeting to present and interpret the evaluation.**

### **E-mails (Physical Therapy evaluations):**

John Patti: [jpatti@k12.wv.us](mailto:jpatti@k12.wv.us)

Lisa Ammons: [lrammons@k12.wv.us](mailto:lrammons@k12.wv.us)

### **E-mails (Occupational Therapy evaluations):**

Breanne Oleksa: [boleksa@k12.wv.us](mailto:boleksa@k12.wv.us)

Paula Sisler: [psisler@k12.wv.us](mailto:psisler@k12.wv.us)

Alex Boyles: [aboyles@k12.wv.us](mailto:aboyles@k12.wv.us)

### **E-mails (Adapted Physical Education evaluations):**

Lorri Lipscomb: [llipscom@k12.wv.us](mailto:llipscom@k12.wv.us)

## **SPECIFIC REFERRALS**

- **Processing Preschool Referrals**
- **Understanding the Retention and Acceleration Policies**
- **West Virginia System of Supports (WVTSS)**

## ATTENDANCE CHANGES

### H.B 2702

**Relating to excused absences for personal illness from school. This bill made the following changes to WV Code § 18-8-4, concerning the duties of Attendance Directors and application of the law regarding excused/unexcused absences:**

- **Provide that excused absences for personal illness, when involving “family members” of a student, are accompanied by a reasonable explanation for the student’s absence;**
- **Provide that documentation of absences shall be provided to the school no later than **THREE** days after the occurrence;**
- **Provide that the three day unexcused absences letter/notice is no longer mandatory;**
- **Provide that the requirement that an Attendance Director make a complaint against a student’s parent/guardian/custodian after ten unexcused absences is no longer mandatory.**
- **This bill is effective July 1, 2017.**

## Who is homeless?

(McKinney-Vento Homeless Assistance Act of 2001 – Title X, Part C, of the No Child Left Behind Act – Sec 725)

The term “homeless children and youth” means:

A. individuals who lack a fixed, regular, and adequate nighttime residence

B. children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or similar reason;

i. children and youth living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations, are living in emergency or transitional shelters, are abandoned in hospitals;

ii. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings...

iii. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

iv. migratory children, qualifying as homeless.

## Educational Rights under the McKinney-Vento Act

Students who are homeless have the right to attend school, no matter where or how long they lived there

- Attend either the local school or the school of origin, if this is in their best interest; *The school of origin is the school the child attended when he/she was permanently housed or the school in which the child was last enrolled*
- Transportation to and from the school of origin
- Enroll in school immediately, even if missing records and documents normally required for enrollment such as a birth certificate, proof of residence, previous school records, or immunization/medical records
- Enroll, attend classes, and participate fully in all school activities while the school arranges for the transfer of records
- Access to the same programs and services that are available to all other students including transportation and supplemental educational services
- Attend school with children not experiencing homelessness; segregation based on a student's status as homeless is prohibited
- Referrals to health services, housing, and other appropriate services
- Access to early interventions such as Head Start, public preschool, and early interventions
- Assist students with credit recovery from previous coursework completed
- Go to school where all staff have received professional development in identifying, enrolling, and providing assistance with post-secondary education, stability and success for student experiencing homelessness



**Supporting the  
Education of Children  
Experiencing  
Homelessness to  
Ensure Every Student  
Succeeds**

**Monongalia**  
COUNTY SCHOOLS  
EDUCATION...EMPOWERS...EXCELLENCE



## What is NCHE?

The National Center for Homeless Education (NCHE) supports educators, service providers, parents, community members, and others interested in the education of children and youth experiencing homelessness

**NCHE HELPLINE** 1 800-308-2145  
**WEBSITE** [NCHE](#)

## Students experiencing Homelessness

One-half million children attended more than three schools between first and third grade.

15 to 18 percent of school-age children changed residences from the previous year. Frequent school changes have been correlated with lower academic achievement, many elementary students change schools frequently, harming their education. It may take 4 to 6 months to recover academically

Mobile students are twice as likely to repeat a grade

Mobile students are half as likely to graduate from high school

Students who move frequently have lower attendance rates. A 20% absentee rate results in achievement scores 20 points lower than those of stable peers

Mobile students have not had the opportunity to build the relationships needed to be successful in school or life

## YOU can STILL Enroll in School!

*Do you live in one of these situations?*

Is your residence or housing uncertain?  
Do you live at a temporary address?  
Do you lack a permanent physical address?

**The McKinney-Vento Act and West Virginia state law and policy** guarantee that you can enroll in school if you live:

In a shelter (family shelter, domestic violence shelter, youth shelter or transitional living program)

In a motel, hotel or weekly rate housing

In a house or apartment with more than one family because of economic hardship or loss

In an abandoned building, a car, at a campground or on the street

In substandard housing (no electricity, no water, and/or no heat)

With friends or family because you are a runaway or unaccompanied youth

### You May Be Eligible to....

Continue to attend the school in which you were last enrolled, even if you have moved away from that school's attendance zone or district, *if feasible and in the best interest of the child*

Receive transportation from the current residence back to the school of origin

Participate fully in all school activities and programs for which you are eligible

## Enrolling in School

Contact the new school for immediate enrollment

Contact the district's liaison for help in enrolling in a new school or for transportation consideration to the previous school.

Contact the district liaison to resolve any disputes that arise during the enrollment process.

Provide any information necessary to assist teachers in helping your child adjust to new circumstances

Ask the local liaison, shelter staff, or a social worker for assistance with records, clothing and supplies, if needed

### Questions to ask the school

What transportation is available to stay in the same school?

• If I have to change schools, can someone help transfer records quickly? •

Are any tutoring services available? •

If special education services are needed, how long is the wait for testing? •

Are there special classes to benefit a talent I have? •

Are there sports, music or other activities available to me? •

Are school supplies available? • Will I be able to go on class field trips if unable to pay?

Contact Us:

Monongalia County Schools, Krista Mendelson, Homeless Liaison

Westover Annex, Morgantown, WV 26501

304.291.9288 x 1704 [kmendelss@k12.wv.us](mailto:kmendelss@k12.wv.us)

Danica Rubenstein, Director of Attendance, Monongalia County Schools 304.291.9210 x 1502/1511 [drubenstein@k12.wv.us](mailto:drubenstein@k12.wv.us)

Rebecca Derenge WV State Coordinator for Homeless Ed Bldg 6 Rm 728 1900 Kanawha Blvd., E. Charleston, WV 25305 304.558.8833

[rderenge@k12.wv.us](mailto:rderenge@k12.wv.us)

<http://wvde.state.wv.us>

#### DISCRIMINATION PROHIBITED

In accordance with federal law and the United States Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, gender, age, disability, or retaliation. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 926-WJ, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call 202-720-5894 (voice and TDD). USDA is an equal opportunity provider and employer.

# Monongalia County Schools

Department of Special Education  
 Send to: Brenda Yohn  
 Suncrest Center  
 523 Junior Ave.  
 Morgantown, WV 26505

## **Monongalia County Preschool Special Needs Referral Form**

Referring Agency/Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date Referral Received by ICS at Dorsey Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

\*Home School: \_\_\_\_\_

(\* Your area public elementary school)

**If parent referral**, does your child currently attend a childcare center or other age-appropriate developmental program, if so, where? \_\_\_\_\_

**If agency/classroom** referral, how long has the child been in your program/class?  
 \_\_\_\_\_

Describe your concerns about the child (Please use back of form if more space needed):

Speech/Language: \_\_\_\_\_

Motor Skills: \_\_\_\_\_

Cognitive/Pre-academic Skills (reasoning, matching/sorting, shapes/colors, letters/numbers):  
 \_\_\_\_\_

Social Skills/Behavior: \_\_\_\_\_

Self-help: \_\_\_\_\_

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_

Has this child had any intervention or therapies? (please describe): \_\_\_\_\_  
 \_\_\_\_\_

Any medical concerns or medications?: \_\_\_\_\_  
 \_\_\_\_\_



### PRE-K STUDENT ASSISTANCE TEAM REPORT

<b>Name:</b>	<b>Date of Birth:</b>	<b>School:</b>
<b>Parent/Guardian:</b>	<b>Telephone #:</b>	<b>Teacher:</b>
<b>Address:</b>	<b>WVEIS #:</b>	<b>Grade:</b>
	<b>Medicaid #:</b>	<b>Current Date:</b>

**Reason for Referral:**

**Child's Functional Abilities Within Developmental Areas:**

- **Communication (Expressive and Receptive):**
  
  
  
- **Motor Development:**
  
  
  
- **Social/Emotional:**
  
  
  
- **Cognitive:**
  
  
  
- **Adaptive:**

<b>Child's Name:</b>	<b>Date of Birth:</b>	<b>Current Date:</b>
----------------------	-----------------------	----------------------

<b>Additional Information/Concerns:</b>
---

<b>Recommended Actions:</b>	<b>Person/Team Responsible</b>

<b>Parent/Guardian:</b> _____	<b>School Administrator/Chairperson:</b> _____
<b>SAT Coordinator:</b> _____	<b>School Psychologist:</b> _____
<b>General Education Teacher:</b> _____	<b>Special Educator:</b> _____
<b>School Counselor:</b> _____	<b>School Nurse:</b> _____
<b>WV BTT Representative(s):</b> _____	<b>Early/Head Start FSS:</b> _____
_____	<b>Other(s):</b> _____
_____	_____
_____	_____

**DIVISION OF SPECIAL EDUCATION  
MONONGALIA COUNTY SCHOOLS PRESCHOOL TEACHER EVALUATION**

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

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

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

TEACHER: \_\_\_\_\_

**DIRECTIONS:** Please evaluate this student’s performance in your classroom on a scale of 1 to 5 or NA by circling a rating for each item. A score of 1 means the student consistently performs that skill, 3 means the student performs that skill some of the time and a 5 means the student never performs that skill. NA means that particular skill is not appropriate for your class or age group.

**PLEASE DOCUMENT ANY ADDITIONAL INFORMATION CONCERNING THIS STUDENT THAT WILL BE HELPFUL IN THE EVALUATION PROCESS.** Thank you for your help in evaluating the student.

	always	almost always	sometimes	rarely	never	NA
1. Attends school for a full day.	1	2	3	4	5	NA
2. Comes to school rested and ready to learn.	1	2	3	4	5	NA
3. Performs transitional activities such as change of activity, routine, seating with minimal prompting.	1	2	3	4	5	NA
4. Begins tasks.	1	2	3	4	5	NA
5. Stays on task.	1	2	3	4	5	NA
6. Terminates tasks.	1	2	3	4	5	NA
7. Generally attends well to classroom tasks.	1	2	3	4	5	NA
8. Follows directions.	1	2	3	4	5	NA
9. Readily accepts assistance.	1	2	3	4	5	NA
10. Asks the teacher for help or information.	1	2	3	4	5	NA
11. Accepts criticism/correction without incident.	1	2	3	4	5	NA
12. Follows class rules.	1	2	3	4	5	NA
13. Uses classroom materials and equipment safely.	1	2	3	4	5	NA
14. Uses materials for their intended purpose	1	2	3	4	5	NA
15. Puts materials away after use.	1	2	3	4	5	NA
16. Shares materials with peers when appropriate.	1	2	3	4	5	NA
17. Works cooperatively with a partner or in small groups.	1	2	3	4	5	NA
18. Interacts appropriately with peers.	1	2	3	4	5	NA
19. Interacts appropriately with adults.	1	2	3	4	5	NA
20. Uses appropriate social language in greetings and farewells.	1	2	3	4	5	NA
21. Appears to be happy/content.	1	2	3	4	5	NA
22. Uses intelligible speech (volume, rate, articulation).	1	2	3	4	5	NA

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Teacher Signature

Date

# Position Statement

## Grade Retention and Social Promotion

Although retaining students who fail to meet grade level standards has limited empirical support, promoting students to the next grade when they have not mastered the curriculum of their current grade, a practice termed social promotion, is not an educationally sound alternative. For these reasons, the debate over the dichotomy between grade retention and social promotion must be replaced with efforts to identify and disseminate evidence-based practices that promote academic success for students whose academic skills are below grade level standards. NASP urges educators to use methods other than grade retention and social promotion to ensure that all students have access to effective and equitable education.

Grade retention in U.S. schools has a long history characterized by fluctuations in the frequency and application of this educational practice. The majority of studies conducted over the past four decades on the effectiveness of grade retention fail to support its efficacy in remediating academic deficits (e.g., Jimerson, 2001). However, because students are not randomly assigned to this intervention, a failure to adequately control for pre-existing differences between retained and promoted students that may affect students' academic and social-emotional trajectories leaves open the possibility that pre-existing vulnerabilities rather than retention per se may be the cause of poor post-retention outcomes. Consistent with this possibility, recent studies utilizing more rigorous methods to control for selection effects are less likely to report negative effects (e.g., Hong & Yu, 2008; Wu, West, & Hughes, 2008; Hughes, Chen, Thoemmes, & Kwok, 2010). Retention effects also vary depending on whether retained and promoted students are compared at the same grade or the same age. When retained and promoted peers are compared at the same age, retained students achieve at a slower rate. When retained and promoted peers are compared in the same grade, retained students experience a short-term boost that dissipates within 4 years (Wu et al., 2008). When the measure of achievement is closely aligned with the curriculum, as in the case of state accountability testing, retention bestows short-term benefits (Hughes et al., 2010) but there is no evidence of long-term benefits for students.

### ALTERNATIVES TO RETENTION AND SOCIAL PROMOTION

NASP encourages school psychologists to collaborate actively with other professionals by assuming leadership roles in their school districts to implement models of service delivery that ensure:

- Multitiered problem-solving models to provide early and intensive evidence-based instruction and intervention to meet the needs of all students across academic, behavioral, and social-emotional domains
- Equitable opportunities to learn for students from diverse backgrounds
- Universal screening for academic, behavioral, and social-emotional difficulties
- Frequent progress monitoring and evaluation of interventions

Furthermore, NASP urges schools to maximize students' opportunities to learn both in and outside of school through effective teacher professional development and extended day/year programs. Grade retention is a costly intervention with questionable benefits to students because, for students who attended school regularly, having them repeat the same grade with the same instruction will yield no improvement for the student. Except in very rare circumstances when a student has missed a large number of school days, grade retention and social promotion are not recommended. Instead, students whose performance is substantially below their grade level peers need an intensive individualized intervention plan with frequent progress monitoring and involvement with specialists and related services providers, in order to ensure the maximum benefit for the student.

Additional information concerning grade retention and social promotion practices can be found in the following NASP documents:

- NASP White Paper on Student Grade Retention and Social Promotion
- NASP Position Statement on Appropriate Academic Supports to Meet the Needs of All Students
- NASP Position Statement on Appropriate Behavioral, Social, and Emotional Supports to Meet the Needs of All Students

## REFERENCES

- Hong, G., & Yu, B. (2008). Effects of kindergarten retention on children's social-emotional development: An application of propensity score method to multivariate, multilevel data. *Developmental Psychology, 44*, 407–421.
- Hughes, J. N., Chen, Q., Thoemmes, F., & Kwok, O. (2010). An investigation of the relationship between retention in first grade and performance on high stakes test in 3rd grade. *Educational Evaluation and Policy Analysis, 32*, 166–182.
- Jimerson, S. R. (2001). Meta-analysis of grade retention research: Implications for practice in the 21st century. *School Psychology Review, 30*, 420–437.
- Wu, W., West, S. G., & Hughes, J. N. (2008). Effect of retention in first grade on children's achievement trajectories over four years: A piecewise growth analysis using propensity score matching. *Journal of Educational Psychology, 100*, 727–740.

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**5410 - PROMOTION, ACCELERATION, PLACEMENT, AND RETENTION**

The Board of Education recognizes that the personal, social, physical, and educational growth of children will vary and that they should be placed in the educational setting most appropriate to their needs at the various stages of their growth.

It shall be the policy of the Board that each student be moved forward in a continuous pattern of achievement and growth that is in harmony with his/her own development. The teacher's recommendation relating to whether a student should be promoted to the next grade level shall be a primary consideration when making such determination.

A student will be promoted to the succeeding grade level when s/he has:

- A. completed the course and State-mandated requirements at the presently assigned grade;
- B. in the opinion of the professional staff, achieved the instructional objectives set for the present grade;
- C. demonstrated sufficient proficiency to permit him/her to move ahead in the educational program of the next grade;
- D. demonstrated the degree of social, emotional, and physical maturation necessary for a successful learning experience in the next grade.

A student may be accelerated when his/her demonstrated achievement, as well as measured ability, significantly exceeds that of his/her grade level peers. Consideration may be given to promoting him/her to a grade other than the next succeeding one, or permitting him/her to enroll in a course other than the next one in the academic sequence. A student will be accelerated in this manner when s/he has:

- A. achieved the grade/course objectives and State-mandated requirements, if applicable, for the grade/course in which s/he is presently enrolled as well as for the grades(s)/course(s) that will be skipped;
- B. in the opinion of the professional staff, achieved the instructional objectives set for the present grade/course as well as the succeeding one(s);
- C. demonstrated sufficient proficiency to permit him/her to be accelerated in the educational program;
- D. demonstrated the degree of social, emotional, and physical maturation necessary for a successful learning experience in the grade/course to which s/he will be promoted or enrolled.

A student may be retained at his/her current grade level when s/he has:

- A. in the opinion of the professional staff, failed to demonstrate proficiency in mathematics and reading ;
- B. in the opinion of the professional staff, failed to achieve the instructional objectives set forth at the current grade level that are requisite for success at the succeeding grade level.

A student may be placed at the next grade level when retention would no longer serve any good purpose.

The Superintendent shall develop administrative guidelines for promotion, acceleration, placement, and retention of students that:

- A. require the recommendation of the relevant staff members for promotion, acceleration, placement, or retention;
- B. require that parents are informed in advance of the possibility of retention of a student at a grade level;
- C. require that the parent(s) give their consent to the acceleration of their child;
- D. assure that efforts will be made to remediate the student's difficulties before s/he is retained;
- E. assign to the principal the responsibility for determining the promotion, acceleration, placement, or retention of each student;
- F. provide parents the opportunity to request the acceleration, assignment, or retention of their child.

MONONGALIA COUNTY PROCEDURE FILE: 8- 18

PROMOTION AND RETENTION OF STUDENTS (Form1)

DATE \_\_\_\_\_

Dear Parent,

As you are aware, your child, \_\_\_\_\_, has been experiencing some academic difficulty.

In order for us to discuss his/her present academic status and possible future grade placement, it is necessary for you to attend a conference with us on \_\_\_\_\_ at \_\_\_\_\_.

If for some reason you are unable to attend a conference at this time please contact the school so that we may arrange a time that is mutually convenient.

Sincerely,

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Teacher

School Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_





2. Social Growth

Accomplishments:

Weaknesses:

3. Results of Light's Retention Scale:

4. Additional Information:

5. Recommendations for School Year:

Based on the above information, the following recommendations will be carried out unless the student has attained the appropriate levels in Reading and Math to warrant promotion to next grade:

Reading:

Math:

Other:

MONONGALIA COUNTY SCHOOLS  
MEMORANDUM OF UNDERSTANDING  
ON  
STUDENT PLACEMENT (Form 3)

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

This will certify that I have been informed that my child (named above), has been experiencing academic difficulty at school. I have been made aware of this and I have been invited to discuss these difficulties with the teacher at parent conferences.

I have read the accompanying report regarding my child's placement for the next school year.

I understand that it is the decision of the principal, after serious consideration, that my child, \_\_\_\_\_, should be retained in Grade \_\_\_\_\_ for the \_\_\_\_\_ school year so that he/she may attain the skills necessary to progress to the next grade level.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Principal's Signature

Copy to: Parents  
School File

Student: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 Teacher: \_\_\_\_\_

## WVTSS Process Fidelity Checklist

**This form will be completed by the SAT or grade level team prior to referral for an individual student. It will serve as documentation for the Multidisciplinary Evaluation Team and the Eligibility Committee to verify the provision of personalized instruction and intervention prior to finding a student eligible for special education as a student with a specific learning disability.**

### Core

- Student received grade-level core instruction  Yes  No
- Student was provided differentiated core instruction based on formal and informal assessment.  Yes  No
- Core reading instruction included the five essential components of reading (i.e., phonemic awareness, phonics, vocabulary, comprehension, and fluency).  Yes  No
- Core math instruction included essential math content strands and mathematical processes.  Yes  No
- Assessment data was collected and benchmarking occurred.  Yes  No
- The general education core curriculum succeeded in bringing a high percentage of students to mastery.  Yes  No

### Targeted

- Student was provided small group (3-5 students), research-based intervention in areas of need as identified by assessment data (i.e., benchmark and diagnostic testing).  Yes  No
- Student's progress toward identified goals was monitored at least every 2 to 3 weeks, unless prescribed differently by the program, for a total of 9 weeks.  Yes  No
- Math intervention occurred at least 3 times per week for a minimum of 15 minutes per session, unless prescribed differently by the program.  Yes  No
- Reading intervention occurred at least 3-5 times a week for a minimum of 15-30 minutes per session, unless prescribed differently by the program.  Yes  No
- Intervention frequency, duration, and content is documented and available for review by the SAT, MDET, and/or Eligibility Committee.  Yes  No

### Intensive

- Student was provided research-based intervention program in areas of need, in a smaller group of similarly-skilled students or 1 to 1, as identified by assessment data program.  Yes  No
- A minimum of one 9-week period of intervention was provided and progress monitoring occurred at least every 1 to 2 weeks, unless prescribed differently by the program.  Yes  No
- Intervention frequency, duration, and content is documented and available for review by the SAT, **OR** a referral for special education is being initiated *simultaneously with the implementation* of Intensive intervention.  Yes  No
- Prescriptive, intensive intervention, which is delivered in a different method than the student has previously received.  Yes  No
- Math intervention occurred at least 3 times per week for 15- 30 minutes per session, unless prescribed differently by the program.  Yes  No
- Reading intervention occurred at least 5 times a week for a minimum of 60 minutes per session, unless prescribed differently by the program.  Yes  No
- Intervention frequency, duration, and content *will be documented and available* for review by the SAT, MDET, and Eligibility Committee.  Yes  No

Person Completing Form: \_\_\_\_\_

Position: \_\_\_\_\_

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

<b>Student:</b> _____  Parent notification sent for Targeted Instruction (Required Documentation) Date: _____	<h2 style="margin: 0;">WVTSS Chronology Checklist for Reading Monongalia County Schools</h2>
---	--

**Core Instruction:** \_\_\_\_\_ Core Curriculum used: \_\_\_\_\_

	Student received differentiated instruction. Explain:
	Student was benchmarked (Required attachment)
	Student was progress monitored. (Required attachment)
	Methods and strategies used (stations, flexible grouping, Title One support. etc.):

**Reminder:** Progress monitoring occurred at least every 2 to 3 weeks for Targeted Intervention and 1 to 2 weeks for Intensive Intervention, unless prescribed differently by the program. (Required attachment).

Targeted                      Intensive (Circle One)

**Kindergarten Semester 2**

<b>Teacher:</b> _____	<b>Year:</b> _____
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ _____ Number of Sessions Offered: _____ Amount of sessions attended: _____ Length of Session (Time) _____	<b>Description of student strengths and weaknesses during group:</b>   <b>Plan for next Semester:</b>   <b>Additional Comments:</b>

Targeted                      Intensive (Circle One)

**First Grade Semester 1**

<b>Teacher:</b> _____	<b>Year:</b> _____
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ _____ Number of Sessions Offered: _____ Amount of sessions attended: _____ Length of Session (Time) _____ Nine Week Review Recommendations:	<b>Description of student strengths and weaknesses during group:</b>   <b>Recommendation for next Semester:</b>   <b>Additional Comments:</b>

Targeted                      Intensive (Circle One)

**First Grade Semester 2**

<b>Teacher:</b> _____	<b>Year:</b> _____
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ _____ Number of Sessions Offered: _____ Amount of sessions attended: _____ Length of Session (Time) _____ Nine Week Review Recommendations:	<b>Description of student strengths and weaknesses during group:</b>   <b>Plan for next Semester:</b>   <b>Additional Comments:</b>

Targeted Intensive (Circle One)

**Second Grade Semester 1**

<b>Teacher:</b> _____		<b>Year:</b> _____	
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ _____ Number of Sessions Offered: _____ Amount of sessions attended: _____ Length of Session (Time) _____ Diagnostic Assessment Utilized (GORT, CTOPP, QPS, etc.) _____ _____ Nine Week Review Recommendations: _____		Description of student strengths and weaknesses during group: _____ _____ Plan for next Semester: _____ Additional Comments: _____	

Targeted Intensive (Circle One)

**Second Grade Semester 2**

<b>Teacher:</b> _____		<b>Year:</b> _____	
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ _____ Number of Sessions Offered: _____ Amount of sessions attended: _____ Length of Session (Time) _____ Diagnostic Assessment Utilized (GORT, CTOPP, QPS, etc.) _____ _____ Nine Week Review Recommendations: _____		Description of student strengths and weaknesses during group: _____ _____ Plan for next Semester: _____ Additional Comments: _____	

Targeted Intensive (Circle One)

**Third Grade Semester 1**

<b>Teacher:</b> _____		<b>Year:</b> _____	
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ _____ Number of Sessions Offered: _____ Amount of sessions attended: _____ Length of Session (Time) _____ Diagnostic Assessment Utilized (GORT, CTOPP, QPS, etc.) _____ _____ Nine Week Review Recommendations: _____		Description of student strengths and weaknesses during group: _____ _____ Plan for next Semester: _____ Additional Comments: _____	

Targeted Intensive (Circle One)

**Third Grade Semester 2**

<b>Teacher:</b> _____		<b>Year:</b> _____	
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ _____ Number of Sessions Offered: _____ Amount of sessions attended: _____ Length of Session (Time) _____ Diagnostic Assessment Utilized (GORT, CTOPP, QPS, etc.) _____ _____ Nine Week Review Recommendations: _____		Description of student strengths and weaknesses during group: _____ _____ Plan for next Semester: _____ Additional Comments: _____	

Targeted Intensive (Circle One)

**Fourth Grade Semester 1**

<b>Teacher:</b> _____	<b>Year:</b> _____
<b>Start Date:</b> _____ <b>Program Used:</b> _____ <b>Skills Worked on in Intervention:</b> _____ _____ <b>Number of Sessions Offered:</b> _____ <b>Amount of sessions attended:</b> _____ <b>Length of Session (Time)</b> _____ <b>Diagnostic Assessment Utilized (GORT, CTOPP, QPS, etc.)</b> _____  <b>Nine Week Review Recommendations:</b> _____	<b>Description of student strengths and weaknesses during group:</b> _____  <b>Plan for next Semester:</b> _____  <b>Additional Comments:</b> _____

Targeted Intensive (Circle One)

**Fourth Grade Semester 2**

<b>Teacher:</b> _____	<b>Year:</b> _____
<b>Start Date:</b> _____ <b>Program Used:</b> _____ <b>Skills Worked on in Intervention:</b> _____ _____ <b>Number of Sessions Offered:</b> _____ <b>Amount of sessions attended:</b> _____ <b>Length of Session (Time)</b> _____ <b>Diagnostic Assessment Utilized (GORT, CTOPP, QPS, etc.)</b> _____  <b>Nine Week Review Recommendations:</b> _____	<b>Description of student strengths and weaknesses during group:</b> _____  <b>Plan for next Semester:</b> _____  <b>Additional Comments:</b> _____

Targeted Intensive (Circle One)

**Fifth Grade Semester 1**

<b>Teacher:</b> _____	<b>Year:</b> _____
<b>Start Date:</b> _____ <b>Program Used:</b> _____ <b>Skills Worked on in Intervention:</b> _____ _____ <b>Number of Sessions Offered:</b> _____ <b>Amount of sessions attended:</b> _____ <b>Length of Session (Time)</b> _____ <b>Diagnostic Assessment Utilized (GORT, CTOPP, QPS, etc.)</b> _____  <b>Nine Week Review Recommendations:</b> _____	<b>Description of student strengths and weaknesses during group:</b> _____  <b>Plan for next Semester:</b> _____  <b>Additional Comments:</b> _____

Targeted Intensive (Circle One)

**Fifth Grade Semester 2**

<b>Teacher:</b> _____	<b>Year:</b> _____
<b>Start Date:</b> _____ <b>Program Used:</b> _____ <b>Skills Worked on in Intervention:</b> _____ _____ <b>Number of Sessions Offered:</b> _____ <b>Amount of sessions attended:</b> _____ <b>Length of Session (Time)</b> _____ <b>Diagnostic Assessment Utilized (GORT, CTOPP, QPS, etc.)</b> _____  <b>Nine Week Review Recommendations:</b> _____	<b>Description of student strengths and weaknesses during group:</b> _____  <b>Plan for next Semester:</b> _____  <b>Additional Comments:</b> _____

**Sat Referral Documentation:**

Date (s) referred:
Reason (s) referred:

**Status Report for Middle School Transition**

Receiving Middle School: \_\_\_\_\_

**CURRENT STATUS (check all that apply):**

- Student is in Targeted, Round \_\_\_\_\_, Number of Sessions \_\_\_\_\_, Beginning date \_\_\_\_\_, End date \_\_\_\_\_
- Student is in Intensive, Round \_\_\_\_\_, Number of Sessions \_\_\_\_\_, Beginning date \_\_\_\_\_, End date \_\_\_\_\_
- Student is in SAT, date of last SAT meeting \_\_\_\_\_

**RESEARCH-BASED INTERVENTION TYPE:**

List all programs and methods used during Targeted and/or Intensive Instruction

Targeted \_\_\_\_\_

Intensive \_\_\_\_\_

**LEVEL OF LEARNING:**

List the student's most recent progress monitoring and benchmarks:

Measure	Benchmark			
DIBELS ORF				
Acuity (Final)	Reading:		Math:	
WESTEST (4 <sup>th</sup> Grade)	Math:	Reading:	Science:	Social Studies:
SRI				
SMI				
Other: _____				

**SKILL AREA DEFICITS:**

Please indicate the student's skill deficit(s) which are targeted in intervention.

- Basic Reading
  - Specify specific skills: \_\_\_\_\_
- Reading Fluency
  - Specify specific skills: \_\_\_\_\_
- Reading Comprehension
  - Specify specific skills: \_\_\_\_\_
- Math Calculation
  - Specify specific skills: \_\_\_\_\_
- Math Reasoning
  - Specify specific skills: \_\_\_\_\_
- Written Expression
  - Specify specific skills: \_\_\_\_\_

This form serves a planning component for the receiving middle school to prepare the appropriate intervention(s) in a timely manner. The student's WVTSS Chronology Folder must accompany this brief form to the receiving school.

<b>Student:</b> _____  Parent notification sent for Targeted Instruction (Required Documentation) Date: _____	<h2 style="margin: 0;">WVTSS Chronology Checklist for Math Monongalia County Schools</h2>
---	---

**Core Instruction:** \_\_\_\_\_ Core Curriculum used: \_\_\_\_\_

	Student received differentiated instruction. Explain:
	Student was benchmarked (Required attachment)
	Student was progress monitored. (Required attachment)
	Methods and strategies used (stations, flexible grouping, Title One support. etc.):

**Reminder:** Progress monitoring occurred at least every 2 to 3 weeks for Targeted Intervention and 1 to 2 weeks for Intensive Intervention, unless prescribed differently by the program. (Required attachment)

Targeted                      Intensive (Circle One)

**Kindergarten Semester 2**

<b>Teacher:</b> _____	<b>Year:</b> _____
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ _____ Number of Sessions Offered: _____ Number of Sessions Completed: _____ Length of Session (Time) _____	Description of student strengths and weaknesses during group:   Plan for next Semester:   Additional Comments:

Targeted                      Intensive (Circle One)

**First Grade Semester 1**

<b>Teacher:</b> _____	<b>Year:</b> _____
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ _____ Number of Sessions Offered: _____ Number of Sessions Completed: _____ Length of Session (Time) _____ Nine Week Review Recommendations:	Description of student strengths and weaknesses during group:   Recommendation for next Semester:   Additional Comments:

Targeted                      Intensive (Circle One)

**First Grade Semester 2**

<b>Teacher:</b> _____	<b>Year:</b> _____
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ _____ Number of Sessions Offered: _____ Number of Sessions Completed: _____ Length of Session (Time) _____ Nine Week Review Recommendations:	Description of student strengths and weaknesses during group:   Plan for next Semester:   Additional Comments:



Targeted      Intensive (Circle One)

**Second Grade Semester 1**

<b>Teacher:</b> _____	<b>Year:</b> _____
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ Number of Sessions Offered: _____ Number of Sessions Completed: _____ Length of Session (Time) _____ Diagnostic Assessment Utilized (Key Math, KTEA Math, etc.) _____  Nine Week Review Recommendations: _____	Description of student strengths and weaknesses during group:   Plan for next Semester:  Additional Comments:

Targeted      Intensive (Circle One)

**Second Grade Semester 2**

<b>Teacher:</b> _____	<b>Year:</b> _____
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ Number of Sessions Offered: _____ Number of Sessions Completed: _____ Length of Session (Time) _____ Diagnostic Assessment Utilized (Key Math, KTEA Math, etc.) _____  Nine Week Review Recommendations: _____	Description of student strengths and weaknesses during group:   Plan for next Semester:  Additional Comments:

Targeted      Intensive (Circle One)

**Third Grade Semester 1**

<b>Teacher:</b> _____	<b>Year:</b> _____
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ Number of Sessions Offered: _____ Number of Sessions Completed: _____ Length of Session (Time) _____ Diagnostic Assessment Utilized (Key Math, KTEA Math, etc.) _____  Nine Week Review Recommendations: _____	Description of student strengths and weaknesses during group:   Plan for next Semester:  Additional Comments:

Targeted      Intensive (Circle One)

**Third Grade Semester 2**

<b>Teacher:</b> _____	<b>Year:</b> _____
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ Number of Sessions Offered: _____ Number of Sessions Completed: _____ Length of Session (Time) _____ Diagnostic Assessment Utilized (Key Math, KTEA Math, etc.) _____  Nine Week Review Recommendations: _____	Description of student strengths and weaknesses during group:   Plan for next Semester:  Additional Comments:

Targeted Intensive (Circle One)

**Fourth Grade Semester 1**

<b>Teacher:</b> _____	<b>Year:</b> _____
<b>Start Date:</b> _____ <b>Program Used:</b> _____ <b>Skills Worked on in Intervention:</b> _____ _____ <b>Number of Sessions Offered:</b> _____ <b>Number of Sessions Completed:</b> _____ <b>Length of Session (Time)</b> _____ <b>Diagnostic Assessment Utilized (Key Math, KTEA Math, etc.)</b> _____  <b>Nine Week Review Recommendations:</b> _____	<b>Description of student strengths and weaknesses during group:</b> _____  <b>Plan for next Semester:</b> _____  <b>Additional Comments:</b> _____

Targeted Intensive (Circle One)

**Fourth Grade Semester 2**

<b>Teacher:</b> _____	<b>Year:</b> _____
<b>Start Date:</b> _____ <b>Program Used:</b> _____ <b>Skills Worked on in Intervention:</b> _____ _____ <b>Number of Sessions Offered:</b> _____ <b>Number of Sessions Completed:</b> _____ <b>Length of Session (Time)</b> _____ <b>Diagnostic Assessment Utilized (Key Math, KTEA Math, etc.)</b> _____  <b>Nine Week Review Recommendations:</b> _____	<b>Description of student strengths and weaknesses during group:</b> _____  <b>Plan for next Semester:</b> _____  <b>Additional Comments:</b> _____

Targeted Intensive (Circle One)

**Fifth Grade Semester 1**

<b>Teacher:</b> _____	<b>Year:</b> _____
<b>Start Date:</b> _____ <b>Program Used:</b> _____ <b>Skills Worked on in Intervention:</b> _____ _____ <b>Number of Sessions Offered:</b> _____ <b>Number of Sessions Completed:</b> _____ <b>Length of Session (Time)</b> _____ <b>Diagnostic Assessment Utilized (Key Math, KTEA Math, etc.)</b> _____  <b>Nine Week Review Recommendations:</b> _____	<b>Description of student strengths and weaknesses during group:</b> _____  <b>Plan for next Semester:</b> _____  <b>Additional Comments:</b> _____

Targeted Intensive (Circle One)

**Fifth Grade Semester 2**

<b>Teacher:</b> _____	<b>Year:</b> _____
<b>Start Date:</b> _____ <b>Program Used:</b> _____ <b>Skills Worked on in Intervention:</b> _____ _____ <b>Number of Sessions Offered:</b> _____ <b>Number of Sessions Completed:</b> _____ <b>Length of Session (Time)</b> _____ <b>Diagnostic Assessment Utilized (Key Math, KTEA Math, etc.)</b> _____  <b>Nine Week Review Recommendations:</b> _____	<b>Description of student strengths and weaknesses during group:</b> _____  <b>Plan for next Semester:</b> _____  <b>Additional Comments:</b> _____

**Sat Referral Documentation:**

Date (s) referred:

Reason (s) referred:

**Status Report for Middle School Transition**

Receiving Middle School: \_\_\_\_\_

**CURRENT STATUS (check all that apply):**

- Student is in Targeted, Round \_\_\_\_\_, Number of Sessions \_\_\_\_\_, Beginning date \_\_\_\_\_, End date \_\_\_\_\_
- Student is in Intensive, Round \_\_\_\_\_, Number of Sessions \_\_\_\_\_, Beginning date \_\_\_\_\_, End date \_\_\_\_\_
- Student is in SAT, date of last SAT meeting \_\_\_\_\_

**RESEARCH-BASED INTERVENTION TYPE:**

List all programs and methods used during Targeted and/or Intensive Instruction

Targeted \_\_\_\_\_

Intensive \_\_\_\_\_

**LEVEL OF LEARNING:**

List the student's most recent progress monitoring and benchmarks:

Measure	Benchmark			
DIBELS ORF				
Acuity (Final)	Reading:		Math:	
WESTEST (4 <sup>th</sup> Grade)	Math:	Reading:	Science:	Social Studies:
SRI				
SMI				
Other: _____				

**SKILL AREA DEFICITS:**

Please indicate the student's skill deficit(s) which are targeted in intervention.

- Basic Reading  
○ Specify specific skills: \_\_\_\_\_
- Reading Fluency  
○ Specify specific skills: \_\_\_\_\_
- Reading Comprehension  
○ Specify specific skills: \_\_\_\_\_
- Math Calculation  
○ Specify specific skills: \_\_\_\_\_
- Math Reasoning  
○ Specify specific skills: \_\_\_\_\_
- Written Expression  
○ Specify specific skills: \_\_\_\_\_

This form serves a planning component for the receiving middle school to prepare the appropriate intervention(s) in a timely manner. The student's WVTSS Chronology Folder must accompany this brief form to the receiving school.

## **BEHAVIOR REFERRALS AND INTERVENTIONS**

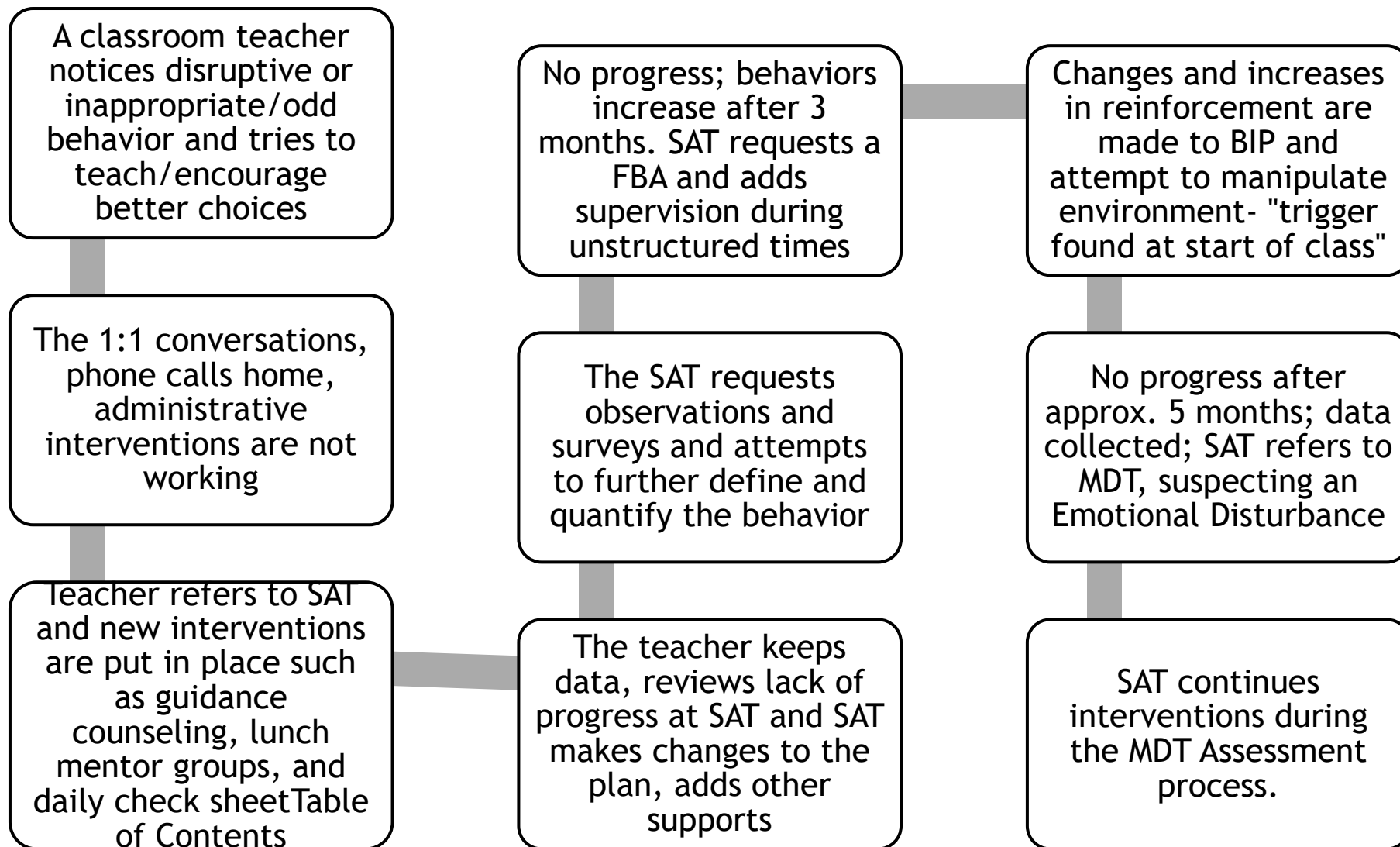
- **Processing a SAT Behavioral Referral**
- **Discipline Action Review and Disciplinary Procedures**
- **Restraint Documentation**
- **Safety and Behavior Intervention Plans**

## Overview of Behavior Referrals and County Interventions

SAT Behavior Referrals

## a. Processing a Behavior Referral-Graphic Example

This is a typical explanation of how to handle a Behavior Referral at SAT as a student shows resistance to increasingly intense interventions. However, steps can be combined if a student's behaviors escalates very quickly and intensive intervention is needed.



**b. Forms** (Discipline Action Review, Restraint Documentation, FBA, releases of Information/fax)

Discipline Action Review meeting is performed when a disciplinary change of placement occurs, which is a removal from the student's current educational placement for **more than 10 consecutive school days** or a series of removals that constitutes a pattern. A pattern is established when the series of removals **totals more than ten cumulative school days in a school year, the student's behavior is substantially similar to his/her behavior in the previous incidents that resulted in the series of removals**, and additional factors such as the length of each removal, the total amount of time the student is removed, and the proximity of the removals to one another. Whether a pattern of removals constitutes a change of placement must be determined on a case-by-case basis by school personnel and must be documented on the Disciplinary Action Review Form (DARF). Good communication is necessary between the SAT coordinator and the Administrator who oversees WVEIS behavior entries so that the SAT Coordinator is aware of students who reach the 11<sup>th</sup> day of suspension. Please consult with your school psychologist to assist in the determination of an educational change of placement.

Safety Care Restraint documentation: Students with a SAT or 504 may be experiencing dangerous behaviors and Physical Management is necessary. Documentation is mandatory. Completed form is forwarded to Adam Henkins at the BOE when Physical Management is used.

Functional Behavior Assessment Worksheet, observation Forms, rating scales, and interviews are on MCS website under Departments, Psychological Services, and Psychological Services Forms.

**c. Crisis and FBA Teams Trained per School-** FBA and Crisis teams (Safety Care) are fully trained in each school annually. Know who assists with Crisis Planning and FBA completion in your school. There will be further crisis training offered this school year for initial and recertification.

### SAT Behavioral Interventions

**a. MCS Policy 4373 Expected Behavior in Safe and Supportive Schools** (Related to SAT Teams)

**SAT Teams** frequently intervene with Level 1, 2, and 3 behaviors. LEVEL 1: Minimally Disruptive Behaviors – disrupt the educational process and the orderly operations of the school but do not pose direct danger to self or others and LEVEL 2: Disruptive and Potentially Harmful Behaviors – disrupt the educational process and/or pose potential harm or danger to self and/or others. The behavior is committed willfully but not in a manner that is intended maliciously to cause harm or danger to self and/or others. LEVEL 3: Imminently Dangerous, Illegal and/or Aggressive Behaviors – are willfully committed and are known to be illegal and/or harmful to people and/or property

Eligibility for Placement in Alternative Education Programs. Students may be placed in alternative education programs for: 1. violations of the West Virginia Code §18A-5-1a; 2. repeated violations of the county's discipline policy following documented multiple behavioral interventions by the **Student Assistance Team** at the referring school; and 3. continuation of educational services during periods of suspension

Remember to hold SATs for students transitioning back to Home Schools after \_\_\_\_\_ day placements due to Safe School Violations.

**b. MCS Tiered Behavioral Interventions and Behavior Intervention Worksheet**

The MCS Tiered Behavioral Intervention Graphic assists with understanding the level of need for a student with behavior problems. If many TIER 3/Intensive interventions are being used with fidelity and are unsuccessful for a long period of time, perhaps consideration of a Multi-Disciplinary Evaluation is warranted.

The Behavior Intervention Worksheet is not a mandatory form but should be used for a Behavior SAT to assist in intervention planning and prove multiple interventions at all 3 Levels have existed over a long period of time and to a marked degree. This form will assist the multi-disciplinary team when looking at a student for special education.

**c. Sample Behavior Contracts, Individual Behavior Plan and Crisis/Safety Plans**

Behavior Contracts and Behavior Plans are used to develop a structure to encourage desirable students behaviors and decrease interfering behaviors. Safety Plans are used when behaviors are reoccurring and potentially dangerous, supposed bully/intimidation issues, and possible self-harm.

PBISWORLD.com demonstration to create a specific Behavior Intervention Plan.

**d. Counseling Partnerships (Referral Forms and Contact Information)**

Child Advocacy Center (CAC)

United Summit Center (USC) and Mental Health/Behavioral Risk Assessments

Bridget Skidmore and WVU

School-Based Probation Officers

Teacher Mentors

Guidance Counselors

School Psychologist

**e. Community Mental Health Resources-** Fully updated this year, newly added agencies and individual practitioners. Use this resource when a parent is inquiring about outside MH/wellness services. Keep in mind MCS contractual partnerships (USC, CAC, Swager), yet offer this broadband information so parents have a choice.

**f. Graduation Options, MTEC, and TASC (formally GED)**

Available at High School. Courtney Whitehead will educate SAT on these initiatives.

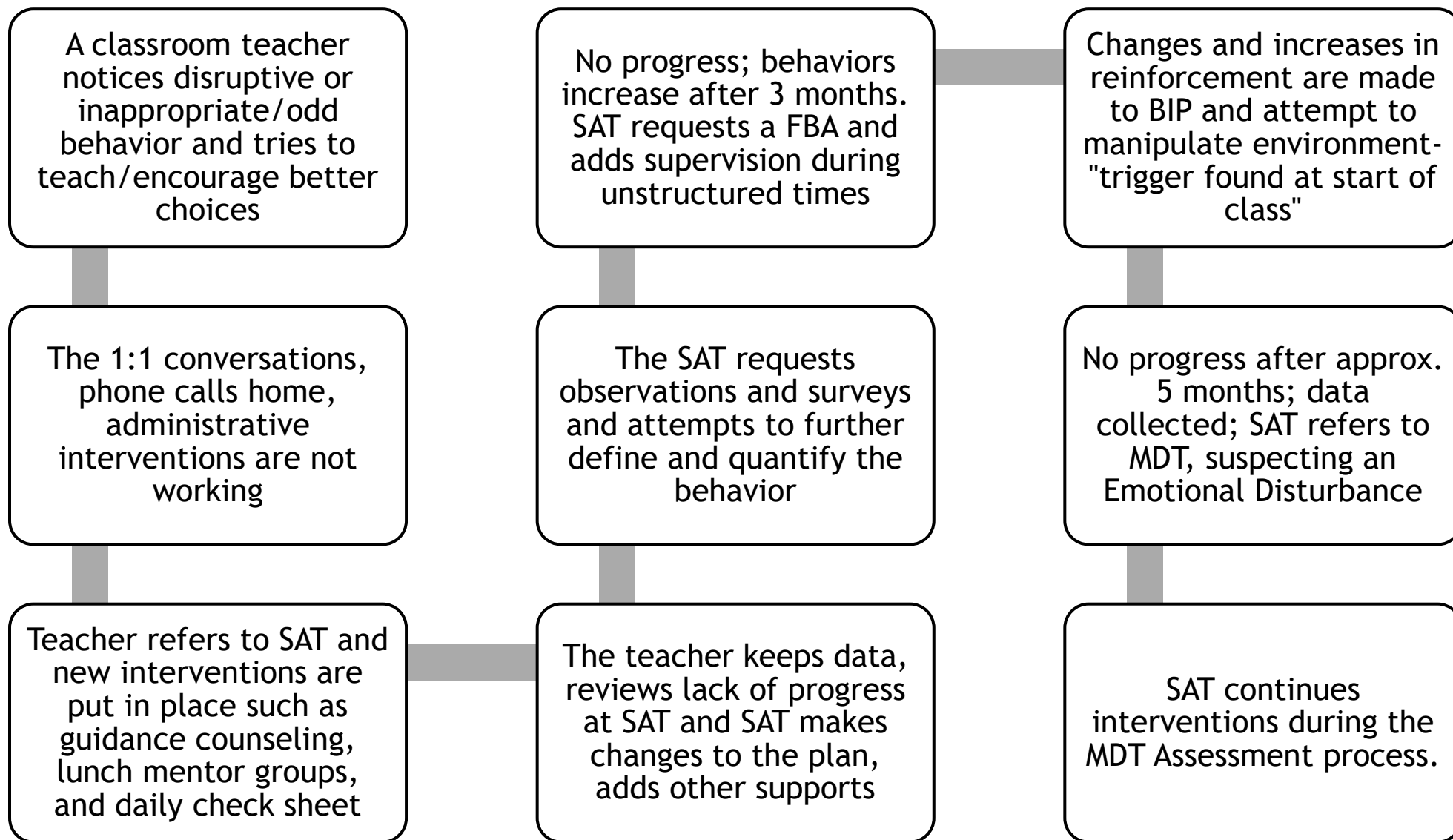
**g. Alternative Education**

Elementary – consultation and referrals directed to Tiffany Barnett.

Middle/High School – consultation and referrals directed to Shari Burgess.

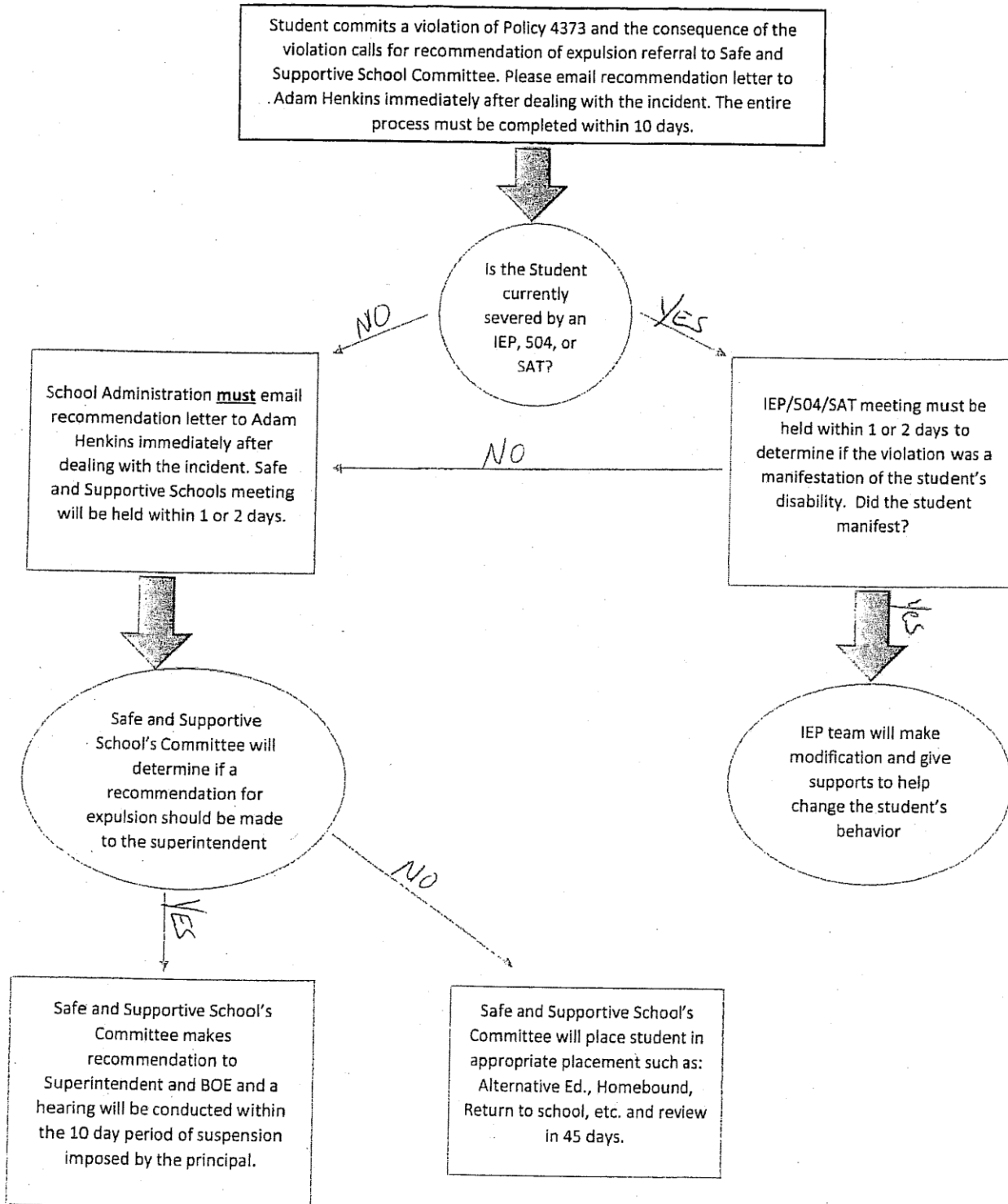
**h. Sometimes SAT Teams can recommend students to guidance counselors who plan the high school list for Freshman Academic candidates.**

## Processing a Typical Behavior Referral





### Safe and Supportive School's Protocol



## DISCIPLINARY ACTION REVIEW FORM

\_\_\_\_\_ County Schools

Student's Full Name _____	Date _____
School _____	Date of Birth _____
Parent(s)/Guardian(s) _____	Grade _____
Address _____	WVEIS# _____
City/State/Zip _____	Telephone _____

**Section 1: If the student meets one or more of the following criteria, proceed to Section 2.**

- at the time of the incident, the student had a disability (IDEA or 504).
- the student is in the multidisciplinary evaluation process.
- the parent(s) has/have expressed in writing to supervisory personnel that the student may be in need of special education and related services.
- the parent(s) has/have requested in writing a multidisciplinary evaluation.
- the student's teacher or other district personnel have expressed concerns about a pattern of behavior to the district's director of special education or other district supervisory personnel.

**Section 2: The student's disciplinary removal on \_\_\_\_\_ is a disciplinary change of placement if the criteria in either A OR B are met:** Date(s) \_\_\_\_\_

- A.  a removal for more than 10 consecutive school days.
- OR**
- B.  a series of removals that constitutes a pattern as established by meeting ALL three criteria:
- More than 10 cumulative school days; AND
  - Similarity of behaviors; AND
  - Length of each removal and proximity of removals to one another.

Total # days removed to date: \_\_\_\_\_

If either A OR B is met, a *disciplinary change of placement has occurred*. Document that all of the following were provided to the parent on the **SAME DAY**:  Written Notice of Suspension  Procedural Safeguards Brochure  Prior Written Notice. Document the date provided: \_\_\_\_\_ and the method provided:  hand-delivered  emailed/faxed.

**Proceed to Section 3, as a Manifestation Determination is required at this time.**

If neither A nor B is met, a *disciplinary change of placement has not occurred*.

**Proceed to Section 5: Consultation, as a Manifestation Determination is NOT APPLICABLE at this time.**

**Section 3: A Manifestation Determination was conducted on \_\_\_\_\_ (within 10 school days of the removal) and the following documentation was reviewed by the team:** Date \_\_\_\_\_

- Incident report  IEP/504 Plan  Teacher observation(s)  Attendance report  Parent information  FBA/BIP
- Discipline record  Evaluation information  Student schedule  Progress reports  Other \_\_\_\_\_

**After reviewing the above documentation, the team must respond to the following statements:**

- Yes  No The conduct in question was caused by, or had a direct and substantial relationship to the student's disability(ies).
- Yes  No The conduct in question was a direct result of the district's failure to implement the IEP.

If **Yes** to either statement, the conduct is a **manifestation** of the student's disability(ies) and the team must: 1) conduct a FBA and develop a BIP, if one has not been completed; or 2) review the existing BIP and revise as needed to address the current behavior(s); and 3) return the student to the placement from which the student was removed, unless the parent and the district agree to a change of placement as determined by the IEP Team. If **No**, refer to Policy 2419.

**Section 4: Manifestation Determination: Relevant IEP Team members as determined by the district and parent.**

Signature: _____	Position: _____
Signature: _____	Position: _____
Signature: _____	Position: _____
Signature: _____	Position: _____

**Section 5: Actions When Removals are not a Disciplinary Change of Placement:** Document that school personnel have consulted with at least one of the student's teachers to determine the extent to which services are needed to enable the student to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the student's IEP.

Extent of Services: \_\_\_\_\_

\_\_\_\_\_ Initials: Administrator \_\_\_\_\_ Teacher \_\_\_\_\_

**Monongalia County Schools**  
**Crisis/ Support Team Response Documentation without Restraint**

**Identifying Information:**

<b>Student Name:</b>	<b>Date:</b>
<b>School:</b>	<b>Time of Day:</b>
<b>Duration of Response:</b>	<b>Crisis Team Members:</b>
<b>Indicate all Applicable:</b> SAT, IEP, or 504, Crisis Plan, BIP, Healthcare Plan, Supervision Plan, Bus Plan	

**Description of Incident:**

Location(s):	
Person(s) Involved:	
Behavior(s) Observed:	
Possible Trigger(s):	
Environmental Consequence(s):	
Perceived Function(s):	(examples: access to preferred activities, escape from academics, escape from non-preferred activity, power/argument, peer attention, adult attention)

**Intervention:** List the strategies used to deescalate the student in time/sequence. Specifically, indicate use of the The Help Strategy, The Prompt Strategy, or The Wait Strategy.

De-escalation Strategy #1:	
De-escalation Strategy #2:	
De-escalation Strategy #3:	

**Physical Safety and Incident Minimization:** Indicate any Physical Safety procedure used to support the student. Supportive Stance, Safety Shuffle, Shoulder Check, Supportive Guide, Other \_\_\_\_\_

**Behavioral Method:** Once the student returns to a state of calm and recoupment, give specifics of the method used to reintroduce the student to the classroom activity already in progress.

Continuous Differential Reinforcement (student needs constant praise/reinforcement)	
Structured Differential Reinforcement (student needs intermittent praise/reinforcement)	
Random Differential Reinforcement-setting expectations (student will complete 'X' amount of work to earn 'Y').	

**Debriefing and Follow-Up:**

Did the Crisis Team prove that a certain intervention, Crisis Team member, or method worked to deescalate the student more quickly? List any necessary changes to the student's BIP/Crisis plan.

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### Restraint Use Documentation

<b>Student Name:</b>	
<b>Date:</b>	
<b>Time Restraint Began:</b>	
<b>Time Restraint Ended:</b>	
<b>Location of Restraint:</b>	
<b>Does the student have and IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please note IEPs effective dates:</b>	
<b><u>Staff Members Administering/Monitoring Restraint</u></b>	
<u>Staff Member Name</u>	<u>Role</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Narrative:</b>	
<ul style="list-style-type: none"> <li>• Does the IEP call for restraint as part of a BIP? (circle one)    yes    no</li> <li>• Were the BIP procedures followed? (circle one)    yes    no</li> </ul> <p>(If no, describe why the behavior plan could not be followed)</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<ul style="list-style-type: none"> <li>• Antecedents/Triggers:</li>     <li>• Problem behaviors exhibited:</li> </ul>	

- Efforts made to de-escalate situation prior to restraint:
  
- Alternatives to restraint attempted prior to restraint:
  
- Rationale for application of restraint:

<b>Documentation log:</b>	<b>Time/date/initials</b>
Principal/designee notified within one hour of restraint (initialed)	
Attempt to contact parent verbally on day of restraint (including times)	
Written notification mailed or otherwise provided to parents within one school day:	
Written documentation of restraint placed in student's official school record	
<b>Additional Information</b>	
<b>Relationship of student's behavior as it impacts learning and/or creation/revision of BIP (optional):</b>	

# Monongalia County Schools

## Student Assistance Team (SAT) Behavioral Intervention Worksheet

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

LEVEL OF INTERVENTION	AREAS OF CONCERN AND INTERVENTIONS					
	Disruptive Behavior	Peer Conflict	Citizenship Leadership	Emotional Concerns	Self-Improvement Graduation	Family Support
Many Interventions listed below can be considered at all TIERS/Levels and the Areas of Concern can be interchangeable. Review all Areas.						
<b>TIER 3 Intensive</b>						
<p><b>Indicate the Current/Previous Intervention(s)</b></p> <p>Person(s) Responsible: _____</p> <p>Start Date: _____</p> <p>Data Collection Method:            ___ Teacher/Staff Notes            ___ Daily/Weekly Check Sheet            ___ Team Meetings            ___ Attendance Record            ___ Grades            ___ Self/Parent Reports            ___ Other _____</p>	___ Administrative Homebound ___ OSS ___ ISS ___ Saturday School ___ Function-Based BIP ___ Crisis Plan ___ Alternative Ed Consideration ___ Crisis Team Support ___ Risk Assessment ___ Frequent SATs ___ School Resource Officer ___ ART Team ___ Safety Care/CPI ___ Other _____	___ Increased Supervision ___ OSS ___ ISS ___ Saturday School ___ Function-Based BIP ___ Crisis Plan ___ Alternative Ed Consideration ___ Crisis Team Support ___ Risk/Suicide Assessments ___ Frequent SATs ___ School ___ Resource Officer ___ ART Team ___ Other _____	___ Restitution ___ Drug Court ___ Risk Assessment ___ Frequent SATs ___ School ___ Resource Officer ___ Probation ___ ART Team ___ Other _____	___ Individual Counseling ___ Frequent SATs ___ Function-Based BIP ___ Crisis Plan ___ Alternative Ed Consideration ___ Crisis Team Support ___ Risk Assessment ___ Frequent SATs ___ School Resource Officer ___ ART Team ___ United Summit Stabilization Program ___ Other _____	___ Stress Management ___ Frequent SATs ___ Individual Counseling ___ Risk/Suicide Assessments ___ Other _____	___ DHHR ___ Dept. of Rehab. Services ___ Health Care Plans ___ Probation ___ Parent Training ___ Frequent SATs ___ Inpatient Hospitalization ___ Outpatient Hospitalization ___ Other _____
<b>TIER 2 Targeted</b>						
<p><b>Indicate the Current/Previous Intervention(s)</b></p> <p>Person(s) Responsible: _____</p> <p>Start Date: _____</p> <p>Data Collection Method:            ___ Teacher/Staff Notes            ___ Daily/Weekly Check Sheet            ___ Team Meetings            ___ Attendance Record            ___ Grades            ___ Self/Parent Reports            ___ Other _____</p>	___ Visual Schedule ___ Preferential Seating ___ Withhold Attention ___ Loss of Privilege ___ Specific Redirection ___ Cool Down Area/Timeout ___ Office Referral ___ Adult Supervision ___ Lunch Detention ___ CICO ___ Individual BIP ___ Token Economy ___ Second Chance ___ ART Team ___ Behavior Contracts ___ Conscious Discipline ___ Request Behavior Assessment, such as FBA ___ Other _____	___ Lunch Groups ___ Peer Helper ___ Student Mentor ___ Peer Mediation ___ Behavioral Re-Teach ___ Conflict Resolution ___ ISS ___ Saturday School ___ School Resource Officer ___ Safety Care/CPI ___ Request Behavior Assessment, FBA, Rating Scales ___ Safety Care/CPI ___ Other _____	___ Class Leader ___ Teen Court ___ LAP ___ Second Step ___ Why Try Program ___ Student Advisors ___ Additional LINKS lessons ___ Request Behavior Assessment, such as FBA ___ Other _____	___ School Guidance ___ Individual Counseling ___ Summit Center ___ CAC ___ WVU ___ Calming Techniques ___ Self-Monitoring ___ Teacher Mentor ___ Cool Down Area /Timeout ___ Crises Planning/Support Team ___ Consult Nurse ___ Consult Guidance ___ Consult Psych ___ Consult Behavior Specialist ___ Request Behavior Assessment, such as FBA ___ Consult Coach ___ Other _____	___ Prompts/cues to stay on task, start or complete work ___ Written Apology ___ Additional PBS Support ___ Social Stories/Scripts ___ Test Taking Skills ___ Graduation Option Programs ___ MTEC Consult ___ Credit or Course Recovery ___ Attendance Incentives/Burlington ___ Behavior Contract ___ Request Behavior Assessment, FBA, Rating Scales ___ Other _____	___ Divorce Groups ___ Military Support Groups ___ Other Support Groups ___ SAT Meetings ___ Parent Communication ___ AmeriCorps/Big Brothers/Sisters ___ Consult with Physicians ___ Other _____
<b>TIER 1 Core</b>						
<p><b>Indicate the programs/opportunities the student experienced throughout schooling</b></p>	___ PBS ___ Expected Student Dispositions ___ Responsive Classroom ___ Leader In Me ___ Other _____	___ LINKS ___ Random Acts of Kindness ___ Character Education ___ Other _____	___ Student Council ___ Community Partners ___ Rotary ___ Volunteerism ___ Other _____	___ Multi-Cultural Activities ___ Career Days ___ Red Ribbon Week ___ Other _____	___ Developmental Guidance ___ DARE ___ After School Programs ___ Links of Love ___ Other _____	___ Parent Teacher Night ___ Nutrition Programs ___ Cyber Safety ___ Food Drives ___ Other _____



## Forced-Choice Reinforcement Survey

### Name:

In order to identify possible classroom reinforcers, it is important to go directly to the source, namely, you the student. Below is a paragraph that provides instructions for completing a series of "controlled choice" survey items about individual reinforcement preferences. Please read the following paragraph carefully:

"Let's suppose that you have worked hard on an assignment and you think that you have done a super job on it. In thinking about a reward for your effort, which one of the two things below would you most like to happen? Please choose the one from each pair that you would like best and mark and "X" in the blank that comes in front of it. Remember, mark only one blank for each pair."

1.  Teacher writes "100" on your paper. (A)  
 Be first to finish your work. (CM)
2.  A bag of chips. (CN)  
 Classmates ask you to be on their team. (P)
3.  Be free to do what you like. (I)  
 Teacher writes "100" on your paper. (A)
4.  Classmates ask you to be on their team. (P)  
 Be first to finish your work. (CM)
5.  Be free to do what you like. (I)  
 A bag of chips. (CN)
6.  Teacher writes "100" on your paper. (A)  
 Classmates ask you to be on their team. (P)
7.  Be first to finish your work. (CM)  
 Be free to do what you like. (I)
8.  A bag of chips. (CN)  
 Teacher writes "100" on your paper. (A)
9.  Classmates ask you to be on their team. (P)  
 Be free to do what you like. (I)
10.  Be first to finish your work. (CM)  
 A bag of chips. (CN)
11.  Teacher writes "A" on your paper. (A)  
 Be the only one that can answer a question. (CM)
12.  A candy bar. (CN)  
 Friends ask you to sit with them. (P)



13. \_\_\_\_\_ Be free to go outside. (I)  
\_\_\_\_\_ Teacher writes "A" on your paper. (A)
14. \_\_\_\_\_ Friends ask you to sit with them. (P)  
\_\_\_\_\_ Be the only one that answers a question. (CM)
15. \_\_\_\_\_ Be free to go outside. (I)  
\_\_\_\_\_ A candy bar. (CN)
16. \_\_\_\_\_ Teacher writes "A" on your paper. (A)  
\_\_\_\_\_ Friends ask you to sit with them. (P)
17. \_\_\_\_\_ Be the only one that can answer a question. (CM)  
\_\_\_\_\_ Be free to go outside. (I)
18. \_\_\_\_\_ A candy bar. (CN)  
\_\_\_\_\_ Teacher writes "A" on your paper. (A)
19. \_\_\_\_\_ Friends ask you to sit with them. (P)  
\_\_\_\_\_ Be free to go outside. (I)
20. \_\_\_\_\_ Be the only on that can answer a question. (CM)  
\_\_\_\_\_ A candy bar. (CN)
21. \_\_\_\_\_ Teacher writes "Perfect" on your paper. (A)  
\_\_\_\_\_ Have only your paper shown to the class. (CM)
22. \_\_\_\_\_ A can of soda. (CN)  
\_\_\_\_\_ Classmates ask you to be class leader. (P)
23. \_\_\_\_\_ Be free to play outside. (I)  
\_\_\_\_\_ Teacher writes "Perfect" on your paper. (A)
24. \_\_\_\_\_ Classmates ask you to be class leader. (P)  
\_\_\_\_\_ Have only your paper shown to the class. (CM)
25. \_\_\_\_\_ Be free to play outside. (I)  
\_\_\_\_\_ A can of soda. (CN)
26. \_\_\_\_\_ Teacher writes "Perfect" on your paper. (A)  
\_\_\_\_\_ Classmates ask you to be class leader. (P)
27. \_\_\_\_\_ Have only your paper shown to the class. (CM)  
\_\_\_\_\_ Be free to play outside. (I)
28. \_\_\_\_\_ A can of soda. (CN)  
\_\_\_\_\_ Teacher writes "Perfect" on your paper. (A)

29. \_\_\_\_\_ Classmates ask you to be class leader. (P)  
\_\_\_\_\_ Be free to play outside. (I)
30. \_\_\_\_\_ Have only your paper shown to class. (CM)  
\_\_\_\_\_ A can of soda. (CN)
31. \_\_\_\_\_ Teacher writes "Excellent" on your paper. (A)  
\_\_\_\_\_ Have your paper put on the bulletin board. (CM)
32. \_\_\_\_\_ A pack of gum. (CN)  
\_\_\_\_\_ Friends ask you to work with them. (P)
33. \_\_\_\_\_ Be free to work on something you like. (I)  
\_\_\_\_\_ Teacher writes "Excellent" on your paper. (A)
34. \_\_\_\_\_ Friends ask you to work with them. (P)  
\_\_\_\_\_ Have your paper put on the bulletin board. (CM)
35. \_\_\_\_\_ Be free to work on something you like. (I)  
\_\_\_\_\_ A pack of gum. (CN)
36. \_\_\_\_\_ Teacher writes "Excellent" on your paper. (A)  
\_\_\_\_\_ Friends ask you to work with them. (P)
37. \_\_\_\_\_ Have your paper put on the bulletin board. (CM)  
\_\_\_\_\_ Be free to work in something you like. (I)
38. \_\_\_\_\_ A pack of gum. (CN)  
\_\_\_\_\_ Teacher writes "Excellent" on your paper. (A)
39. \_\_\_\_\_ Friends ask you to work with them. (P)  
\_\_\_\_\_ Be free to work on something you like. (I)
40. \_\_\_\_\_ Have your paper put on the bulletin board. (CM)  
\_\_\_\_\_ A pack of gum. (CN)

Other suggestions about classroom rewards:

**Thank you for taking the time to complete this survey.**

## **Reinforcement Inventory**

### **Scoring Key**

- \_\_\_\_\_ Adult Approval (A)
- \_\_\_\_\_ Competitive Approval (CM)
- \_\_\_\_\_ Peer Approval (P)
- \_\_\_\_\_ Independent Rewards (I)
- \_\_\_\_\_ Consumable Rewards (CN)

# Position Statement

## Appropriate Behavioral, Social, and Emotional Supports to Meet the Needs of All Students

The National Association of School Psychologists (NASP) supports the use of multitiered problem-solving strategies to address the behavioral, social, emotional, and academic needs of all students. Problem-solving models provide needed supports to all students in inclusive environments when problems are first identified. When supports are provided in the general education environment, students have continued exposure to science-based core instruction.

In multitiered problem-solving models, interventions are linked to the social, emotional, or behavior *needs* of students. Approximately 17% of school-aged students require mental health services. However, only 1% of these students receive such services in special education (Merrell & Walker, 2004). A multitiered problem-solving model allows for early support before problems develop or worsen. Services provided through a multitiered model range from system-wide, preventative services that provide support for all students, to intensive, individualized supports for severely struggling students. To effectively implement problem-solving, multitiered, approaches it is important to consider both the culture and context of the specific needs of students, as well as the schools they attend. Culturally competent practices and culturally responsive school-wide and classroom management should also be considered (Weinstein, Curran, & Tomlinson-Clarke, 2003). Providing a multitiered continuum of prevention and intervention services that are empirically based, data-driven, and culturally competent is consistent with NASP's Strategic Plan (NASP, 2007). Multitiered problem solving models have the following common features:

- They are evidence-based. Intervention strategies are selected according to their proven effectiveness, implemented with fidelity, and student progress is monitored through objective and validated measures.
- They use a systemic multitiered problem solving and data-based decision-making approach to support the needs of all students.
- There is a focus on prevention strategies that lead to positive behavior and social–emotional learning and high academic achievement.
- They are culturally responsive across the continuum.

In multitiered models, students with behavioral, social, emotional, and academic concerns are exposed to evidence-based practices at levels of increasingly intensive support. Following is one example of a multitiered model.

***Tier 1: Universal Support.*** At the school-wide level, universal interventions are provided. All students are taught expected behaviors and reinforced for practicing them. Consistent with social–emotional learning (SEL) concepts, all students are also taught skills related to self-management, responsible decision making, empathy toward others, establishing positive interpersonal relationships, and determining positive goals (Greenberg et al., 2003). Students can be screened using the latest

population-based assessment strategies (Doll & Cummings, 2008). Such data, often generated through already existing school-wide information (e.g., office disciplinary referrals) or through universal social-emotional and behavior screening (e.g., teacher rating scales), provides information indicating which students are at the greatest risk for social and/or emotional difficulties. At this level, population-based data would be used to identify school-wide needs and to directly teach positive social, emotional, or behavior skills. Typically, 80–85% of students in a building are successfully supported at this level.

***Tier 2: Targeted Support.*** At the targeted level, groups of students are identified from Tier 1 screenings who struggle behaviorally, socially, or emotionally, despite systematic and evidence-based school-wide interventions that are implemented with fidelity. Teams review data to identify students and select appropriate targeted interventions to deliver in addition to Tier 1 strategies. In addition, staff select procedures to objectively and frequently monitor student progress. Approximately, an additional 10–15% of students are successful in school when Tier 2 group level supports are provided in addition to Tier 1 supports.

***Tier 3: Intensive Support.*** Students who continue to struggle behaviorally, socially, or emotionally despite high quality Tier 1 and 2 interventions require the most intensive and, sometimes, individualized intervention and progress monitoring. A problem-solving team typically determines the need for more intensive supports, based on a variety of assessments and a lack of prior responsiveness to less intensive science-based interventions delivered with fidelity. Tier 3 interventions involve more intensive supports and may require services from specialized personnel. For example, at Tier 3, services may include functional analyses of behavior, behavior intervention planning, and multisystemic interventions (Weisz, Jensen-Doss, & Hawley, 2006). Additionally, students who require such intensive behavioral, social, and emotional support may need wraparound planning in which a collaborative child service team, including school and community service providers, plans and carries out an integrated program of behavioral, social, or emotional interventions.

Students who require the most intensive intervention and progress monitoring may also qualify for special education services. The amount and intensity of special education and related services are determined by the problem-solving team's ongoing evaluation of students' needs. Such evaluations, when conducted by a multidisciplinary team, meet the requirements of the recently reauthorized Individuals with Disabilities Education Improvement Act (IDEIA, 2004).

## **RATIONALE AND SUPPORT FOR A THREE-TIER MODEL**

A significant body of literature over the last decade has evaluated the effectiveness of multitier problem-solving implementation. Results have included improved academic performance, reductions in office discipline referrals, and more positive attitudes toward school. Studies using single-cases methodologies and quasi-experimental methods have shown links to improved student behavior, social-emotional learning, and academic outcomes. Using problem-solving multitiered models to meet the behavioral, social, and emotional needs of students is consistent with recent federal and state legislation. IDEA 2004 requires schools to consider positive behavioral supports when disciplining all students, including those with behavioral needs who are not in special education. The U.S. Office of Special Education Programs (OSEP) has funded a National Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS; [www.pbis.org](http://www.pbis.org)).

## ROLE OF THE SCHOOL PSYCHOLOGIST

School psychologists play a critical role at all levels of support for students with behavioral, social, and emotional concerns.

- Their training in data-based decision making allows school psychologists to facilitate school teams' reviews of data at all tiers, evaluation of research-based findings, and design of evidence-based interventions. School psychologists can serve as facilitators of problem-solving teams and assist in the evaluation of student responses to intervention through program evaluation efforts.
- School psychologists collaborate with a range of individuals who impact the lives of youth with behavioral, social, and emotional challenges. By coordinating and delivering services to families with the most complex challenges, school psychologists can prevent the fragmentation of services that often impact children with the greatest need for intensive support.
- School psychologists assist in designing and delivering academic interventions and curricular modifications within multitier models of problem solving. The school psychologist can also help design methods of evaluating student progress and participating in implementing interventions at multiple tiers.
- School psychologists advocate for the mental health needs of all students by leading efforts at all tiers of problem-solving, including universal screening, the design and delivery of targeted interventions, and the implementation of intensive interventions for individual students.
- School psychologists advocate for evidence-based and culturally competent practices for all students and help schools reform practices that result in inequitable and ineffective outcomes. Too often, the behavioral challenges of students of color are handled with exclusionary discipline through suspension and expulsion, ultimately placing students with behavioral, social, and emotional challenges at risk for dropping out and entering the juvenile justice system (Skiba & Rausch, 2006).

## SUMMARY

NASP believes that effective education for all students, including those with behavioral, social, or emotional problems, can be accomplished when using a multitiered problem-solving system that incorporates evidence-based interventions. School psychologists play important roles in implementing these models, including leading school teams and facilitating the design and delivery of a multitiered, problem solving system of behavioral and mental health support for all students and families.

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To Whom It May Concern:

In an attempt to provide a safe and secure learning environment for our students, it is sometimes necessary to develop an individualized safety plan. This plan seeks to provide and/or extend special protections to individual children that might be needed to promote their physical and emotional safety within all school environments. The plan should always include a Primary Staff Contact for the child and a Primary Staff Contact for the parent to promote communication, planning, and any needed revisions to plans. Plans should always be shared and communicated with involved parties. Some portions of individualized plans may take time (such as investigation, resource acquisitions, training, and education) and need to be readjusted as it is difficult to predict or anticipate all issues.

Plans might be developed for the following situations (but should not be considered an all inconclusive list):

- Student who is alleging bullying, harassment, and/or intimidation.
- Student who might be at risk for bullying, harassment, and/or intimidation.
- Student who has been physically harmed, harassed, and/or intimidated.
- Student who has been accused of threats, insensitivity, bullying, harassment, and/or intimidation.
- Student who might be at risk for self-harm and/or for harming others
- Student who is a flight risk

**Please know that certain portions of the plan, due to confidentiality issues, may not be shared with parents (e.g. actions taken against accused parties). Please be aware that each situation is different and additional considerations may be needed on an individual basis. It should be remembered school layouts, grade levels, staff availability, locations that need to be monitored, available resources, and other factors will need to be considered when developing plans. Indeed, this is why it is call an Individual Safety Plan. All plans should be carried out in ways which are as minimally intrusive as possible.**



**INDIVIDUALIZED SAFETY PLAN**

<b>Student Name:</b>	<b>Date of Birth:</b>	<b>School:</b>
<b>Parent/Guardian:</b>	<b>Telephone #:</b>	<b>Teacher:</b>
<b>Address:</b>	<b>WVEIS #:</b>	<b>Grade:</b>
	<b>Medicaid #:</b>	<b>Current Date:</b>
<b>Parent e-mail address:</b>	<b>Other contact/ e-mail addresses:</b>	

<p><b>Staff will:</b>          ____ Continue to communicate and enforce district policies regarding bullying.          ____ Investigate reported incidence of bullying involving the student.          ____ Follow-up with appropriate staff/involved parties to address the concerns.          Other:</p>	<p><b>Student will:</b>          ____ Report bullying/harassment incidents w/o responding with physical/ verbal aggression and by following rules of conduct.          ____ Report all incidents of bullying immediately to _____ (identified safe person) or an adult in the vicinity.          Other:</p>	<p><b>Parent will:</b>          ____ Promote a positive resolution to the conflict—not physical solution.          ____ Check with my child to see that bullying issue(s) has stopped or been resolved.          ____ Work with school staff to resolve issues.          ____ Request plan to be revisited if issues are not immediately resolved.          ____ My contact person(s) at the school is::           Other:</p>
<p><b>Training Needed:</b></p>	<p><b>Materials Needed:</b></p>	<p><b>Other:</b></p>

Administrator:	Initiation Date:
Parent:	Projected Review Date:
Student:	
School Staff:	

## Safety Plan

<b>Student:</b>	<b>Initiation Date:</b>
<b>Medical/Mental Health Information:</b>	<b>Review Date:</b>

**Description of Specific Unsafe Behaviors**

<b>Warning Signs/Triggers:</b>	<b>Recommended Strategies/Crisis Response Plan</b>	<b>Strategies to Avoid:</b>

<b>Safety Team Members:</b>	<b>Title</b>	<b>Date</b>

### Individual Student Safety Plan

An individual student safety plan, unlike a typical behavior plan, addresses specific behavior that is dangerous to the student and/or others.

Date plan was initiated \_\_\_\_\_ Review date \_\_\_\_\_ Review date \_\_\_\_\_ Review date \_\_\_\_\_

Student Name \_\_\_\_\_ DOB\_Age \_\_\_\_\_ Attending School \_\_\_\_\_

\_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Parent \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Special Education Eligible?     Yes    No    If yes, Casemanager: \_\_\_\_\_

504 Eligible?                       Yes    No    If yes, Casemanager: \_\_\_\_\_

<b>Places Student May Be if Missing During School Hours</b>	
On School Grounds:	
Off School Grounds:	

<b>Medical Information</b>	
Physician:	Phone:
Diagnoses:	
Medications:	
Allergies/Special Considerations:	

<b>Description of Specific Unsafe Behaviors (why student requires a safety plan)</b>

<b>Crisis Response Plan</b>	
What to do if student exhibits above described behavior	Who will do what/backup staff

Warning Signs/Triggers	Strategies That Work	Strategies That Do Not Work

<b>Behavior Supports</b>	
<b>What will staff, student, and family do to lessen the likelihood of unsafe behavior (i.e., supervision, transition planning, transportation to and from school, plan for unstructured time, closed campus, searches, etc.)?</b>	<b>Who / Back-up person?</b>
<b>How will plan be monitored?</b>	<b>Who/Back-up person?</b>
<b>How will decision be made to terminate the plan?</b>	<b>Who/Back-up person?</b>

<b>Current Agencies or Outside Professionals Involved</b>		
Name	Agency	Phone
1.		
2.		
3.		
4.		

<b>Student Safety Team Members</b>		
Name/Signature	Title	Date
	Principal	
	Safety Plan Coordinator	

**Next Review Date:** (approximately two weeks from initiation of plan or last review date)

<b>Revisions to plan:</b>
1.
2.
3.
4.

## BEHAVIOR INTERVENTION PLAN

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Intervention Type:**

**Behavior Intervention Plan**

Token Economy with reinforcement afforded at intervals

Response Cost System with points/tokens removed for undesirable behavior

**Behavior Contract**

**Social Skills or Other Support Group**

**Other School-Specific Behavior Intervention** \_\_\_\_\_

**Target Behavior(s):** \_\_\_\_\_

\_\_\_\_\_

**Replacement Behavior(s):** \_\_\_\_\_

\_\_\_\_\_

**Method:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reinforcement:** \_\_\_\_\_

\_\_\_\_\_

**Persons Responsible:** \_\_\_\_\_

**Data Collection:**

Time/Day							
TB 1							
TB 2							
TB 3							
<b>Total</b>							

**Preventative Strategies:** \_\_\_\_\_

\_\_\_\_\_

**Special Considerations:** \_\_\_\_\_

\_\_\_\_\_

CONFIDENTIAL INFORMATION

Next Review Date: \_\_\_\_\_

Parent/Student Initials: \_\_\_\_\_

Student Behavior Goal: \_\_\_\_\_

## Middle and High School Directed Interventions for SAT

Behavioral Concern	Various Interventions
<u>Attendance/Tardiness</u>	<ul style="list-style-type: none"> <li>• Clarify school standards related to attendance by making sure students and parents understand the attendance laws, policies and procedures</li> <li>• Publicize the consequences of becoming classified as a truant and enforce them consistently.</li> <li>• Consult with parents/caregivers</li> <li>• Develop an "Adoptee Program" in which teacher volunteers make weekly informal contacts with high-risk students.</li> <li>• Create individual goal setting/contracts</li> <li>• Refer to school counselor</li> <li>• Check In, Check Out</li> <li>• Create visuals</li> <li>• Use a timer to help the student get to activities at specified times</li> <li>• Reinforce the student for coming to school/class or arriving at an activity at the specified time through a tangible and/or intangible reward.</li> <li>• Pair student with a student mentor</li> <li>• Remove, reduce or modify unpleasant aspects of activities to encourage the student to be on time for and to participate in activities.</li> <li>• Allow student to be successful in school-related activities</li> <li>• Make certain that other students do not make it unpleasant for the student to attend</li> <li>• Establish a self-monitoring system</li> <li>• Reinforce the student for getting on the bus or leaving home on time</li> <li>• Provide the student with as many high interest activities as possible</li> <li>• Try to involve the student in extracurricular activities</li> <li>• Establish hall monitors</li> <li>• Have the parent bring the student to school if they can</li> <li>• Reduce the emphasis on competition during class assignments/tasks</li> <li>• Course recovery</li> <li>• If the student consistently does not arrive on time for school, have parents notify the school when the student leaves the house</li> </ul>
<u>Bullying</u>	<ul style="list-style-type: none"> <li>• Call parent or note home</li> <li>• Card Flip</li> <li>• Move to a new location in the classroom</li> <li>• STOP WALK TALK strategy</li> <li>• Take away privileges</li> <li>• Take away unstructured or free time</li> <li>• Talk one on one with student</li> <li>• Teach conflict resolution skills</li> <li>• Teach coping skills</li> <li>• Teach relationship skills</li> <li>• Teach relaxation techniques</li> </ul>

	<ul style="list-style-type: none"> <li>• Teach social skills</li> <li>• "Text-A-Teacher": feature allows students, teachers, and parents to immediately report cyber bullying to the designated school authority; as fast as "copy, paste, send."</li> <li>• Coordinate with other schools in your district.</li> <li>• Establish a coordinating team</li> </ul>
<p><u>Inattentive/Hyperactive</u></p>	<ul style="list-style-type: none"> <li>• Establish consistent routines</li> <li>• Attend to parents</li> <li>• Simplify student's schedule/work load</li> <li>• Coordinate a designated spot for homework/school work completion</li> <li>• Prepare for academic transitions</li> <li>• Praise good efforts</li> <li>• Preferential seating</li> <li>• Reduce distracting sounds</li> <li>• Clarify expectations</li> <li>• Clearly draw attention to instructions that are given</li> <li>• Provide information in small chunks</li> <li>• Provide frequent check-in points during a lesson</li> <li>• Develop discrete visual cues</li> <li>• Develop motivating strategies with the student</li> <li>• Help the child remember and retain important class material</li> <li>• Help the child keep track of assignments</li> <li>• Identify appropriate times/places when the child can move</li> <li>• Provide an alternative, less distracting source of activity</li> <li>• Develop cues to help students stop talking out of turn</li> <li>• Design interventions that interrupt the behaviors</li> <li>• Encourage small group interactions</li> </ul>
<p><u>Anxiety</u></p>	<ul style="list-style-type: none"> <li>▪ Model appropriate behavior for the student in anxiety-provoking situations</li> <li>▪ Diminish stress within school situations</li> <li>▪ Forewarn the student of transitions, and have "tasks" for the student to focus on during transitions</li> <li>▪ Address student individually, outside of class whenever possible, about fears</li> <li>▪ Identify alternatives to avoid unnecessary exposure to anxiety-provoking stimuli</li> <li>▪ Have the student examine worry/anxiety episodes in a larger context to identify improvement</li> <li>▪ Embed desirable, familiar, or safe content in instruction</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Add literature (bibliotherapy) that addresses the student's fears, or exemplifies coping strategies</li> <li>▪ Have the student employ specific problem-solving steps</li> <li>▪ Devise a desensitization approach agreeable to the student</li> <li>▪ Provide group, interactive bibliotherapy activities (group dialogue, peer pairs) that address fears or topics worrisome to the student</li> <li>▪ Use visuals to help "pace" the student when he/she is anxious about a parent being away, stressed about completing work, or persevering on a particular upcoming event or activity</li> <li>▪ Have the student practice positive self-talk</li> <li>▪ Help the student evaluate the evidence for his/her negative conclusions</li> <li>▪ Challenge the student's negative cognitions</li> <li>▪ Help the student identify automatic negative thoughts</li> <li>▪ Help the student examine other perspectives</li> <li>▪ Provide the student with competing responses to negative thoughts or behaviors</li> <li>▪ Develop a consistent de-escalation procedure familiar to staff</li> <li>▪ Allow extra time on tests</li> </ul>
<p><u>Depression</u></p>	<ul style="list-style-type: none"> <li>• Create a caring, supportive school environment that promotes connectedness and prevents alienation.</li> <li>• Educate students, staff members, and parents on the realities and signs of depression. Help distinguish between depression and normal adolescent emotions (being upset by a bad grade or a fight with a friend).</li> <li>• Build trust between school personnel and students. Ensure that each student has at least one adult in the building who takes a special interest in him or her.</li> <li>• Develop and disseminate a protocol for reaching out and responding to students who may be depressed.</li> <li>• Know the signs of suicide and have a suicide prevention and intervention plan in place. Emphasize the responsibility of all students and staff members to report any threat of suicide or violence.</li> <li>• Use school mental health professionals to develop prevention and intervention plans, provide intervention, and train others.</li> <li>• Reach out to community resources</li> <li>▪ Check in with the student to quantify his/her mood status each day</li> <li>▪ Connect academic assignments with student-specific interests or special projects</li> </ul>



	<ul style="list-style-type: none"> <li>▪ Have the student journal regularly to identify mood patterns or cycles</li> <li>▪ Encourage the student to employ special "visuals" to counter negative feelings</li> <li>▪ Have the student visualize the sequence of events leading to past achievements</li> <li>▪ Help the student identify "all the evidence" surrounding his/her negative perceptions of self or events</li> <li>▪ Help the student identify evidence contributing to his/her mood state, and evidence against it</li> <li>▪ Challenge the student's negative cognitions</li> <li>▪ Help the student identify automatic negative thoughts</li> <li>▪ Help the student examine other perspectives</li> <li>▪ Provide the student with competing responses to negative thoughts or behaviors</li> <li>▪ Encourage positive self-talk and break tasks down</li> <li>▪ Encourage positive skills</li> <li>▪ Provide the student a time/place beforehand to regroup if the student feels weepy or fatigued</li> <li>▪ Acknowledge the student's feelings (rather than dispute/argue with feelings)</li> </ul>
<p><u>Oppositional</u></p>	<ul style="list-style-type: none"> <li>• Give choices for cooling off</li> <li>• Role-play solutions to some problems.</li> <li>• Discuss good news.</li> <li>• Have children brainstorm solutions to a problem.</li> <li>• Have children write a positive note to someone they hurt.</li> <li>• Sit down and talk with a child or staff member.</li> <li>• Decorate an environment.</li> <li>• Shoot some hoops with a child.</li> <li>• Share a problem.</li> <li>• Keep a Peace Journal</li> <li>• Practice relaxation and visualization.</li> <li>• Build communication with other sites.</li> <li>• Brainstorm solutions.</li> <li>• Create and test projects or ideas that build peace.</li> <li>• Use current events to design peaceful solutions.</li> <li>• Create personal posters to show goals.</li> </ul>

<p><u>Unmotivated</u></p>	<ul style="list-style-type: none"> <li>▪ Create an atmosphere in which there is an emphasis on effort rather than achievement and accuracy.</li> <li>▪ Encourage risk taking in your room. Encourage questions and answers, even when they are inaccurate and off base.</li> <li>▪ Make all students feel welcomed, even if you are feeling frustration with certain behaviors.</li> <li>▪ Make sure that your student's placement in the room is optimal for learning.</li> <li>▪ Establish a "Calming Spot" where students can go to unwind.</li> <li>▪ Look for ways to lessen distractions.</li> <li>▪ Spend some time getting to know the student. What are his/her interests?</li> <li>▪ Set up a "secret signal" that the student can use to alert you if she is experiencing difficulty.</li> <li>▪ Share with your student the times when you have had similar experiences and emotions.</li> <li>▪ Break tasks into small "chunks" or segments so that the student does not feel overwhelmed.</li> <li>▪ Incorporate your students' interests into your lessons.</li> <li>▪ Make sure students understand how the material that you are teaching relates to their lives.</li> <li>▪ Set up your struggling student up for success.</li> <li>▪ Give the student choices.</li> <li>▪ Make your assignments and lessons fun and interesting (including their interests, humor, hands-on learning, captivating demonstrations, cooperative learning).</li> <li>▪ Assess the student's instructional level. It is possible your student is not participating because she unable to comprehend what is taught or perform what is expected.</li> <li>▪ Get your students moving with exercise</li> <li>▪ Introduce your student to stories (or literature for your older students) in which the main character is experiencing difficulties similar to the student's.</li> <li>▪ Catch your students being good.</li> <li>▪ Reward positive behavior.</li> <li>▪ Make use of negative reinforcement (as long as you're also using positive reinforcement too).</li> <li>▪ Establish an "Exit Ticket" that students earn for completing a minimum amount of work.</li> </ul>
<p><u>Unorganized</u></p>	<ul style="list-style-type: none"> <li>• Provide the student with a list or verbal reminders of necessary materials for each activity of the day.</li> <li>• Act as a model for organization and appropriate use of work materials Have the student chart the number of times he/she is organized/prepared for specified activities.</li> <li>• Teach the student to maintain care of personal property and school materials</li> <li>• Assign the student organizational responsibilities in the classroom</li> </ul>

	<ul style="list-style-type: none"> <li>• Provide a coded organizational system (e.g. notebook, folders, etc.). Color code classes (e.g. blue=math, green=science, etc.).</li> <li>• Develop monthly calendars (along with the completion of daily planners) to keep track of important events, due dates, assignments, etc.</li> <li>• Provide the student with clearly stated criteria for acceptable work</li> <li>• Provide the student with only those materials he/she needs to complete an assignment</li> <li>• Have the student establish a routine to follow before coming to class</li> <li>• Create a weekly locker/book bag check</li> </ul>
<p><u>Drug Use</u></p>	<ul style="list-style-type: none"> <li>• Address body image concerns</li> <li>• Address parents and keep them involved</li> <li>• Prevention programs</li> <li>• Help the student develop a hobby</li> <li>• Provide art/music therapy</li> <li>• Show the student statistics and facts about drug/alcohol abuse</li> <li>• Monitor hallways/bathrooms frequently</li> <li>• Have students check out when using restroom or requesting to leave the room</li> <li>• Engage students in school projects and extracurricular activities</li> <li>• Get the court system involved</li> <li>• Provide a positive support system</li> <li>• Provide student with a peer mentor</li> </ul>
<p><u>Homeless Students</u></p>	<ul style="list-style-type: none"> <li>• Develop a clear attendance policy</li> <li>• Contacting the school district's liaison for homeless children and youth in order to initiate the provision of other services.</li> <li>• Informing teachers in a confidential manner, after acquiring parental permission, of homeless students in their classrooms and of their current living situations and how this may affect the student's academic performance.</li> <li>• Ensure that homeless students are afforded every opportunity that other students have.</li> <li>• Contact the student's previous school(s) in order to obtain records</li> <li>• Identifying local community resources and materials to assist parents, students, and faculty.</li> <li>• Providing conflict resolution training and anger management skills training for homeless children and youth.</li> <li>• Providing cross-age and peer tutoring services for homeless children and youth.</li> </ul>

Use this list as a resource for **strategies** to try in your classroom. Remember, these accommodations and modifications do not take the place of academic and behavioral interventions in the classroom.

#### PHYSICAL ARRANGEMENT OF THE ROOM

1. Seat student near the teacher or positive role model
2. OT strategies including the “foot band” around the desk legs or using a T-stool or ball in place of a chair
3. Stand near the student when giving directions or presenting lessons
4. Avoid or remove distracting stimuli (fan, lights, high traffic area, etc.)
5. Increase the distance between the students’ desks
6. Child’s chair adjusted to allow feet to be flat on the floor and back rested
7. Desk height adjusted to 1-2” above height of child’s bent elbow
8. Child is seated facing the board or lesson area
9. Other Strategies: \_\_\_\_\_

#### LESSON PRESENTATION STRATEGIES

10. Pair students to check work
11. Write key points on the board
12. Provide peer tutoring
13. Make sure directions are understood- check for understanding
14. Include a variety of activities during each lesson
15. Break longer presentations into shorter segments
16. Provide written outline
17. Allow student to tape record lessons
18. Have child review key point orally
19. Teach through multi-sensory modes
20. Use computer-assisted instruction
21. Stress major points in the regular assignment
22. Pre-teach content area vocabulary
23. Use of manipulatives
24. Provide outlines for lectures
25. Highlight books/materials
26. Use adapted textbooks
27. Pre-teach concepts
28. Cooperative learning groups
29. Increase activities’ interest
30. Utilize small group instruction
31. Copy/provide lecture notes
32. Change reading strategies and/or approach
33. Adapt tasks to the student’s learning style
34. Additional Strategies: \_\_\_\_\_

#### ASSIGNMENT STRATEGIES

35. Provide extra time to complete tasks
36. Simplify complex directions

37. Hand worksheets out one at a time
38. Have teacher check homework sheet
39. Provide written list of homework assignments in advance
40. Allow student to tape record assignments/homework
41. Provide a structured routine in written form- post in classroom
42. Give frequent short quizzes and avoid long tests
43. Shorten assignments; break work into smaller segments
44. Allow typed assignments
45. Monitor closely as student begins work to monitor understanding
46. Assign peer tutor
47. Utilize a home-school notebook to facilitate communication
48. One on one instruction or tutoring help
49. Use of incentive plan
50. Avoid assignments requiring copying
51. Stress major parts in writing
52. Provide graphic organizers
53. Use self-monitoring devices/rubrics
54. Reduce homework assignments
55. Allow use of a word processor
56. Allow use of a calculator
57. Allow use of math tables
58. Allow use of spell checker
59. Provide visual/verbal prompts
60. Have student dictate work
61. Ask questions requiring short answers
62. Have student, type, record, or give answer orally
63. Assign tasks at the student's level (instructional level)
64. Reduce reading level of regular assignment
65. Reduce length of regular assignment
66. Provide books on tape
67. Provide student with a written copy of notes from board/overhead
68. Accept alternate forms of assessment (demonstration, exhibits, art, charts, etc.)
69. Provide alternate methods of completing assignments
70. Buddy system within classroom
71. Older students helping within the classroom
72. Group assignments
73. Teacher assistant or aide to provide one on one or small group assistance
74. Allow classmate to make a copy of notes for student
75. Check/adjust pencil grasp, provide a pencil grip if struggling
76. Additional Strategies: \_\_\_\_\_

#### CLASSROOM ASSESSMENT STRATEGIES

77. Administer tests in several sessions
78. Include some take home tests

79. Give frequent short quizzes, not long exams
80. Allow extra time for exam
81. Administer test in separate, quiet location
82. Consider alternative assessment (portfolios, etc.)
83. Ask questions requiring short answers
84. Allow students to give test answers on tape recorder
85. Additional Strategies: \_\_\_\_\_

#### ORGANIZATIONAL STRATEGIES

86. Provide peer assistance with organizational skills
87. Color coordinated folders, notebooks, and binders- one for each subject
88. Assign volunteer homework buddy to help with agenda and getting materials together at the end of the day
89. Send daily/weekly progress reports home
90. Develop a reward system for schoolwork completion (including handing it in)
91. Develop a reward system for homework completion (including handing it in)
92. Provide student with a homework assignment notebook/agenda
93. Provide a written list of assignments in advance
94. Utilize a home-school notebook communication tool
95. Provide extra space for organization of personal/academic things
96. Provide an organized area/boxes for personal and/or academic things
97. Develop a highly structured daily routine for organization
98. Additional Strategies: \_\_\_\_\_

#### CLASSROOM MANAGEMENT/BEHAVIOR STRATEGIES

99. Reward positive behavior
100. Post classroom schedule and stick to it
101. Classroom rules are simple and clear- they explain what to do, not only what not to do
102. Classroom rules are posted
103. Simplify and clarify rules and expectations
104. Behavior expectations are consistent
105. Ensure that routines are posted and reviewed- ex: morning routine
106. Review classroom rules frequently and hand out reinforcers for remembering them
107. Use negative consequences sparingly
108. Allow for short breaks between assignments
109. Avoid long "wait" periods (in line, etc.)
110. Give warnings, reminders, and times for upcoming transitions (in five minutes, in two minutes...)
111. Utilize Brain Gym or movement breaks between assignments
112. Play soft music
113. Home-school notes and/or communication log
114. Reorganize classroom layout to address problems
115. Class behavior lottery
116. Keep lessons active- use a hands-on, multi-sensory approach as much as possible
117. Give behavioral choices (ex: You can either do this math worksheet or this reading center)
118. Physical activity or stretching allowed routinely



119. Errand breaks for those students who need more movement (ex: trip to the office to get something)
120. Praise specific behaviors of individual students even if they “should know how to do it” (ex: walking in line correctly, remaining quiet in the hall, raising your hand)
121. Use self-monitoring strategies
122. Cue student to stay on task (non-verbal signal)
123. Mark student’s correct answers, not their mistakes
124. Develop and implement an individual behavior plan using rewards or incentives (FBA or BIP)
125. Allow student time to be out of seat to run errands
126. Ignore some inappropriate behaviors
127. Implement a passive/active program which allows for a period of time away from the classroom (walks, getting a drink, etc.)
128. Allow legitimate movement- ex. A need to fidget
129. Contract with the student
130. Increase the immediacy of reinforcers
131. Increase the frequency of reinforcers
132. Give behavioral choices
133. Use a 3 step warning system and follow through on reinforcers and consequences
134. Adjust student’s instructional levels/methods
135. Visual cues to stay on task
136. Auditory cues to stay on task
137. Use of manipulatives for sensory/distractibility needs
138. Preferential seating
139. Use of an assistant/volunteer
140. Small group instruction/work time
141. Loss of privileges
142. Removal of visual distractions
143. Use of separate area of the classroom
144. Earned free time or privileges
145. Increased peer/adult/other faculty members in the building attention
146. Peer mentoring
147. Adult mentoring
148. Use of a “cool off” space
149. Specify expectations (avoid phrases like “be good”) - say exactly what to do and what not to do, review what “good” means
150. Teach problem solving with situational strategies- create “teachable moments”
151. Teach social skills
152. Use of proximity or gentle touch, such as a hand on the shoulder
153. Redirection
154. Use visual boundaries (rug, use of tape, carpet square, etc.)
155. Removal or change of location for child
156. Enhance self-esteem
157. Make child a class “assistant”
158. Anger control strategies
159. Detention

**ADD/ADHD/Disorganized BEHAVIORAL INTERVENTION PLAN (BIP)**

Name:  
Parent:  
D.O.B.  
Telephone:

Date:  
School:  
Teacher:  
Support Staff:

**Target Problem Behaviors:**

- Inattentive, unfocused, off task, and distractible
- Excessive movement, out of seat, fidgeting, not keeping hands to self, etc
- Poor organization, messy, and missing work
- Unprepared, no materials or books, etc
- Impulsive, blurts out, disruptive, etc
- Rushing through work, tasks, and directions
- Other:

**Intervention Plan:****Objectives:**

- Improve attention and focus on assignments, tasks, and instruction
- Reduce distractibility
- Maintain organized and neat work space, book bag, locker, folders, etc
- Come to class with necessary materials, books, and supplies
- Engage in extra movement in a non-disruptive and non-distracting manner
- Reduce disruptions to class by raising hand, waiting to be called on, thinking and pausing before doing, etc
- Take time and care with assignments, instructions, notes, etc
- Other:

**Preventative Strategies:**

- Student seated away from distractions
- Teacher will utilize proximity control
- Teacher will give frequent verbal and physical (touch on arm or shoulder or tap on desk) redirection and refocusing
- Teacher will have student explain the directions and directives in their own words
- Reduce assignments, problems, questions, or workload
- Reduce number of items or text on a page and/or increase the font size and white space
- Give student frequent breaks or errands to run (go to bathroom, get drink, take note to office, etc.)
- Student will utilize sensory aides, like work corral, seat cushion, rocking chair, yoga ball seat, weighted object on lap or shoulders, tight fitting vest, sound blocking earphones, music, nature sounds, or white noise in earphones, VELCRO® brand hook and loop fasteners under desk or other textures, fidget toys, etc.
- Provide student with materials (pencil, paper, book, etc)
- Student will be offered alternative ways to complete assignments when possible (verbal responses, computer, hands-on, act out, record responses on audio or video, draw, etc)
- Student will be allowed to move around (stand, walk, etc) within their area or work standing up (perhaps at podium)
- Student will keep all materials in a crate by their desk or near the teacher (to keep desk empty and materials more organized and accounted for) and their desk opening will be turned around away from them
- Assignments and discussions will be related to the student's interests when possible
- Teacher will help student begin assignments by completing the first several items or problems with the student
- Teacher will ignore minor disruptions, outbursts, etc from the student
- Teacher will structure the student's day, routine, and schedule more strictly, giving student frequent reminders of how much time is left, what task is next, etc
- Other:

**Teaching Alternative Behaviors:**

- Student will daily or weekly organize desk, crate, or locker, putting assignments into color coded folders with a "to do" side and a "done" side.
- Student will maintain a planner or organizer with daily assignments and homework
- Teacher will pause before giving directions
- Teacher will remind student when they are off task



- Student will use a visual schedule or checklist
- Student will use a timer with assignments
- Student will utilize a self management system, like a tracking chart or checklist
- Student will ask to take a break or get up and move around when needed
- Student will pause and count to 10 after instructions or directions and before beginning assignment or task
- Student will self administer small breaks in their seat every couple problems or items completed to help pace themselves and prevent rushing through work
- Student will go back and check their work before handing in assignments or putting them away
- Other:

#### **Positive Reinforcement:**

- Verbal praise from teacher (use clinically supported ratio of at least 4 positive to 1 correction)
- Rewards at school for attending, organization, work completion, etc
- Rewards at home for attending, organization, work completion, etc
- Increased adult attention
- Positive note or call home
- Stickers, check on behavior chart, star, etc.
- Play or free time with a peer of the student's choosing
- Food or edible treats
- Send to office for praise and/or treat
- Give break to get a drink
- Allow extra recess or free time
- Allow student to be a helper when their work or task is complete
- Other:

#### **Consequences for Non-Compliance:**

- Firm redirection and warning
- Classroom card flip system
- Office discipline referral
- Student Responsibility Center (SRC)
- Detention
- Holding student after school or at recess to finish work or task until completed
- Come in early the next day to complete unfinished tasks, receive missed instruction, or organize materials
- Complete a think sheet
- Note or call home
- Natural consequences
- Loss of privileges, incentives, and/or rewards in school
- Loss of privileges at home and must complete unfinished school task at home
- Time out
- Teacher will speak to student in hallway
- Other:

#### **Home Intervention/Support:**

- Parent/Guardian will monitor student's academics, behavior, and attendance on Parent Connect
- Parent/Guardian will maintain regular communication with teachers, administrator, and school
- When teacher reports behavior and other incidents to parent/Guardian, they will discuss it with the student at home and take appropriate actions
- Parent/Guardian will daily or weekly assist student with organizing materials, backpack, and/or locker
- Parent/Guardian will follow through with rewards, incentives, and praise at home
- Parent/Guardian will follow through with consequences and discipline at home
- Parent/Guardian will establish a daily structured homework routine and assist student with work
- Parent/Guardian will establish a structured routine in the home (bed time, free time, wake time, breakfast, etc)
- Parent/Guardian will daily check student's planner, checklist, chart, or other tracking and monitoring forms, signing them as appropriate and relevant to the established plan
- Parent/Guardian will attend behavior and academic meetings and conferences
- Other:

**Program Review Schedule:**

The Behavior team will meet to review, assess, and revise the BIP (if needed) on:

**Signatures:**



**Oppositional/Defiant/Disrespectful/Argumentative BEHAVIORAL INTERVENTION PLAN (BIP)**

Name:	Date:
Parent:	School:
D.O.B.	Teacher:
Telephone:	Support Staff:

**Target Problem Behaviors:**

- Student is oppositional and defiant toward peers, teachers, adults, and authority figures
- Student often argues and bickers with peers and adults
- Student does not admit responsibility for their part in circumstances, incidents, and issues and/or does not care
- Student is often disrespectful toward peers and adults
- Student frequently blames others for their behaviors, failures, or shortcomings
- Student does not care about disciplinary actions and measures
- Student chooses not to follow through with directives and directions
- Student frequently engages in power struggles with others, even over perceivably small and insignificant things
- Student chooses not to follow and comply with school and class rules, routines, and procedures
- Other:

**Intervention Plan:****Objectives:**

- Increase student compliance with school and class rules, routines, and procedures
- Increase student's cooperation and compromise with peers and adults
- Improve the student's problem solving, conflict resolution, and coping skills
- Reduce incidents of power struggles, arguing, and oppositional and defiant behaviors
- Increase student's independent and responsible decision making
- Student will recognize and assume responsibility for their part in incidents
- Improve the student's relationship skills
- Improve the student's concepts of cause and effect or action and consequence
- Student will follow teacher and adult directives and directions without arguing
- When given choices or options, the student will select one and follow through
- The student will decrease disruptive behavior

Other:

**Preventative Strategies:**

- Teachers will speak and interact with the student in a neutral and emotionally flat manner using a calm tone
- Teachers will give the student choices when asking them to do something
- Teachers will state directives, expectations, and directions in a clear and concise manner, and then walk away from the student to avoid being drawn into a power struggle
- Teacher will frequently state school and class rules in a clear and concise manner to the class
- Teacher will listen to the student's concerns without interrupting and validate their feelings
- Teacher will give student choices on how to complete assignments (verbal responses, typing, etc) or what parts to work on
- Teacher will avoid addressing the student in front of others and will avoid power struggles
- Teacher will focus on the student's effort rather than their accuracy or grade
- Teacher will externalize directives, requests, and corrections (rather than saying "I want you to...", say "when the bell rings that means..." or "the school rules say we must...")
- Teacher will provide the student with a more highly structured routine, schedule, and classroom environment
- Teacher will send the student for a break or an errand when they see the student escalating (get a drink, drop a note off, etc)
- When appropriate and possible, the teacher will ignore disruptive behavior from the student
- Other:

**Teaching Alternative Behaviors:**

- Teacher will involve the student in developing plans to deal with their behavior
- The student will be given a classroom duty or job
- Student will go into a class with younger students and teach and role play how to get along well, be friends, and follow school and class rules (may be once a week, once a month, or just a one time)
- Teacher will post the school and/or class rules, expectations, and consequences in a highly visible and prominent area

- Student will use a daily schedule or a daily schedule will be posted in a visible place
- Teacher will develop a behavior contract with the student
- Teacher will weekly teach, model, and role play small lessons on getting along with others, compromise, coping, conflict resolution, cooperation, friendship, anger management, cause and effect, respect, and the consequences of actions
- Teacher will allow student to redo assignments to improve their score or final grade
- Teacher will establish clear and consistent consequences for specific behaviors and make this visible to the student
- Teacher will offer the student a “face-saving” out when possible
- Teacher will teach and remind student how to say “no” and express concerns and thoughts appropriately

Other:

#### **Positive Reinforcement:**

- Teacher and parent will reward the student for putting forth good effort, attempting assignments and tasks, and exhibiting a positive attitude
- Teacher will praise and encourage the student for good effort, attempting tasks, completing work, etc (utilize the clinically supported ratio of at least 4 positive to 1 correction)
- Teacher will give the student frequent positive feedback, like a pat on the back, high-five, etc
- Teacher will provide positive feedback and praise discretely, whispering or leaving a note to be discovered
- Teacher will provide frequent positive praise and feedback for each small part or step of a problem or item solved or completed and for good effort on these small parts (rather than praise and encouragement after the whole is completed)
- When helping the student, the teacher will approach and interact with the student as though they are a team and in it together
- Teacher will send a positive note home, call the parent in front of the student to give positive verbal praise, or write encouraging notes or put reward stickers on their papers that are complete or they put forth good effort on
- Teacher will meet with and mentor the student once a week after school to build rapport through talking, doing a non-academic task, playing a game, going to the gym, etc
- Student will utilize a sticker or other similar chart for effort and work, receiving rewards for reaching goals
- Other:

#### **Consequences for Non-Compliance:**

- Student will be subject to the school and class discipline policies and procedures
- Student will be subject to natural consequences
- Student will be sent for a timeout, break, or cool down period when they cannot follow directives
- Student will be sent home for the remainder of the day if multiple warnings are not heeded and the student continues to be oppositional, defiant, and refuses to follow directives
- Teacher will address student in the hall, restating the rules, expectations, and consequences
- Student will be sent to the office to speak with the administrator
- Teacher will move the student’s seat
- Student will apologize to others they argue with and bother
- Student will complete a self-reflection sheet after engaging in target behaviors
- Teacher will tell the student clearly and concisely what behavior they are engaging in and the consequence if they continue
- Student will receive detention and/or lose privileges like gym and recess for not following directives or being disrespectful

Other:

#### **Home Intervention/Support:**

- Parent/Guardian will monitor student’s academics, behavior, and attendance on Parent Connect
- Parent/Guardian will maintain regular communication with teachers, administrator, and school
- Parent/Guardian will attend behavior meetings
- When the student is sent home for the remainder of the day by the school, the parent/guardian will pick the student up within 30 minutes of being called
- Parent/Guardian will consistently follow through with rewards and consequences at home
- Parent/Guardian will discuss behavior incidents with student and review rules, expectations, procedures, and consequences
- Parent/Guardian will implement and maintain a daily homework routine and assist the student when needed
- Parent/Guardian will maintain daily structured bedtime and morning routines
- Parent/Guardian will teach, reinforce, and role play conflict resolution, coping, anger management, and relationship strategies and skills
- Parent will discuss cause/effect/consequences of behaviors with student
- Other:

**Program Review Schedule:**

The Behavior team will meet to review, assess, and revise the BIP (if needed) on:

**Signatures:**



## **MENTAL HEALTH AND EDUCATIONAL RESOURCES**

- **MCS Partnerships**
- **Community Resource List**
- **Tutor List**



**Monongalia**  
COUNTY SCHOOLS  
**EDUCATION...EMPOWERS...EXCELLENCE**

**SUPERINTENDENT**  
Eddie R. Campbell, Jr., Ed.D.

13 South High Street/Morgantown, WV 26501  
Phone 304-291-9210 and Fax 304-291-5960

**Consent to Release and Obtain Information / *USC Evaluation Consent***

<b>Student's Full Name:</b>	<b>Date of Birth:</b>
<b>Mailing Address:</b>	<b>City/State/Zip Code</b>
<b>School:</b>	<b>Social Security Number:</b>

I, the parent and legal guardian of the above named student, grant permission for Monongalia County Schools (MCS) to obtain and release information regarding my son/daughter from the school, department agency, or persons identified below. I also hereby release the named school department, agency, or person from all legal liability that may arise from further disclosure of said records.

<b>Name of:</b> <input type="checkbox"/> School <input type="checkbox"/> Department <input checked="" type="checkbox"/> Agency <input type="checkbox"/> Person (Check One)	
United Summit Center	
<b>Complete Mailing Address:</b> 34 Commerce Drive Suite 204-207 Westover, WV 26501	<b>Tel #304-241-1708</b> <b>Fax#304-381-2054</b>

The requested information to be released shall consist of:  duplicated records  verbal information.

Please check/initial all indicated areas to be released:

School Records	Social History	Education Testing Results
Medications	Psychiatric Evaluation	Psychological Evaluation
Discharge Summary	Medical Diagnosis (es)	X <b>Other: Consent to share referral information (including student/parent contact information), arrange for evaluation, have USC complete At-Risk evaluation, and/or receive written report/recommendations from USC related to this at-risk referral. (If all do not apply, circle those that are applicable.)</b>

This information may be shared with employee of MCS involved in providing services for adult student or my son/daughter/minor dependent. I understand the purpose and intent of this authorization is to release and obtain information needed by MCS to provide coordinated services for adult student or my son/daughter/minor dependent. This authorization may be revoked at any time by my written request. The revoking of this authorization shall not cancel any prior actions that have already transpired. This authorization shall remain in effect for one year (365 days) from the date of form completion unless revoked in writing. A copy or fax of this release shall be as binding as the original.

<b>Signature of parent/guardian:</b>	<b>Date:</b>	<b>Phone Number:</b>
<b>Signature of Adult Student (Some agencies require consent of student over 13-years of age):</b>	<b>Date:</b>	<b>Phone Number:</b>



**SUPERINTENDENT**  
Eddie R. Campbell, Jr., Ed.D.

13 South High Street/Morgantown, WV 26501  
Phone 304-291-9210 and Fax 304-291-5960

**Consent to Release and Obtain Information/Chestnut Ridge Center**

<b>Student's Full Name:</b>	<b>Date of Birth:</b>
<b>Mailing Address:</b>	<b>City/State/Zip Code</b>
<b>School:</b>	<b>Social Security Number:</b>

I, the parent and legal guardian of the above named student, grant permission for Monongalia County Schools (MCS) to obtain and release information regarding my son/daughter from the school, department agency, or persons identified below. I also hereby release the named school department, agency, or person from all legal liability that may arise from further disclosure of said records.

<b>Name of:</b> <input type="checkbox"/> School <input type="checkbox"/> Department <input checked="" type="checkbox"/> Agency <input type="checkbox"/> Person      (Check One)	
<b>Chestnut Ridge Center</b>	
<b>Complete Mailing Address:</b> Chestnut Ridge Center; 930 Chestnut Ridge Rd.; Morgantown, WV <b>Attention:</b> Ashley Summers (CRC forms/MCS release form sent with this option.)	<b>Telephone #:</b> 304-598-4214 <b>Fax:</b> 304-293-8724

The requested information to be released shall consist of:  duplicated records  verbal information. Please check/initial all areas that apply:

I give consent for MCS to make a <b>referral</b> for my child/dependent to Chestnut Ridge Center <b>Outpatient Clinic</b> . I understand CRC will contact me to make an appointment at this phone #:	I will be contacting CRC to make an appointment with my child/dependent at 304-598-4214.	I give consent for MCS to share verbal information and duplicated education records with CRC, including psycho-educational/ diagnostic evaluations, SAT, 504, behavior information/ evaluations, and special education records. <b>Circle records that apply.</b>
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This information may be shared with employee of MCS involved in providing services for adult student or my son/daughter/minor dependent. I understand the purpose and intent of this authorization is to release and obtain information needed by MCS to provide coordinated services for adult student or my son/daughter/minor dependent. This authorization may be revoked at any time by my written request. The revoking of this authorization shall not cancel any prior actions that have already transpired. This authorization shall remain in effect for one year (365 days) from the date of form completion unless revoked in writing. A copy or fax of this release shall be as binding as the original.

<b>Signature of parent/guardian:</b>	<b>Date:</b>	<b>Phone Number:</b>
<b>Signature of Adult Student (Some agencies require consent of student over 13-years of age):</b>	<b>Date:</b>	<b>Phone Number:</b>





13 South High Street/Morgantown, WV 26501  
 Phone 304-291-9210 and Fax 304-291-5960

### Consent to Release and Obtain Information/**Chestnut Ridge Center**

<b>Student's Full Name:</b>	<b>Date of Birth:</b>
<b>Mailing Address:</b>	<b>City/State/Zip Code</b>
<b>School:</b>	<b>Social Security Number:</b>

I, the parent and legal guardian of the above named student, grant permission for Monongalia County Schools (MCS) to obtain and release information regarding my son/daughter from the school, department agency, or persons identified below. I also hereby release the named school department, agency, or person from all legal liability that may arise from further disclosure of said records.

<b>Name of:</b> <input type="checkbox"/> School <input type="checkbox"/> Department <input checked="" type="checkbox"/> Agency <input type="checkbox"/> Person      (Check One)			
<b>Chestnut Ridge Center</b>			
<b>Complete Mailing Address:</b> Chestnut Ridge Center; 930 Chestnut Ridge Rd.; Morgantown, WV (All CRC forms/MCS release must be sent with this option.)			<b>Telephone #:</b> 304-598-4214  <b>Fax:</b> 304-293-8724

The requested information to be released shall consist of:  duplicated records     verbal information.

Please check/initial all areas that apply:

I give consent for MCS to refer my child/dependent to Chestnut Ridge Center for <b>on School Ground</b> consult services by a child/ adolescent fellow under the supervision of faculty member from WVU Dept. of Behavioral Medicine & Psychiatry.	I understand the purpose of this consult is not for diagnosis or treatment, but to determine appropriate follow-up and/or to make recommendations to the school.	I give consent for MCS to share verbal information and duplicated education records with CRC, including psycho-educational/ diagnostic evaluations, SAT, 504, behavior information/ evaluations, and special education records. <b>Circle records that apply.</b>
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This information may be shared with employee of MCS involved in providing services for adult student or my son/daughter/minor dependent. I understand the purpose and intent of this authorization is to release and obtain information needed by MCS to provide coordinated services for adult student or my son/daughter/minor dependent. This authorization may be revoked at any time by my written request. The revoking of this authorization shall not cancel any prior actions that have already transpired. This authorization shall remain in effect for one year (365 days) from the date of form completion unless revoked in writing. A copy or fax of this release shall be as binding as the original.

<b>Signature of parent/guardian:</b>	<b>Date:</b>	<b>Phone Number:</b>
<b>Signature of Adult Student (Some agencies require consent of student over 13-years of age):</b>	<b>Date:</b>	<b>Phone Number:</b>

**Attached Consent Form is a Request for a Psychiatric Consultation of an Identified student to Occur on School Grounds**

**Purpose of this service:**

This service provides a one time mental health/behavioral assessment that can occur on school grounds for any student in the Monongalia County School System that the school system feels could benefit. The evaluation is provided by a child and adolescent psychiatry fellow under the supervision of a faculty member from the WVU Department of Behavioral Medicine and Psychiatry. We are available to perform the consults on Wednesday mornings as scheduling allows. No diagnosis or treatment can be provided from this service, but the student can be referred to an appropriate follow-up provider or recommendations can be made directly to the school. There is no cost for the on grounds evaluation. However, the patient's family will be financially responsible for the cost of any care/treatment if additional evaluation or treatment is sought.

**How to use this form:**

- 1) This form should not be used for concerns regarding immediate safety. If a student is suicidal, aggressive, or making threats they should be referred to an emergency room/crisis center where a mental health profession or psychiatrist is on call 24/7 to perform emergency evaluations.
- 2) This form should be used for students who are not currently in mental health treatment. If a student sees a therapist or a psychiatrist already we would suggest concerns be directly addressed with that provider.
- 3) In order for the evaluation to be preformed, BOTH the school and the parent/guardian must sign the consent form. We will not be able to perform a consultation without a parent's explicit permission. Parents will be notified of our recommendations after the assessment however.
- 4) Once the form is completed and signed by the parents and school personnel, it should be faxed to the address at the bottom of the form. Dr. Skidmore will contact the school to arrange a time for the consultation upon receipt of the form.

**WVU Department of Behavioral Medicine and Psychiatry**  
**Request for School Consultation On School Grounds**  
**2021-2022 Academic Year**

Our School: \_\_\_\_\_, part of the Monongalia County School System of West Virginia would like to request a school consultation by the West Virginia University Department of Behavioral Medicine and Psychiatry, Section of Child and Adolescent Psychiatry, for the following student:

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

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

School Contact Person: \_\_\_\_\_

Telephone number of school contact: \_\_\_\_\_

Our current concerns include:

This consultation will either involve 1) direct observation of the student in the classroom setting during the school day by staff and fellows of the WVU Department of Behavioral Medicine and Psychiatry as previous approved by the Monongalia County School Board and/or 2) referral to our child psychiatry outpatient department for additional treatment or further evaluation. Recommendations will be communicated to the school and parents pending completion of the evaluation and may be included in either the student's academic or medical record.

Parent's initials \_\_\_\_\_ School initials \_\_\_\_\_

School of Medicine

We here by authorize in conjunction with the student's guardian approval for:

- 1) Direct observation in the school setting;
- 2) Communication with school personnel regarding the student's performance and behaviors;
- 3) Access to the student's academic file which would contain information regarding attendance, health care records, family and social history, grades, past psycho-educational testing, and Individualized Education Plans or Section 504 accommodations; and
- 4) Direct contact with either the student or parent as felt necessary.

All confidential information and Protected Health Information will be handled in accordance with HIPAA: Health Insurance Portability and Accountability Act of 1996 and will not be released to parties outside of this authorization form without additional written approval. This consent form is good for the duration of the Academic Year unless noted otherwise. This authorization may be revoked at any time by written request.

School Personnel Authorizing Signature: \_\_\_\_\_

Printed Name and Position of School Personnel: \_\_\_\_\_

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

Student's Parent or Guardian's Signature: \_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_

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

Please fax or mail the above form to:

Attn: Bridget Skidmore M.D., School Consultations  
Department of Behavioral Medicine and Psychiatry  
West Virginia University School of Medicine  
930 Chestnut Ridge Road  
Morgantown WV, 26505  
Telephone: (304) 293-5323, direct line (304) 293-5359  
Fax: (304) 293-9634 or (304) 293-8724

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**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Action Taken:

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**The Attached Consent Form is a for Referrals to Chestnut Ridge Center for  
NEW OUTPATIENT VISITS**

**Purpose of this service:**

This form allows the school to make a referral directly to our outpatient child and adolescent psychiatry clinic at Chestnut Ridge Center to establish care and have a full evaluation. Upon receipt of this form, our case manager, Ashley Summers, will call the child's family and offer them our first available new patient appointment slot. The child's family will be responsible for the cost of the visit. We accept most insurance plans and Medicaid.

**How to use this form:**

- 1) **This form should not be used for concerns regarding immediate safety.** If a student is suicidal, aggressive, or making threats they should be referred to an emergency room/crisis center where a mental health profession or psychiatrist is on call 24/7 to perform emergency evaluations.
- 2) Parents/Guardians will be required to attend the appointment with their child. Please make sure the parents are aware the referral has been made and that they will be receiving a call. Please do not send referrals if you have not discussed it with a parent. They are usually not receptive to receiving phone calls from psychiatry out of the blue. Alternatively, you may give parents our phone number 304-598-4214 if they wish to call themselves. However, a referral form from the school may speed up the process.
- 3) Once the form is completed and faxed, our case manager will call the family and offer a new patient slot. We are unable to notify the school if the family actually accepted or showed for the appointment however unless the family completes additional releases of information

**West Virginia University School of Medicine  
Department of Behavioral Medicine and Psychiatry**

**Pediatric Psychiatry School Referral Form for New Outpatient Visits**

**\*\*If the student is at risk for self harm, harm to others, or in acute psychiatric episode, please send directly to local emergency room.\*\***

**Student's Name:** \_\_\_\_\_

**Student's Date of Birth:** \_\_\_\_\_

**Parent's Name(s):** \_\_\_\_\_

**Parent's phone number:** \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

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**Name and title of person making referral** \_\_\_\_\_

**School Name** \_\_\_\_\_

**School Telephone** \_\_\_\_\_

**Teacher's Name:** \_\_\_\_\_

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

**Please fax to  
Attention: Ashley Summers, Child Case Manager  
And Bridget Skidmore, MD  
Phone# 304-598-4214  
Fax # 304-293-8724**

Department of Behavioral Medicine and Psychiatry  
930 Chestnut Ridge Rd. Morgantown, WV 26505

# Community Mental Health Services/Resources for Students

## Monongalia County Schools

The following persons or agencies have opted to participate in a reference of mental health care resources for our local area. Monongalia County Schools is not endorsing or recommending these individuals or agencies. If you know of some resources that might like to be included in this list, they should contact Angela Hayes, Coordinator of Student Psychological Services, at 304-291-9210, Extension 1517.

<p><b>4-H Health Initiative</b></p> <p>Extension Service WVU Downtown Office 270 Mylan Park Lane, Suite 250 Morgantown, WV 26501</p> <p><b>Becca Fint-Clark</b>, WVU Monongalia County 4-H Youth Development Extension Agent <b>Heather Tanton</b>, WVU Monongalia County 4-H Program Assistant <b>Phone:</b> 304-291-7201 <b>Website:</b> <a href="https://extension.wvu.edu/youth-family/4h">https://extension.wvu.edu/youth-family/4h</a> <a href="https://extension.wvu.edu/monongalia/4h">https://extension.wvu.edu/monongalia/4h</a></p>	<p><b>Description of Services:</b> West Virginia 4-H is a free, educational program for West Virginia youth in all 55 counties. The focus is on helping youth learn leadership, citizenship, and life skills by participating in projects and service.</p> <p><b>Targeted Populations:</b> Membership is open to any youth when he/she is in at least 9 years of age and is not older than 21 within the current 4-H year</p>
<p><b>Anxiety &amp; OCD Solutions, LLC</b></p> <p><b>David M. Davis, LPC, NCC</b></p> <p>6000 Coombs Farm Drive, Suite 106 Morgantown, WV 26508</p> <p>Phone: (304) 249-8164 Fax: 1 (866) 850-7332 Email: <a href="mailto:david@aocdsolutions.com">david@aocdsolutions.com</a> Website: <a href="http://aocdsolutions.com">aocdsolutions.com</a></p>	<p><b>Description of Services:</b> Specializes in the treatment of Obsessive-Compulsive Disorder (OCD) and other anxiety disorders. Also works with individuals who present with a wide range of different mental health concerns. Utilizes Cognitive Behavioral Therapy (CBT), Exposure and Response Prevention (ERP), and Acceptance and Commitment Therapy (ACT) among other evidence-based approaches. Offers in person and teletherapy.</p> <p><b>Target Population:</b> Children, adolescents, and adults</p> <p><b>Insurance:</b> Accepts most commercial health insurance plans.</p>
<p><b>Apex Counseling</b> <b>Jonathan Pishner, MA, LPC, NCC, CT</b> Trauma, anxiety, anger management, behavioral addiction, couples. Ages 13 and up <b>Laura Walls, MA, LPC, NCC</b> Trauma, anxiety, depression, abusive relationships, split homes and divorcing parents, school/home based behavioral issues, parent coaching. Ages 3-40</p> <p>160 Fayette Street, Suite 206 Morgantown, WV 26505 <b>Phone:</b> 304-381-3659 <b>Website:</b> <a href="http://www.apexcounseling.org">www.apexcounseling.org</a></p>	<p><b>Description of Services:</b> Psychotherapy services for individuals, couples, and groups focusing on brief counseling interventions and clear goals.</p> <p><b>Insurance:</b> In-Network with the Blue Cross family of insurances and PEIA. Most other insurances accepted Out-of-Network</p> <p><b>Additional Comments:</b> Three trained trauma therapists on staff: Jonathan and Laura; Two children's counselors working with various ages: Jonathan, Laura. All counselors can work with parents. In person and telehealth services are available for all therapists.</p>



# Community Mental Health Services/Resources for Students

<p><b>APO Counseling LLC</b></p> <p>1553 Stewartstown Road Morgantown, WV</p> <p><b>Phone:</b> 304-284-8438 <b>Website:</b> Apocounseling.com</p>	<p><b>Description of Services:</b> Stress, depression, grief, anxiety, trauma with individuals, couples, and families.</p> <p><b>Target Population:</b> Children, adolescents, and adults.</p> <p><b>Insurance:</b> Accepts most insurance providers with the exception of Medicaid</p>
<p><b>Chestnut Mountain Ranch</b></p> <p><b>Dawn Finn, Program Director</b> <b>Bradley Clodfelter, Program Manager</b></p> <p>244 Ponderosa Ponds Rd. Morgantown, WV 26508</p> <p><b>Website:</b> www.cmrwv.org <b>Email:</b> info@cmrwv.org <b>Phone:</b> 304-241-1709 <b>Fax:</b> 304-241-1711</p>	<p><b>Description of Services:</b> Christ-centered school and home for at-risk boys in crisis and in need of hope and healing. Partnering with their families, Chestnut Mountain Ranch pursues family restoration. Parent/guardian participation is required.</p> <p><b>Target Population:</b> Boys ages 11-15 at time of enrollment.</p>
<p><b>Children in Balance</b></p> <p>3000 Coombs Farm Rd, Suite 102 Morgantown WV 26508</p> <p><b>Jennifer L. Walker, M.Ed., LPC</b> Owner &amp; Counselor</p> <p><b>Phone:</b> 304-241-1097 <b>Websites:</b> <a href="http://www.womeninbalancellc.net/">http://www.womeninbalancellc.net/</a> <b>Hours of operation:</b> Monday-Thursday: 8 am- 8 pm Friday- 9 am- 3 pm Saturday appointments available as needed</p> <p><i>*Affiliated with Women in Balance</i></p>	<p><b>Description of Services:</b> Team specializes in a variety of mental health concerns including: trauma; EDMR; eating disorders; LGBTQ; ADHD; Oppositional Defiant Disorder; Autism Spectrum Disorder; anger issues, physical aggression, and temper tantrums; school issues such as bullying, behavior problems, poor grades, and social skills; physical &amp; sexual abuse; grief &amp; loss; separation and social anxiety; depression &amp; mood disorder; adjustment issues</p> <p>Family Counseling: Parent-Child Interaction Therapy (PCIT), parenting support, including behavior management and effective discipline, co-parenting, adjusting to blended families, consistent expectations between households, communication skills</p> <p><b>Target Population:</b> children, adolescents, and families</p> <p><b>Insurance:</b> Accepts Blue Cross Blue Shield (All Plans), PEIA, Aetna, Tricare, The Health Plan CHIP of WV, Magellan, Cigna, UPMC (Commercial, Value, Value Select, and UPMC for Kids), United Behavioral Health Cash Pay and Sliding Scale</p> <p><b>Comments:</b> Telehealth counseling is available.</p>



# Community Mental Health Services/Resources for Students

<p><b>Fremouw-Sigley-Baker Psychological Associates</b></p> <p><b>Diane T. Woodrum, Ed.D</b></p> <p>1445 Stewartstown Rd, Suite 200 Morgantown, WV 26505</p> <p><b>Phone:</b> 304-598-2300 <b>Hours of Operation:</b> 8:00 to 4:00</p>	<p><b>Description of Services:</b> Complete range of psychological services including individual, family, and group therapy, social skills, ADHD, anxiety, behavioral difficulties, and trauma</p> <p><b>Assessment/Evaluation Types:</b> Educational and psychological evaluations, including ADHD, learning disabilities.</p> <p><b>Targeted Population:</b> Ages 3-21</p> <p><b>Insurance:</b> Medicaid and most insurances</p>
<p><b>Harmony Roots</b></p> <p>1005 White Willow Way Morgantown, WV 26505</p> <p><b>Phone:</b> 304-460-5123 <b>Website:</b> GRWHealth.com <b>Email:</b> info@grwhealth.com <b>Hours of Operation:</b> Monday –Thursday: 8am – 6:30pm; Friday: 8am-4:30 pm. Saturday visits are provider specific.</p>	<p><b>Description of Services:</b> Board certified psychiatrists and licensed therapists providing general psychiatry including medication management and therapy. Treatment for targeted for individuals with conditions including depression, anxiety, bipolar disorder, schizophrenia, ADHD, substance abuse, and body image. We are also qualified to assess and provide documentation for an Emotional Support Animal. Telehealth services available.</p> <p><b>Targeted Population:</b> Adolescents and Adults</p> <p><b>Insurance:</b> Accepts most insurances, but we ask that you please check your benefits for coverage as our services may be covered as a specialty.</p> <p><b>Additional Comments:</b> Not all providers are available on Saturdays, so please let the team know when you call so that they can connect you with the correct provider.</p>
<p><b>Holistic Therapy Center</b></p> <p><b>Jamie Downs, LICSW, MSW, AADC, CCJP</b> Advanced Alcohol and Drug Counselor Certified Criminal Justice Professional EMDR Therapist</p> <p>1533 Mileground Rd, Suite B Morgantown, WV 26505 <b>Phone:</b> 304-680-7003 <b>Website:</b> holistictherapyctr.com/home.html <b>Email:</b> info@holistictherapyctr.com <b>Hours of Operation:</b> Monday-Friday by app</p>	<p><b>Description of Services:</b> Psychotherapy services for presenting concerns including: anxiety, depression, trauma, grief/loss, self-esteem, family issues, school issues, panic, addiction, anger management, and stress management. Telehealth services are available.</p> <p><b>Insurance/Fee Information:</b> Highmark, Blue Cross/Blue Shield, PEIA, Health Plan, United, Aetna, and private pay.</p> <p><b>Additional comments:</b> Also utilizes addiction counseling, cognitive behavioral therapy, and mindfulness based therapy.</p>

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<p><b>Integrative Counseling Solutions</b></p> <p><b>Michelle Lewis, MSW, LICSW</b>          713 Green Bag Rd          Morgantown, WV 26508  <b>Phone:</b> 304- 685-4773  <b>Website:</b> <a href="http://www.icswv.com">www.icswv.com</a>  <b>Email:</b> <a href="mailto:michelle@icswv.com">michelle@icswv.com</a>  <b>Hours of Operation:</b> Monday-Friday 8:00-4:00</p>	<p><b>Description of Services:</b> Mental health counseling with a specialty in trauma processing and grief counseling. Trained in Eye movement desensitization and reprocessing (EMDR)  <b>Insurance Information:</b> Most major insurances accepted</p>
<p><b>Intensive Trauma Recovery</b></p> <p><b>Phone:</b> 800-755-6105  <b>Hours of Operation:</b> By appointment- please call  <b>Email:</b> <a href="mailto:info@helpfortrauma.com">info@helpfortrauma.com</a>  <b>Website:</b> <a href="http://www.traumatherapy.us">www.traumatherapy.us</a></p> <p>* Instinctual Trauma Response™ is what happened to you, ITR™ is how to resolve it. We connect individuals with ITR certified specialists around the county virtually or live depending on location.</p>	<p><b>Description of Services:</b> Treatment of trauma-related disorders using an intensive format. ITR™; intensive trauma resolution; 2-4 hours a day for a minimum 20 hours within a few weeks. Virtual or in-person options are available. Please call for a pre-screening.  <b>Targeted Population:</b> Children/youth/adults, who have survived a traumatic experience and have adverse life issues caused by it.  <b>Insurance Information:</b> Self-Pay upfront. Insurance may offer reimbursement to the client under: "Out of Network Direct Reimbursement for routine outpatient (90837) or intensive outpatient work." This depends on the policy and sometimes if a primary care physician prescribed intensive outpatient work. ITR accepts self-pay to reserve the time upfront. We cannot guarantee reimbursement. Some funds are available through religious, private or public funds like VOCA (Victims of Crime Act).</p>
<p><b>Key Learning Autism Center</b></p> <p>Mountaineer Mall          5000 Green Bag Rd., Space A-1          Morgantown, WV 26501</p> <p><b>Phone:</b> 304- 241- 8401  <b>Toll-Free:</b> 877-826-8086  <b>Fax:</b> 304-241-8402  <b>Email:</b> <a href="mailto:office@keylearningautismcenter.com">office@keylearningautismcenter.com</a>  <b>Website:</b> <a href="http://www.keylearningautismcenter.com/">www.keylearningautismcenter.com/</a></p>	<p><b>Description of Services:</b> Offers Applied Behavior Analysis (ABA) Therapy for children with Autism Spectrum Disorder (ASD). ABA Therapy is used to develop communication, social skills, toilet training, feeding, daily living skills, academic curriculum and problem behavior reduction and replacement. We offer half day and full day programs from 2-5 days per week. Children attending both public school and the KLAC will receive a behavior intervention plan, if needed, for both environments.  <b>Targeted Population:</b> Children ages 2-6 with a diagnosis of Autism Spectrum Disorder (ASD).  <b>Additional Comments:</b> To place your child on the waitlist, you need a referral from their doctor that states their name, contact information, and diagnosis of autism from a licensed physician or licensed psychologist.</p>
<p><b>Lewis Counseling Practice</b></p>	<p><b>Description of Services:</b> Works with children and adolescents struggling with various anxiety</p>

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<p><b>Amanda Lewis, MA, NCC, LPC</b>  <b>Stephanie Carter, MSW, LGSW</b></p> <p>7000 Coombs Farm Dr. Suite 202  Morgantown, WV 26508  <b>Phone:</b> 304-413-5002  <b>Email:</b> <a href="mailto:amanda@lewisounselingpractice.com">amanda@lewisounselingpractice.com</a>  <b>Website:</b> <a href="https://www.lewisounselingpractice.com/">https://www.lewisounselingpractice.com/</a>  <b>Hours:</b> Mon-Fri by appointment, including after school and evening</p>	<p>disorders, depression, trauma, school refusal/anxiety, social adjustment concerns, family changes, substance use concerns within the family, grief and loss. Utilizes an eclectic treatment approach. Telehealth appointments are offered using a HIPAA compliant platform.</p> <p><b>Target Population:</b> 11 years old and up  <b>Insurance:</b> PEIA, Blue Cross Blue Shield, UPMC, The Health Plan, United Health Care, and self-pay</p>
<p><b>Libera, Inc.</b></p> <p>Karen Haring (Executive Dir.)  Jessica Haring (Counselor)  P. O. Box 1147  Dellslow, WV 26531  <b>Phone:</b> 304-460-5018 (For scheduling appointments)  <b>Phone:</b> 304-319-0970 (For other information)  <b>E-mail:</b> <a href="mailto:liberawv@gmail.com">liberawv@gmail.com</a>  <b>Website:</b> <a href="http://www.liberawv.com">www.liberawv.com</a></p>	<p><b>Description of Services:</b> Libera, Inc. is a registered 501©(3) whose mission is to create an environment where women and teens in WV are empowered to live in freedom. Listen to stories and help them to take steps toward emotional, intellectual, relational, spiritual, physical and financial freedom. Provide vital connections through groups, individual counseling, mentoring, resources, workshops, and volunteer opportunities to help women find their identities, voices, strengths, purpose, and their freedom.</p> <p><b>Assessment:</b> Through individual counseling and art therapy techniques</p> <p><b>Targeted Population:</b> Women &amp; teens  <b>Insurance:</b> \$40 for those can afford the costs for individual counseling. Does offer pro bono services for those who cannot pay.  <b>Comments:</b> Groups meet once a week for 6 weeks and are held in all counties over north central WV. Telehealth counseling available.</p>
<p><b>Lucy Moats</b>  <b>Division of Probation Services</b>  <b>Juvenile Drug Court Coordinator</b></p> <p>Supreme Court of Appeals  Monongalia County Probation  75 High Street, Suite 16  Morgantown, WV 26505  <b>Phone:</b> 304-291-7217  <b>Fax:</b> 304-291-7213  <b>E-mail:</b> <a href="mailto:Lucinda.moats@courtswv.gov">Lucinda.moats@courtswv.gov</a></p>	<p><b>Description of Services:</b> A diversion program provided by WV Supreme Ct. of Appeals to aid in the rehabilitation of youth who use alcohol or other drugs.</p> <p><b>Targeted Population:</b> Substance Involved Individual between the ages of 10-17 who have been charged with drug/alcohol-related non-violent misdemeanor or felony charges or related status offenses or other nonviolent offenses where the underlying factor is substance abuse.</p> <p><b>Comments:</b> 4-phase program that includes counseling and drug testing.</p>

# Community Mental Health Services/Resources for Students

<p><b>MonHealth Wedgewood Primary Care and Psychiatry</b></p> <p>1000 Mon Health Medical Park Dr., Suite 1202 Morgantown, WV 26505</p> <p><b>Phone:</b> 304-599-1975 (same number) <b>Hours of Operation:</b> Monday-Friday by appointment 8:30-5:00</p>	<p><b>Description of Services:</b> Psychological assessments/evaluations, diagnostic exams, psychotherapy, medication management <b>Targets Population:</b> Children/adults <b>Insurance:</b> Accepts most commercial insurances and Medicaid. Does not accept Cigna insurance.</p>
<p><b>Monongalia County Child Advocacy Center</b></p> <p>909 Green Bag Rd. Morgantown, WV 26508</p> <p><b>Phone:</b> 304-598-0344 <b>Website:</b> <a href="https://www.moncocac.org/">https://www.moncocac.org/</a> <b>Email:</b> <a href="mailto:moncocac@comcast.net">moncocac@comcast.net</a> <b>Hours of Operation:</b> Tues-Thurs 9:00-7:00 Fri 9:00-4:00 (Mon and Wed by appointment)</p> <p>*Please contact Dr. Capage to schedule an appointment.</p>	<p><b>Description of Services:</b> Comprehensive clinical/psychological evaluations, and therapy (individual, family, group). We specialize in working with children who have experienced traumatic or stressful events. We work with children who have been abused or neglected, as well as those who have experienced other traumatic events, loss, family conflict, and significant emotional distress (e.g., depressive symptoms, anxiety, PTSD, cutting behaviors, suicidal thoughts/behaviors). We see children at our agency as well as in the schools, which allows us to collaborate with teachers and school counselors and attend school meetings. We also provide support/training for parents. <b>Assessment/Evaluations:</b> Mental health evaluations, and comprehensive psychological evaluations <b>Target Population:</b> Children ages 3-18 who have experienced traumatic or stressful events.</p>
<p><b>Mountaineer Psychological Services</b> <b>Jennifer Myers, PhD</b> (Owner &amp; Licensed Psychologist)</p> <p><b>Morgantown Office</b> 4000 Coombs Farm Drive Bldg D, Unit 102 Morgantown, WV 26508</p> <p><b>Bridgeport Office</b> 105 N Wedge St Bridgeport, 26330</p> <p><b>Phone:</b> 304-241-1766 <b>Fax:</b> 304-381-2648 <b>Email:</b> <a href="mailto:office@mountaineerpsyc.com">office@mountaineerpsyc.com</a> <b>Website:</b> <a href="http://mountaineerpsyc.com/">http://mountaineerpsyc.com/</a> <b>Hours of Operation:</b> Mon-Fri 8:00-5:30</p>	<p><b>Description of Services:</b> Psychological behavioral health evaluation and treatment, we have a licensed psychologist and several counselors. We also provide couples, family, and group counseling, and consultations. <b>Assessment/Evaluations:</b> Diagnostic evaluations, identification of issues with behavioral problems, truancy, substance abuse, ADHD, mood and anxiety, child abuse and neglect trauma <b>Targeted Population:</b> Children, adolescents, and adults <b>Insurance:</b> accepts most insurances, generally tries to check during the referral process. <b>Additional Comments:</b> A reasonable waitlist. Accept court-ordered referrals. In person and telehealth options. Evening hours by appointment, no weekend appointments</p>

# Community Mental Health Services/Resources for Students

<p><b>Neuropsychology Group of WV PLLC</b></p> <p>9000 Coombs Farm Dr., Suite 202 Morgantown, WV 26508</p> <p><b>Phone:</b> 304-554-0504 <b>Fax:</b> 304-554-0505 <b>Email:</b> <a href="mailto:referrals@ngwv.net">referrals@ngwv.net</a> <b>Website:</b> <a href="http://www.ngwv.net/">www.ngwv.net/</a> <b>Office Hours:</b> Monday-Friday 8:00-5:00</p>	<p><b>Description of Services:</b> Our team of neuropsychologists have specialty training to design effective assessments for a wide array of conditions which are known to have an impact upon brain functioning. Assessments will provide valuable information which can be used to maximize a person's daily functioning. Specialty areas include ADHD, Pediatric Neuropsychology, Traumatic Brain Injury, Concussions, Memory Disorders, Neurologic Disorder including Epilepsy, Psychiatric Disorders, Learning Disorders, and general medical conditions.</p> <p><b>Targeted Population:</b> Services for all ages 4 and up.</p> <p><b>Insurance:</b> Accepts most insurance.</p>
<p><b>Next Steps LEND Clinic WVU Center for Excellence in Disabilities (CED)</b></p> <p>959 Hartman Run Road Morgantown, WV 26505</p> <p><b>Phone:</b> 304-293-4692 <b>Website:</b> <a href="http://cedwvu.org/next-steps-clinic/">http://cedwvu.org/next-steps-clinic/</a></p>	<p><b>Description of Services:</b> Provides assessments of children diagnosed with autism spectrum disorders and other neurodevelopmental disabilities. Provides an interdisciplinary diagnostic assessment to develop an "individualized life plan", which can address educational needs (e.g., communication, motor, social), family supports that address financial and social programs, local community supports, life skills including planning for transitions, linkage with advocacy organizations, and development of self-advocacy skills.</p> <p><b>Targeted Population:</b> Any family with a child from birth to age 21 with a neurodevelopmental or related disability is eligible for services</p>
<p><b>Positive Behavior Support (PBS) WVU Center for Excellence in Disabilities (CED)</b></p> <p>959 Hartman Run Road Morgantown, WV 26505 <b>Phone:</b> 855-558-4296 <b>Hours of Operation:</b> M-F 8:00-5:00 <b>Website:</b> <a href="http://pbs.cedwvu.org/">http://pbs.cedwvu.org/</a> <b>Email:</b> <a href="mailto:pbs@hsc.wvu.edu">pbs@hsc.wvu.edu</a></p> <p>More info and to make a referral at <a href="http://pbs.cedwvu.org/client-services/">http://pbs.cedwvu.org/client-services/</a></p>	<p><b>Description of Services:</b> The Positive Behavior Support Program provides statewide home and community PBS services for youth with a developmental disability, Traumatic Brain Injury, or mental health concern. <b>Brainstorming</b> = A one hour telehealth consultation. <b>Person Centered Planning</b> = A plan of action to help someone reach their dreams. <b>PBS Intensive</b> = A child must be at risk of out of home placement due to severe challenging behaviors. A Behavior Specialist will conduct a Functional Behavior Assessment and create a Positive Behavior Support Plan with the family. <b>Additional Comments:</b> The PBS Program also offers parenting and professional development classes in Positive Behavior Support. More info on Trainings at <a href="http://pbs.cedwvu.org/pbs-trainings/">http://pbs.cedwvu.org/pbs-trainings/</a></p>



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<p><b>PSIMED Morgantown</b></p> <p>1111 Van Voorhis Rd., Suite J Morgantown, WV 26505+</p> <p><b>Phone:</b> 304-212-5526 <b>Website:</b> <a href="http://www.psimedinc.com/morgantown/">www.psimedinc.com/morgantown/</a> <b>Hours of Operation:</b> Mon-Tues, Thurs-Fri: 8:00-5:00; Wed: 8:00-8:00; Open one Saturday a month.</p>	<p><b>Description of Services:</b> A comprehensive mental health outpatient clinic that provides counseling and psychiatric care. <b>Target Population:</b> Children, adolescents, adults, couples, and families. <b>Insurance:</b> Accepts the following insurances: Aetna, BCBS, Humana, Medicare, PEIA (Healthsmart), The Health Plan, Tricare, United Healthcare, Cigna, and UMWA.</p>
<p><b>Quin Curtis Center</b></p> <p>Stephanie R. McWilliams, Ph.D Assistant Professor, Department of Psychology Assistant Director, Quin Curtis Center</p> <p><b>WVU Department of Psychology</b> 53 Campus Drive P.O. Box 6040 Morgantown, WV 26506</p> <p><b>Phone:</b> 304-293-1824 <b>Email:</b> <a href="mailto:QCC@mail.wvu.edu">QCC@mail.wvu.edu</a> <b>Hours of Operation:</b> WVU School Year (mid-August through May) Monday-Wednesday, 9:00-6:00; Thursday. 9:00-5:00; Friday, 9:00-4:00 *Summer (May through mid-August) Monday-Thursday, 10:00-4:00</p>	<p><b>Description of Services:</b> Child, individual, couples, and family therapy for a wide range of emotional and behavioral difficulties. <b>Assessments/Evaluation Types:</b> Learning disabilities, ADHD, neuropsychology, ASD, IQ <b>Targeted Population:</b> Most are welcome, although we currently provide very limited services for individuals with developmental delays or autism. <b>Insurance:</b> No insurance is accepted. Each session is paid in cash or check based on a sliding scale of \$5-\$60. <b>Additional Comments:</b> This is a training clinic. Clients will be seen by graduate level students who are supervised by a PhD level supervisor. Telehealth is available.</p>
<p><b>Resilient Kids</b></p> <p>2000 Coombs Farm Rd. Morgantown, WV 26508</p> <p>1277 Suncrest Towne Center Morgantown, WV 26508</p> <p><b>Phone:</b> 304-381-2211 <b>Hours of Operation:</b> Monday-Friday 8:30-5:00, Evening hours by appointment only <b>Website:</b> <a href="http://www.naturalresilience.org/">http://www.naturalresilience.org/</a></p> <p>*Connected with Natural Resilience</p>	<p><b>Description of Services:</b> Integrative counseling incorporates evidence based complementary and alternative therapies with conventional treatments in the interest of providing holistic and comprehensive care. Provides integrative services resulting in creative, individualized treatment plans to address various emotional issues, daily stressors, and life goals. <b>Targeted Population:</b> Resilient Kids- children/adolescents. Natural Resilience- adults. <b>Insurance:</b> Aetna, Blue Cross/Blue Shield, PEIA, TRICARE, MHnet, Humana, webtpa, Coventry, and The Health Plan. If your insurance is not listed here, we will inquire about becoming a provider.</p>

# Community Mental Health Services/Resources for Students

<p><b>Sonder</b></p> <p>Valerie Stansberry, MS, LPC, CRC Terry Chapman, MSW, LICSW Kathy Servian, MA, LPC, ALPS, ICGC</p> <p>709 Beechurst Seneca Center, Suite 30 B Morgantown, WV 26505 <b>Phone:</b> 304-291-9491 <b>Website:</b> <a href="http://www.therapyatsonder.com">www.therapyatsonder.com</a> <b>Hours of Operation:</b> 9:00 am to 6:00 pm Tuesday through Friday; Closed Mondays; Times may vary by appointment.</p>	<p><b>Description of Services:</b> Individual and family therapy for adolescents and adults, general psychiatric conditions (e.g., depressive disorders, anxiety, trauma and stressor related disorders, etc.). Specialized focus on eating disorders with a multidisciplinary treatment approach that includes the pediatrician and nutritionist who specializes in eating disorders. Telehealth counseling available. <b>Targeted Population:</b> Adolescents impacted by bullying, teen pregnancy, adjustment problems, poor self-image, and performance anxieties. <b>Insurance:</b> We accept Blue Cross Blue Shield, PEIA, Aetna, Health Plan, and out-of-network policies. The fee for services will depend on the insurance contracted rate. Generally, prefer not to do out of network policies.</p>
<p><b>Theresa Williams, L.P.C</b></p> <p>425 Industrial Ave. Suite 204 Morgantown, WV 26505</p> <p><b>Phone:</b> 304-216-1160 <b>Website:</b> <a href="http://www.theresawilliams counseling.com">www.theresawilliams counseling.com</a> <b>Hours of Operation:</b> Weekday/Evenings/some weekend hours</p>	<p><b>Description of Services:</b> Counseling services related to school/general adjustment issues. Offers play therapy, EMDR therapies, parenting support, anxiety, depression, and grief counseling. Telehealth counseling available. <b>Targeted Population:</b> Children, Teens, and Adults <b>Insurance:</b> Most medical insurances accepted (Blue Cross Blue Shield, Health plan, Aetna, 4 Most, Chips, PEIA, etc.), cannot accept medical card.</p>
<p><b>Traumatic Brain Injury (TBI) Services WVU Center for Excellence in Disabilities</b></p> <p><b>Miranda Talkington, TBI Program Manager</b> 959 Hartman Run Road Morgantown, WV 26505 <b>Phone:</b> 304-293-4692 ext. 60690 <b>Email:</b> <a href="mailto:tbi@hsc.wvu.edu">tbi@hsc.wvu.edu</a>, <a href="mailto:miranda.talkington@hsc.wvu.edu">miranda.talkington@hsc.wvu.edu</a></p>	<p><b>Description of Services:</b> Provides services and supports to persons with traumatic brain injuries (TBI) through resource coordination, connecting individuals with TBI to the Funds for You Financial Assistance Program</p>
<p><b>United Summit Center WVU Medicine</b></p> <p>6 Hospital Plaza Clarksburg, WV 26301</p> <p><b>Phone:</b> 304-623-5661 <b>24 Crisis Line:</b> 1-800-786-6480 <b>Fax:</b> 304-623-2989 <b>Hours:</b> M-F 8:30-5:00. evenings by appointment</p>	<p><b>Description of Services:</b> Psychological/ Psychiatric Services. Provides School Based Mental Health Services and At-Risk Referral Services to Monongalia County Schools <b>Additional Comments:</b> Angela Hayes is BOE liaison/contact for At Risk referrals (304)-291-9210, Extension 1517 or e-mail at <a href="mailto:acaterin@k12.wv.us">acaterin@k12.wv.us</a></p>

# Community Mental Health Services/Resources for Students

<p><b>United Summit Center- Healthy Minds WVU Medicine</b> Community Support and Outreach, Clarksburg</p> <p><b>Darcie Scott- Supervisor, Clinical Grants</b> <b>Email:</b> <a href="mailto:darcie.scott@wvumedicine.org">darcie.scott@wvumedicine.org</a> <b>Telephone:</b> 304-623-5661 ext. 1207</p> <p><b>Hotline:</b> 1-844-WVKIDS-1 Triage. Stabilize. Refer. Follow Up</p>	<p><b>Description of Services:</b> USC Community Support and Outreach strive to incorporate skills to build happy, resilient families that will learn to communicate during family meals, have the ability to make good decisions, feel good about themselves when asking for help, and extend a helping hand to other families in their community. This program includes a variety of resources including suicide prevention, peer support, Youth Outreach Specialists, Family Mental Health Specialists, Children Crisis Respite, and Children Mobile Crisis</p>
<p><b>United Summit Center- Healthy Minds WVU Medicine</b> Crisis Respite Services</p> <p><b>Emily Finomore, Clinical Grants Manager</b> <b>Email:</b> <a href="mailto:Emily.finomore@hsc.wvu.edu">Emily.finomore@hsc.wvu.edu</a> <b>Telephone:</b> 304-623-5661 ext. 1707</p> <p><b>Robin Hayes, Mental Health Specialist</b> <b>Email:</b> <a href="mailto:robin.hayes@wvumedicine.org">robin.hayes@wvumedicine.org</a> <b>Telephone:</b> 304-623-5661 ext. 1257</p>	<p><b>Description of Services:</b> Crisis respite supplies a needed break for families. It is designed to provide short-term stability and supports individuals who are experiencing a mental health related crisis. Services may include: financial support to allow family/friends to help provide respite, educational and basic skills classes, extracurricular activities, follow-up services, referral to other services</p> <p><b>Targeted Population:</b> Anyone aged 0-21 who is experiencing a mental health crisis and needs a temporary break from the stresses of everyday life</p>
<p><b>United Summit Center- Healthy Minds WVU Medicine</b> Nurturing Parenting Program</p> <p><b>Paige Shanholtz, Family Coordinator</b> <b>Email:</b> <a href="mailto:paige.shanholtz@wvumedicine.org">paige.shanholtz@wvumedicine.org</a> <b>Telephone:</b> 304-623-5661 ext. 1217</p> <p><b>Jeannie McGinty, Family Coordinator</b> <b>Email:</b> <a href="mailto:Jeannie.mcginty@wvumedicine.org">Jeannie.mcginty@wvumedicine.org</a> <b>Telephone:</b> 304-623-5661 ext. 1251</p>	<p><b>Description of Services:</b> Provides online meetings for parents/guardians, teen parents, children and teens to improve family dynamic. Parents and children will learn to: develop family rules, express anger without violence, give and receive positive recognition, discipline without spanking, hitting, or yelling, communicate feelings honestly, develop quality “time in”, practice nurturing routines, etc.</p> <p><b>Additional Comments:</b> All meeting via WebEx. <i>Parents/Guardians:</i> Thursdays 2pm, <i>Teen Parents:</i> Tuesdays 2 pm, <i>Children ages 5-10:</i> Wednesdays 2pm, <i>Teens:</i> Wednesdays 3 pm</p>
<p><b>Valley Health Care System</b></p> <p><b>Crisis Line:</b> 1-800-232-0020 (24/7) <b>Suicide Prevention Hotline:</b> 1-800-273-8255</p> <p><b>Morgantown Office</b> 301 Scott Avenue Morgantown, WV 26508 <b>Telephone:</b> 304-296-1731 <b>Fax:</b> 304-225-2288</p> <p><b>Marion County Office:</b> 304-366-7174 <b>Preston County Office:</b> 304-329-1059</p>	<p><b>Description of Services:</b></p> <p><i>Mental Health Services:</i> Psychological testing and therapy, psychiatric evaluation, medication management, care coordination, supported housing, clubhouse program, homeless outreach program, Valley Assertive Community Treatment Program, prevention of suicide, Crisis Stabilization Unit.</p> <p><i>Intellectual and Developmental Disabilities:</i> Waiver Community Support, service coordination, family support program, site-based day habilitation program, residential for developmental disabilities.</p> <p><i>Chemical Dependency Services:</i> counseling for substance abuse/addiction and recovery, counseling</p>



# Community Mental Health Services/Resources for Students

<p><b>Taylor County Office:</b> 304-265-3947  <b>WEBSITE:</b> <a href="http://www.valleyhealthcare.org">www.valleyhealthcare.org</a></p>	<p>for children of alcoholics/addicts, consultation and screening, DUI services, intensive adult outpatient program, intensive adolescent outpatient program, Alpha Chemical Dependency Treatment Unit (ACT Unit), New Beginnings Extended Care Program for women, and CHRRP House (a sober living facility).  <b>Targeted Populations:</b> Children, Adolescents, Adults  <b>Insurance:</b> Take most insurances, including Medicaid and Medicare.</p>
<p><b>Wellness Way Counseling Service</b></p> <p>48 Donley St., Suite 103-J  Marina Tower (Waterfront)  Morgantown, WV</p> <p><b>Telephone:</b> 304 554-2170  <b>Email:</b> wellnessway123@gmail.com  <b>Website:</b> www.wellnesswaycounseling.com  <b>Hours:</b> Mon-Fri, 9:00-7:00</p>	<p><b>Description of Services:</b> Private practice mental health outpatient counseling service operated by National Board Certified Counselors. Telehealth is available.  <b>Target Populations:</b> adults and children for anxiety, panic attacks, depression, grief and loss, ADHD, PTSD. Currently taking new clients.  <b>Insurance:</b> Blue Cross/Blue Shield, P.E.I.A. Tricare  Military One Source, and some EAP Plans</p>
<p><b>Wellspring Family Services</b></p> <p>827 Fairmont Road, Suite 201,  Morgantown, WV 26501  <b>Phone:</b> 304-292-1716  <b>Emergency Phone:</b> 800-280-2229  <b>Fax:</b> 304-292-1766  <b>Hours of Operation:</b> 8:30-5:00 (M-F)  Evening hours by appointment  <b>Website:</b> <a href="https://www.crittentonwv.org/wellspring">https://www.crittentonwv.org/wellspring</a>  <b>Email:</b> <a href="mailto:info@crittentonservices.com">info@crittentonservices.com</a></p>	<p><b>Description of Services:</b> Outpatient/In-Home Behavioral Treatment agency; services include comprehensive assessments, individual and family therapy, focus on trauma specific services, supportive counseling, behavior modification, targeted case management, and court reports. Telehealth counseling is available.  <b>Targeted Populations:</b> Ages 4 through adults  <b>Insurance:</b> WV Medical card, some private insurances, and self-pay.</p>
<p><b>Whole Brain Solutions, LLC</b>  121 Simpson St.  Morgantown, WV 26501</p> <p><b>Miranda Riffle, MA, LPC, NCC, EMDR-C</b>  Licensed Professional Counselor  <b>E-mail:</b> <a href="mailto:mirandariffle20@gmail.com">mirandariffle20@gmail.com</a></p> <p><b>Sydney Menigoz, MS, LPC, NCC, EMDR-C</b>  Licensed Professional Counselor  <b>E-mail:</b> <a href="mailto:sydney@wholebrainsolutionswv.com">sydney@wholebrainsolutionswv.com</a></p> <p><b>Brittany Hutchinson</b>  Provisionally Licensed Counselor</p>	<p><b>Description of Services:</b> Trauma and neuroscience informed psychotherapy services, including a diverse and eclectic approach to client issues and concerns. Specializing in play therapy, creative expression therapy, EMDR, talk therapy, trauma-informed yoga and reiki, Whole Brain Solution offers an array of therapeutic services to help clients of various ages deal with trauma, mood disorders, substance use, addiction, anxiety, depression, or behavioral issues.  <b>Targeted Population:</b> Children and adolescents 5-18 years, parents of adolescents, young adults  <b>Insurance:</b> Accepts PEIA, Aetna, The Health plan, Blue Cross Blue Shield, Highmark, Tricare, or cash pay. Sliding scale available.</p>

# Community Mental Health Services/Resources for Students

<p><b>Email:</b> <a href="mailto:Brittany.hutchinson@wholebrainsolutionswv.com">Brittany.hutchinson@wholebrainsolutionswv.com</a></p> <p><b>Website:</b> <a href="http://www.wholebrainsolutionswv.com">www.wholebrainsolutionswv.com</a></p> <p><b>Hours of Operation:</b> 9am-7pm (Monday-Friday)</p>	<p><b>Comments:</b> Telehealth counseling is available. Initial consults via telehealth services</p>
<p><b>WM Counseling</b> 50 Clay Street, Suite 3 Morgantown, WV 26501</p> <p><b>Esther Ervin, LPC</b> <b>Ashleigh Mills, LPC</b> <b>Leesa Jackson, LPC</b> <b>Amy Dale, Provisionally Licensed Counselor</b></p> <p><b>Phone:</b> 304-381-4831 <b>Email:</b> <a href="mailto:office@counselingwm.com">office@counselingwm.com</a> <b>Website:</b> <a href="http://www.wmcounseling.net">www.wmcounseling.net</a></p>	<p><b>Description of Services:</b> Therapeutic approaches include humanistic, reality, psychodynamic, CBT; *Specific training in current trauma models of Trauma-Focused CBT, and CPT. Telehealth counseling is available.</p> <p><b>Targeted Populations:</b> Elementary age and up, trauma, LGBTQ issues, change of life stressors, depression and anxiety</p> <p><b>Insurance:</b> Accepts PEIA, Cigna, Blue Cross Blue Shield, The Health Plan, UMR, UHC, Optum Network, Aetna, Beacon, Value Options, Benefits Assistance, Tricare, Compsych, out of network* (*depends on carrier benefit; also offers private pay and sliding scale options)</p>
<p><b>WV Autism Training Center</b></p> <p><b>Dr. Marc Ellison, Executive Director</b></p> <p>Old Main 316 1 John Marshall Drive Huntington, West Virginia 25755</p> <p><b>Phone:</b> 304-696-2332</p> <p><b>Website:</b> <a href="http://www.marshall.edu/atc">www.marshall.edu/atc</a></p>	<p><b>Description of Services:</b> Provides training, information and support to West Virginians with autism, their families, educators, and other persons. The mission of the Autism Training Center is to support individuals with ASD as they pursue a life of quality. This is done through appropriate education, training and support for professional personnel, family members or guardians, and others important in the life of the person with autism. Training shall be provided by highly skilled and appropriately experienced staff. Services also include School-Wide Positive Behavior Support and Early Childhood Positive Behavior support programs, and the first support program for college students with ASD in the nation.</p>
<p><b>WV Family Grief Center</b></p> <p>Morgantown Church of Christ 361 Scott Avenue Morgantown, WV 26508</p> <p>Mailing Address: 364 Patterson Drive # 309 Morgantown, WV 26505</p> <p><b>Telephone:</b> 304-282-4935 <b>Email:</b> <a href="mailto:wecare@wvfgc.org">wecare@wvfgc.org</a></p>	<p><b>Description of Services:</b> Our goal is to provide a safe place with safe people for children, teens, and their families to: know they are not alone in their grief; share their feelings, memories, and experiences in an atmosphere of non-judgmental acceptance; see that what they are going through is normal; know that hope and healing are possible. <i>Families Coping with Change Program</i> provides information to assist children, families, and caregivers who are dealing with a life-threatening illness and possible death of a loved one.</p>
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<p><b>Website:</b> <a href="https://www.wvfgc.com/">https://www.wvfgc.com/</a></p>	<p><i>Bereavement Peer Support Groups</i> offers group sessions for children, teens, and their caregiver every Thursday 6:00-7:30.</p>
<p><b>WV System of Care (Region One) WVDHHR-Bureau for Children &amp; Families</b></p> <p><b>Regional Clinical Coordinator: Danielle Hinderman, MSW</b></p> <p>Wellspring Family Services 2606 National Road Wheeling, WV 26003 <b>Email:</b> <a href="mailto:dhinerman@crittentonwv.org">dhinerman@crittentonwv.org</a> <b>Phone:</b> 304-222-5956 (preferred) or 304-242-7060</p> <p>*Connected with Wellspring Family Services</p>	<p><b>Description of Services:</b> Provides spectrum of community-based services and supports for children/youth and their families with, or at risk of, out of home care. The services provided are organized into a coordinated network, build meaningful partnerships with youth and families, and address cultural and linguistic needs in order to help individuals function better at home, school, in the community, and throughout life. The strengths and needs of the child and family determine the type and mix of services and supports.</p>
<p><b>WV Therapy &amp; Wellness Center</b></p> <p>235 High Street Suite 720 Morgantown, WV 26505</p> <p><b>Phone:</b> 304-413-0426 <b>Website:</b> <a href="http://wvtherapycenter.org">wvtherapycenter.org</a></p>	<p><b>Description of Services:</b> Specializes in trauma counseling. Provides services for addictions/co-occurring disorders, anxiety/mood disorders, PTSD, trauma/abuse, adolescent/family counseling, relationship/couples counseling (BiGLT safe) Specialize in offering therapeutic services for those who have been adversely affected by trauma and, or addiction. All therapeutic services offered are designed to necessitate the growth, change and healing process.</p> <p><b>Target Population:</b> Children and adults. <b>Insurance:</b> PEIA, Blue Cross Blue Shield, Unicare</p>
<p><b>WVU Medicine Children’s Behavioral Medicine and Psychiatry</b> (part of Chestnut Ridge Outpatient Services)</p> <p><b>Lauren Swager, MD</b></p> <p>930 Chestnut Ridge Rd. Morgantown, WV 26506 <b>Phone:</b> 304-598-4214</p> <p>*Provides an array of services and specialty clinics. <i>See below!</i></p>	<p><b>Description of Services:</b> Our psychologists, psychiatrists, therapists, neuropsychologists, and case workers treat all mental health disorders in kids. These include, but are not limited to: anxiety, behavior disorders, conduct disorder, conversion disorder, depression, dissociative disorder, eating disorders, mood disorders, oppositional defiant disorder, PTSD, psychosis, self-harm, suicidality. A variety of outpatient specialty clinics focused on the unique needs of children and adolescents. Services include individual, family, and group counseling.</p> <p><b>Insurance:</b> Take all insurance except other state’s Medicaid.</p>

# Community Mental Health Services/Resources for Students

<p><b>Eating Disorder Interdisciplinary Treatment (EDIT Clinic)</b></p> <p><b>WVU Medicine Children’s Behavioral Medicine and Psychiatry</b></p>	<p><b>Description of Services:</b> We help children and adolescents dealing with eating disorders. Our team includes psychiatrists, dietitians, pediatricians, and therapists specializing in adolescent medicine. We use cognitive behavior therapy and family counseling throughout the recovery process.</p>
<p><b>Parent-Child Interaction Therapy Clinic (PCIT)</b></p> <p><b>WVU Medicine Children’s Behavioral Medicine and Psychiatry</b></p>	<p><b>Description of Services:</b> Parent-Child Interaction Therapy (PCIT) works with families who have children exhibiting behavioral challenges. The program guides parents and children to assist in navigating issues, like noncompliance, aggressive behaviors, tantrums, and oppositional behaviors.</p> <p><b>Targeted Population:</b> Children ages of 2-7 along with their families.</p>
<p><b>Pediatric Referral for Evaluation of the Essential Needs of Teens (PREVENT Clinic)</b></p> <p><b>WVU Medicine Children’s Behavioral Medicine and Psychiatry</b></p>	<p><b>Description of Services:</b> A multidisciplinary clinic designed to provide comprehensive and evidence-based assessment and treatment of adolescents with substance use problems. Services include substance use and behavioral risk assessments/screening, comprehensive psychiatric evaluations, individual and family therapy, medication-supported recovery for tobacco, alcohol, and opiate dependence if indicated, drug testing, psychopharmacology for other mental health conditions, parent guidance and supportive therapy, consultation with pediatricians and communicate services</p> <p><b>Targeted Population:</b> For teens who have just begun using substances or have had one episode of concerning behavior, to those struggling with more advanced levels of addiction.</p>
<p><b>WVU Medicine Children’s Neurodevelopmental Center (NDC)</b></p> <p>201 Baker’s Ridge Road Morgantown, WV 26508</p> <p><b>Clinic Number:</b> (304) 598-4300 <b>Fax:</b> 304-598-4677</p>	<p><b>Description of Services:</b> Diagnostic and treatment center with a multidisciplinary team approach, which specializes in neurodevelopmental disabilities including Autism Spectrum Disorder, brain injury, developmental delay, cerebral palsy, early childhood learning difficulties, intellectual disability, metabolic and genetic conditions, neuromuscular disorders, sensory processing difficulties, Tourette Syndrome and more. Outpatient services include physical therapy, occupational therapy, speech therapy, and intensive applied behavior analysis (ABA)</p> <p><b>Insurance:</b> Accepts medical card and most insurances</p>

## Tutor Resources

Below is a list of individuals who have expressed an interest in tutoring students or adults. Although this list is being made available to you through psychological services and the parent education resource center, any employment and employee arrangements are separate and independent from Monongalia County Schools. As a result, all arrangements, including fees, locations, and times of services, are determined by parents/guardians/adult students with the provider chosen. Monongalia County Schools makes no assurances or assumes any liabilities that might occur through these separate or independent arrangements.

Name and Contact Information:	Certifications	Areas of Interest
Brittany Adams Phone: 304-224-8231 Email: <a href="mailto:brittany.adams@k12.wv.us">brittany.adams@k12.wv.us</a>	MED K-12, Reading K-Adult	Elementary Reading, Math, Writing
Kelly Allen Phone: 304-588-5422 Email: <a href="mailto:k.allen@k12.wv.us">k.allen@k12.wv.us</a>	Math and Business 7-12	Math
Christina P. Baran Phone: 304-282-5554 Phone: 304-777-3575 Email: <a href="mailto:cpabaran@hotmail.com">cpabaran@hotmail.com</a>	Music Education K-12	Language Arts (English literature, writing, etc.) 1 <sup>st</sup> year foreign language, and any art-related field. Also, piano and clarinet lessons.
Lisa Barnes Phone: 304-288-7379 Email: <a href="mailto:lbarnes@k12.wv.us">lbarnes@k12.wv.us</a>	Multi-Subject K-8	All Subjects: Particularly Math Specialize/Interest-3-5
Cheryl Deaner Phone: 304-376-9756 Email: <a href="mailto:cdeaner@k12.wv.us">cdeaner@k12.wv.us</a>	Elementary Ed. K-8	K-8 all subjects
Dr. Lisa Ellison Phone: 304-435-8886 Email: <a href="mailto:startzover2@yahoo.com">startzover2@yahoo.com</a> Or <a href="mailto:Dr.LisaEllison@outlook.com">Dr.LisaEllison@outlook.com</a>	Self-Employed Appleseed Tutoring	English, Essays, Science, Social Sciences, Etc. Grades Elementary-12 Art/Painting Parties Willing to do tutoring virtually as well
Gretchen Gibson Phone: 304-906-6050 Email: <a href="mailto:ggibson@k12.wv.us">ggibson@k12.wv.us</a>	Nationally Board Certified in Mathematics 5-12 AP Calculus AB ACT/SAT Prep Multi-Subject K-6	All Math courses Grades 9-12 ACT/SAT prep for Mathematics College Calculus I and/or Calculus AB

Diane C. Griffin-Donley Phone: 304-694-7005, 304-319-3321 Email: <a href="mailto:dianegdonley@hotmail.com">dianegdonley@hotmail.com</a>	Grades K-8 Reading/Language Arts Mathematics	Grades K-8 Math, Science, Reading Special Education: Reading, Language Arts, Math
Jennifer Hatton Phone: 304-288-1954 Email: <a href="mailto:jennifer.hatton@k12.wv.us">jennifer.hatton@k12.wv.us</a>	Math 5-9, Early Childhood (Pre-K-K), Preschool Special Needs, Elementary Ed.	Math 5-9 Early Childhood Pre-K, K Elementary
Valarie Huffman Phone: 304-319-2267 Email: <a href="mailto:valarie.huffman@k12.wv.us">valarie.huffman@k12.wv.us</a>	Music	Music, Band, Chorus K-12
Darlene Kelchak Phone: 304-276-0632 Email: <a href="mailto:darwvu@yahoo.com">darwvu@yahoo.com</a>	Math 7-12	Math 6-12
Susan Love Phone: 304-771-4192 Email: <a href="mailto:sprunty@k12.wv.us">sprunty@k12.wv.us</a>	Elementary K-6, Math 5-9, Reading/Reading Specialist K-Adult	Elementary Any Subject, Math 5-9
Katherine Luther Phone: 954-554-4171 Email: <a href="mailto:katherine.luther@k12.wv.us">katherine.luther@k12.wv.us</a>	Elementary PreK-K, Elementary K-6	PK-8 <sup>th</sup> grade
Dan Martinelli Phone: 304-376-5222 Email: <a href="mailto:dmartine@k12.wv.us">dmartine@k12.wv.us</a>	English, Health, Physical Education, and Drivers Education	English, Health, Physical Education, Drivers Education, Basic Math
Elizabeth Miltenberger Phone: 304-282-9098 Email: <a href="mailto:miltenbergere@gmail.com">miltenbergere@gmail.com</a>	Masters K-6 Special Education- Multi-categorical	Elementary-All subjects Middle/High-Math
Sydney Norton Phone: 724-782-0163 Cell: 724-809-4514 Email: <a href="mailto:snorton@k12.wv.us">snorton@k12.wv.us</a>	Spanish 7-12 (adult/secondary)	Spanish I, Spanish II, Spanish III, Introduction to Spanish Grades 7-12
Ross Robinson Phone: 304-678-7361 Email: <a href="mailto:rrobinson@k12.wv.us">rrobinson@k12.wv.us</a>	Social Studies 5-Adult, Physical Education K-12, Special Education Multi- categorical 5-Adult, Autism 5-Adult	Social Studies, Math, Science, English/Language Arts Grades 5-12
Emily Rousseau Phone: 304-288-8443 Email: <a href="mailto:emily.rousseau@k12.wv.us">emily.rousseau@k12.wv.us</a>	Elementary K-6 Math 5-9	Math Grades 4-8
Jennifer Secreto Phone: 304-282-5724 Email: <a href="mailto:jsecreto@k12.wv.us">jsecreto@k12.wv.us</a>	English, Language Arts 7-12	English/History Grades 1-12 Also tutor students for ACT/SAT English section
Sherry Skotnicki Phone: 304-685-6355 Email: <a href="mailto:sskotnic@k12.wv.us">sskotnic@k12.wv.us</a>	K-6 Multi-subject Masters-Early Childhood	K-3 All areas
Bailey Tucker Phone: 724-505-1698 Email: <a href="mailto:bailey.tucker@k12.wv.us">bailey.tucker@k12.wv.us</a>	Secondary Social Studies Special Education Multi- categorical	Social Studies and Reading 5-12



Stephen Wilson Phone: 304-640-7011 Email: <a href="mailto:stephen.wilson@k12.wv.us">stephen.wilson@k12.wv.us</a>	English 5-Adult	English Grades 5-Adult
Pamela Wright Phone: 724-324-2954 Cell: 724-8333619 Email: <a href="mailto:jrpswright@yahoo.com">jrpswright@yahoo.com</a>	BA: Elementary Education MA: Reading Administrative certification	Grades K-5: Reading, Writing, Language Arts
Stephanie Yuhasz Phone: 304-638-1991 Email: <a href="mailto:stephanie.yuhasz@k12.wv.us">stephanie.yuhasz@k12.wv.us</a>	English 5-Adult Multi Categorical K-Adult	English Grades 5-12

**Psychological Evaluations**

Levin and Associates  
170 Thompson Drive  
Bridgeport, WV 26330  
304-842-6609

Hamner Psychological Services  
17 West Main Street  
Bridgeport, WV 26330  
304-842-7007

Morgan Psychological Services  
102 East Main Street  
Buckhannon, WV 26201  
304-472-7778

Natalie Feola  
24 Meade Street  
Buckhannon, WV 26201  
304-472-5169 (home)

United Summit Center  
6 Hospital Plaza  
Clarksburg, WV 26301  
304-623-5661

Ron Pearse  
1314 Locust Avenue  
Fairmont, WV 26554  
304-367-0232

Frank Roman  
29 Hollen Circle  
Fairmont, WV 26554  
304-366-5119

Amy Strange  
107 South Streetcar Way  
Lost Creek, WV 26385  
304-745-5065

Phoenix Psychological Association  
RR 2 Box 233B  
Mt. Clare, WV 26408  
304-622-6404

Crystal Smithson  
[csmithson@k12.wv.us](mailto:csmithson@k12.wv.us)  
304-613-9876

Fremouw Psychological Associations  
1224 Pineview Drive B  
Morgantown, WV 26505  
304-598-2300

Quin Curtis Center  
Life Sciences Building Suite 1232  
53 Campus Drive  
Morgantown, WV 26505  
304-293-2001 ext. 21671

Morgantown Pastoral Counseling  
1062 Maple Drive #1  
Morgantown, WV 26505  
304-599-5751

Klingberg Center  
P.O. Box 9124  
1 Medical Center Drive #4511  
Morgantown, WV 26506  
1-800-842-3627 | 304-293-7331

Kennedy Chanin  
3041 University Avenue  
Morgantown, WV 26505  
304-598-0809

Kathleen Kahn  
2567 University Avenue  
Morgantown, WV 26505  
304-284-8880

Wedgewood Psychiatry Associates  
613 Burroughs Street  
Morgantown, WV 26505  
304-599-1975 (Morgantown)  
304-292-7316 (Westover)

Family & Marital Counseling Center  
5 Brown Avenue  
Weston, WV 26452  
304-269-3923

Cardinal Pediatrics  
(Cheat Lake / Suncrest / Bridgeport)  
304-599-8000



**Neuropsychological Evaluations**

Chestnut Ridge Center  
930 Chestnut Ridge Road  
Morgantown, WV  
304-598-4214

Neuropsychology Group of WV  
9000 Coombs Farm Drive, Suite 202  
Morgantown, WV 26508  
304-554-0504

**Behavioral Evaluations**

Wellspring Family Services  
165 Scott Avenue, Suite 208  
Morgantown, WV 26505  
304-292-1716

Ronald Pearse, Ed. D  
1314 Locust Avenue  
Fairmont, WV 26554  
304-367-0232

Dr. Frank Angotti, MD  
177 Middletown Road, Suite 4  
White Hall, WV 26554  
304-367-9191

Beth Stafford, MS, MA, LLC  
4 West Park Avenue  
Morgantown, WV 26501  
304-806-6182

Bridget Skidmore, MD  
930 Chestnut Ridge Road  
Morgantown WV 26505  
304-598-4214

April Starsick, LICSW  
101 Fairmont Avenue, Suite 203  
Fairmont, WV 26554  
304-586-6218

Lauren Swager, MD  
P.O. Box 9137  
Morgantown, WV 26506  
304-293-5323

**Speech Evaluations**

Therapy Services  
6000 Hampton Center, Suite B  
Morgantown, WV 26505  
304-599-2600

Best Life Therapy  
141 State Street  
Bridgeport, WV 26301  
304-933-3073

Therapy Services  
37 Grande Meadows, Suite 102  
Bridgeport, WV 26330  
304-592-2009

### Audiology Evaluations

United Hospital Center  
327 Medical Park Drive  
Bridgeport, WV 26330  
681-342-3570

Cheryl Bifano  
RESA 7 Audiologist  
1201 North 15<sup>th</sup> Street  
Clarksburg, WV 26301  
304-624-5223

Morgantown ENT Clinic  
188 Pineview Drive  
Morgantown, WV 26505  
304-599-3959

Clarksburg ENT Associates  
125 North 6<sup>th</sup> Street  
Clarksburg, WV 26301  
304-623-6533

Fairmont ENT  
1712 Locust Avenue  
Fairmont, WV 26554  
304-366-6157

Allen Hall Speech and Hearing Clinic  
805 Allen Hall  
Morgantown, WV 26506  
304-293-4241

### Occupational Therapy Evaluations

Cortney Corder  
Fairmont Rehabilitation Center  
51 Southland Drive, Suite 2300  
Whitehall, WV 26554  
304-363-3167

Therapy Services  
1052 Maple Drive  
Morgantown, WV 26505  
304-599-2600  
304-592-2009 (Bridgeport)

Ashley Griffin  
[aarthurst@gmail.com](mailto:aarthurst@gmail.com)  
304-276-1647

WV Therapy Services LLC  
415 Benedum Drive  
Bridgeport, WV 26330  
304-842-9887

Best Life Therapy  
351 East Main Street  
Bridgeport, WV  
304-933-3073

Playworks Child Development Center  
483 Dents Run Road  
Morgantown, WV 26501  
304-225-7529

### Physical Therapy Evaluations

Therapy Services  
6000 Hampton Center, Suite B  
Morgantown, WV 26505  
304-599-2600  
304-592-2009 (Brideport)

Best Life Therapy  
141 State Street  
Bridgeport, WV 26301  
304-933-3073

Lara Hartzell  
304-677-8593

Playworks Child Development Center  
483 Dents Run Road  
Morgantown, WV 26501  
304-225-7529

## **ADDENDUM**

- **New 504 Forms**

## 504 Distance Learning Plan (DLP)

Student's Name:	Date:
School:	Date of Birth:
Parent/Guardian:	Grade
Address:	WVEIS:
City/State/Zip	Telephone:
Parent Email:	School Contact Email:

<ul style="list-style-type: none"> <li>○ Parent reviewed/participated in making needed adjustments to student's current 504 Plan.</li> <li>○ Parent reviewed/participated in development of alternative methods for plan.</li> <li>○ Parent reviewed/participated in how delivery of plan would be documented.</li> </ul>
<p>Plan is being adjusted as followed to meet distance learning needs.</p>          
<p>Alternative methods for delivery and plan implementations:</p>          
<p>How will adjustments to accommodation plan be documented:</p>          

Participants:

Administrator:	504 Coordinator:
Parent/Guardian:	Adult Student:
Teacher	Other:



## 504 Reminder Checklist

Student's Name: \_\_\_\_\_

	Who needs to be invited (counselor, psychologist, nurse, interpreter, or others)
	Is an expenditure anticipated for special equipment/ materials? If so, contact 504 Coordinator for Deputy Superintendent authorization prior to meeting.
	Does Vocational Rehabilitation need to be invited?
	Have there been schedule changes since last plan?
	Date set and invitations sent
	Is teacher coverage needed?
	Conduct EC meeting if initial or triennial is due
	Developed accommodation plan
	Are any materials or special equipment needed?
	Will staff or student need any training as part of plan?
	Is health plan needed?
	What testing accommodations are needed?
	Are releases of confidential information needed?
	Is prior written notice or Memo of Conference needed?
	Parent copies provided
	Plan disseminated to involved staff
	Student is tagged
	Plan forwarded to BOE

