

**Administrative Procedures for Policy #3215 (Students) Regarding
Student Behavior Interventions**

I. Guidelines

Positive Behavior Interventions, Strategies, and Supports:

School-wide and individual application of data-driven, trauma-informed actions, instruction, and assistance to promote positive social and emotional growth while preventing or reducing challenging behaviors.

A. School-Wide Positive Behavior Interventions and Supports (PBIS)

1. Calvert County Public Schools (CCPS) supports and implements the PBIS framework as part of Tier 1 Inclusive and Equitable Learning Environments.
2. Each school will have a PBIS team, which will include one administrator that will meet monthly and will develop school-wide expectations for learning and behavior.
3. The PBIS teams will review discipline data monthly to assist with implementing schoolwide expectations and behaviors and to use Tier 1, 2 and 3 interventions to intercede with concerning behaviors. Data will also be used to assess equity outcomes, looking at those who are repeatedly referred for behavioral concerns.
4. A positive reinforcement system (positive reinforcements may be tangible or intangible) will be utilized to encourage expected behaviors
5. School-based PBIS teams review the school-wide PBIS action plan monthly, and make changes to the plan at least annually, based on collected data.
6. School-based PBIS teams have additional support in the form of a PBIS Coach.
7. A walkthrough will occur annually to make sure that each school is following a Tiered Fidelity Inventory. This inventory assures that the schoolwide behavioral expectations are known by staff and students and followed by staff.
8. Calvert County Public Schools will provide training opportunities for all schools in the area of PBIS. These trainings are provided quarterly at coach's meetings and annually during the summer.

B. Proactive Supports and Training

1. Calvert County Public Schools provides Crisis Prevention Institute (CPI), training to address the recognition of escalating behavior, crisis de-escalation, physical intervention, and the importance of debriefing after a crisis event for Nonviolent Physical Crisis Intervention.

2. Calvert County Public Schools provides training in Life Space Crisis Intervention (LSCI) to provide staff with strategies to address conflict, using crisis as an opportunity to teach and create positive relationships with students.
3. Calvert County Public Schools provides training in Ukeru to focus on care and comfort versus control when intervening with students that present with escalating and physically aggressive behaviors.
4. Calvert County Public Schools provides access to training to school teams in the Collaborative and Proactive Solutions (CPS) model to support staff in building relationships with students in order to understand behavior and to overcome challenging behavior.
5. Calvert County Public Schools provides training to school administrators, teachers, and staff on the use of restorative practices in an effort to support students in solving conflicts in productive manners.

II. Classroom PBIS

- A. School PBIS teams work with classroom teachers to align the school wide PBIS framework to classroom expectations and response to behavior
- B. Teachers align classroom expectations to schoolwide expectations and utilize a positive reward system to reinforce expected behaviors. Teachers enlist student support in setting classroom expectations. Students are taught what the expectations look like in the various school settings.

III. Individual Student PBIS

- A. School PBIS teams use school-wide behavior data to develop a PBIS pyramid that identifies Tier 1, Tier 2, Tier 3 levels of supports for students. Students that require the supports offered in the Tier 3 are those students identified with the most significant behavior concerns.
 1. Tier 1 interventions are universal interventions for all students. This encompasses core academic and behavior curriculum for schools. These are general programs or interventions that are put in place school-wide and should be proactive and preventative.

(Examples of Tier 1 Inclusive and Equitable Learning Environment interventions include but are not limited to School-wide PBIS expectations and lessons, School-wide implementation of Second Step or Character Strong, restorative practices, etc.)
 2. Tier 2 interventions are targeted instruction/interventions and supplemental supports for a selected group of students based on data and a need for a more intensive intervention. Tier 2 is in addition to receiving the core academic and behavior curriculum. All interventions should have data collection associated with them. There should be specific entry criteria, baseline data collection, data collection during the intervention to monitor progress, and specific exit criteria. Tier 2 interventions are interventions that teach behavior skills and offer replacement behaviors and are meant to be implemented for a specified period of time, to fidelity, with students entering

and exiting throughout the year so that other students can also receive the supports. Tier 2 interventions should be highly efficient and rapid response. The goal is for students to make progress and be able to work their way out of the intervention.

(Examples of Tier 2 interventions: Check In/Check Out, anger management counseling group for specific students, etc.)

3. Tier 3 interventions are intensive, specialized, and individualized interventions and supports for the most intense instruction. It is based upon individual student's needs and provided in addition to the Tier 1 & Tier 2 academic and behavior instruction and supports. More intense data collection and progress monitoring should be a part of Tier 3 interventions.

(Examples of Tier 3 interventions: FBA/BIP, individualized counseling, crisis intervention, etc.)

- B. Students who do not respond to Tier 2 supports may continue through the tier continuum and the behavior team protocol should be implemented. Students may require a referral to the school's Student Services Team, IEP Team and/or a request for a Functional Behavioral Assessment and, if necessary, a Behavior Intervention Plan.
- C. School PBIS teams target students with the most significant behavior problems and provide them with the intensive positive behavior interventions offered in Tier 3 of support.

IV. Proactive Strategies and Interventions:

- A. The strategies below are representative of, but not limited to, proactive strategies to be employed with students who are demonstrating disruptive or chronic behaviors. Building teams are encouraged to participate in the district behavior teams 30-minute monthly trainings to increase teacher capacity at the school level. Teams may also request specialized training based upon current needs.
 1. Implement the student's behavior intervention plan to fidelity.
 2. Take the time to build a positive working relationship with the student.
 3. Provide structures for check in/check out daily with a trusted adult
 4. Provide individualized, positive reinforcement based on the student's interests, needs and wants.
 5. Provide an individualized daily schedule, altering between preferred and non-preferred activities.
 6. Consider the student's past experiences, identify student's triggers and provide accommodations and modifications to daily schedule, expectations, and tasks to accommodate student's emotions.
 7. Consider whether the staff working with the student should receive training in different models such as CPS and LSCI.

V. Reactive Behavior Strategies and Interventions

- A. Strategies to be used for Emergency Situations Involving an Acting-Out Student:
 1. Implement the student's behavior intervention plan to fidelity.

2. Apply de-escalation strategies
 3. Clear the classroom to a pre-determined designated area
 4. Teacher and one Instructional Assistant remain in room and who maintain a calm voice and non-threatening posture.
 5. CPI block and move or Ukeru blocking techniques – keeping self and student safe – move furniture if necessary
 6. Continue observation of student to read signs of distress, calming, assess the function of the behavior
 7. Reduce verbal directions if student is still escalated
 8. Suggest calming room if appropriate and effective for student for a non-seclusionary time out
 9. Attempt to distract with preferred activity – back-off if student doesn't engage
 10. Get back to instruction as soon as possible
 11. Use restorative practices as appropriate
- B. Seclusion: The involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving. Seclusion does not include a timeout, which is a behavior management technique that is part of an approved program that involves the monitored separation of the student in a non-locked setting and is implemented for the purpose of calming. Seclusion is not exclusion. **Seclusion is prohibited in Maryland and in Calvert County Public Schools.**
- C. Exclusion: The removal of a student to a supervised area for a limited period of time during which the student has an opportunity to regain self-control and is not receiving instruction, including special education, related services, or support.
- D. Physical Restraint: A personal restriction that immobilizes or reduces the ability of a student to move the student's torso, arms, legs, or head freely. Physical restraint does not include (1) briefly holding a student to calm or comfort the student; (2) a physical escort, which is the temporary touching or holding of the hand, wrist, arm, shoulder or back for the purposes of inducing a student who is acting out to walk to a safe location; (3) moving a disruptive student who is unwilling to leave the area if other methods such as counseling have not been successful; or intervening in a fight in accordance with Education Article 7-307, Annotated Code of Maryland.
- E. Trauma-Informed Intervention: An approach that is informed by the recognition of the impact that trauma, including violence, abuse, neglect, disaster, terrorism, and war may have on a student's physical and emotional health and ability to function effectively in an educational setting.
- F. Emergency Situation: Arises when physical restraint is necessary to protect a student or other person from imminent, serious, physical harm after less intrusive, nonphysical interventions have failed or been determined inappropriate.
- G. Imminent, Serious, Physical Harm: Has the same meaning as serious bodily injury which involves:

1. A substantial risk of death;
2. Extreme physical pain;
3. Protracted and obvious disfigurement; or
4. Protracted loss or impairment of the function of a bodily member, organ, or mental faculty.

H. Physical Escort: The temporary touching or holding of the hand, wrist, arm, shoulder, or back for purposes of inducing a student who is acting out to walk to a safe location. By definition, a physical escort is NOT a prolonged action and does not restrict the student's ability to move freely. It is a limited attempt to redirect the student that still allows the student to move from one place to another.

I. Mechanical Restraint: Any device or material attached or adjacent to the student's body that restricts freedom of movement or normal access to any portion of the student's body and that the student cannot easily remove.

VI. Considerations for a Student Presenting with Chronic Behavior Problems:

- A. Provide school personnel with proactive academic and behavior classroom strategies to address negative behaviors.
- B. Contact and consult with Calvert County Public Schools staff trained in best practices for behavior intervention (i.e., Behavior Specialist, School Psychologist, Behavior Analyst, Autism Specialist, School Social Worker, or others that may apply).
- C. Refer the student to the school's Student Services Team (SST)/IEP Team.
 1. If warranted collect and review data and develop a Student Support Plan (SSP).
 2. Conduct a Functional Behavioral Assessment (FBA) to determine functions of observed behaviors.
 3. If warranted, develop and implement a Behavior Intervention Plan (BIP) to provide interventions based on determined functions of behavior.
 4. If a BIP is present, meet to review, revise and continuously monitor the BIP.
 5. If it is determined that the chronic behavior is negatively impacting the student's academic progress, refer the student to the IEP Team.
 6. If you suspect that the chronic behavior, with consistent intervention and instruction could improve, consider requesting a temporary alternative placement.

VII. Use of Exclusion and Restraint

A. Use of Exclusion:

1. School personnel may use exclusion when;
 - a. A student's behavior unreasonably interferes with the student's learning or the learning of others;
 - b. A student's behavior constitutes an emergency and exclusion is necessary to protect a student or other person from imminent, serious,

- physical harm after other less intrusive interventions have been tried and failed;
- c. Exclusion is requested by the student; or
 - d. If supported by the student's BIP.
2. When exclusion is used, school personnel shall:
 - a. Assign the student to a setting in which school personnel can be in the room with the student at all times, providing redirection and de-escalation responses.
 - b. Ensure the setting is unlocked and free of barriers, and provides adequate lighting, ventilation, and furnishings.
 - c. Provide a student placed in exclusion with an explanation of the behavior that resulted in the removal and instructions on the behavior required to return to the learning environment;
 - d. Allow students who use a communication device, access to the device while they are in exclusion;
 - e. Debrief with the student.
 3. Each time exclusion is used, parents must be provided oral or written notification within 24 hours, unless otherwise provided for in a student's IEP and/or BIP.
 4. If exclusion is used, the student's parents may request a meeting to address the use of exclusion, to conduct a FBA, or develop, review or revise the student's BIP.
 5. To address the use of exclusion, school personnel may request a meeting to consider,
 - a. Conducting a FBA, and developing, reviewing or revising the student's BIP.
 - b. Submitting a referral to the Student Service Team (SST) if the nondisabled student has experienced excessive exclusion and if appropriate, refer to 504 or IEP team.
 - c. Referring a student who currently has an IEP to the IEP Team to determine if the IEP is appropriate.
 6. The exclusion event:
 - a. Shall be appropriate to the student's developmental level and severity of the behavior;
 - b. May not restrict the student's ability to communicate distress; and
 - c. May not exceed 30 minutes
 7. If numerous periods of exclusion occur and a cumulative total of 10 school days is reached during a school year, the procedural requirements governing the disciplinary removal of students with disabilities will apply.

8. If patterns (same time of day, same group of peers, same class, etc.) of exclusion are identified, refer to SST or IEP, as appropriate.
- B. Use of Seclusion: The use of seclusion is now prohibited in all Calvert County Public Schools and all public schools in the State of Maryland. Any usage of seclusion should be reported immediately to the onsite Administrator and the Chief Academic Officer who will direct the school-based intervention team to meet within 48 hours to develop a corrective action plan. Parents must be notified within 24 hours if seclusion is used.
 - C. Use of Physical Restraint:
 1. Physical Restraint:
 - a. Is prohibited in Calvert County Public Schools until there is an emergency situation and as a measure of last resort and physical restraint is necessary to protect a student or other person from imminent, serious, physical harm after other less intrusive, nonphysical interventions have failed or been determined inappropriate.
 - b. Should only be used by trained personnel
 - c. Is allowed in limited circumstances; it is a crisis-oriented response that should not be used in lieu of less intrusive, nonphysical interventions.
 - d. Should never be used for discipline, staff convenience or as a therapeutic intervention.
 - e. May not be used except to protect a student or other person from imminent, serious, physical harm.
 2. "Requires parental consent through the IEP or BIP (for non-disabled students), unless there is an emergency situation and physical restraint is necessary to protect a student or other person from imminent, serious, physical harm. If parental permission is added to the student's IEP or BIP, physical restraint may still only be used to address the student's behavior in an emergency situation to protect a student or other person from imminent, serious, physical harm."
 - a. If the parent does not provide written consent, the IEP team must send the parent written notice within 5 business days of the IEP team meeting that states:
 - b. The parent has the right to either consent to or refuse to consent to the use of physical restraint; and
 - c. If the parent does not provide written consent or a written refusal within 15 business days of the IEP team meeting, the IEP team may implement the proposed use of physical restraint. If the parent provides a written refusal, the IEP team may use the dispute resolution options listed in Education Article §8-413, Annotated Code of Maryland, to resolve the matter.
 3. Physical restraint may be used if there is an emergency situation and physical restraint is necessary to protect a student or other person from imminent, serious, physical harm after other less intrusive, nonphysical interventions

have failed or been determined inappropriate. This is the case regardless of whether the parent has provided written consent or a written refusal to include physical restraint on a student's BIP and/or IEP.

4. Each time physical restraint is used, parents must be provided oral or written notification within 24 hours, unless otherwise provided for in a student's IEP and/or BIP.
 5. If physical restraint is used, a therapeutic follow up with the student will occur. A psychologist, social worker and/or school counselor will meet with the student to debrief with the student and determine if any follow up care is necessary.
 6. When applying physical restraint, school personnel shall:
 - a. Use reasonable force as is necessary to protect a student or other person from imminent, serious, physical harm.
 - b. Provide a student placed in physical restraint with an explanation of the behavior that resulted in the physical restraint. The explanation should be provided for each restraint.
 - c. Debrief with student
 - d. Debrief and document, using approved CCPS documents, each physical restraint incident.
 7. Physical restraint:
 - a. Shall be removed as soon as the student no longer presents an imminent serious physical harm to self or others
 - b. May not exceed a total of 30 minutes, per incident, consecutive or cumulative
 - c. May not place a student in a face down (prone) position;
 - d. May not place a student in any other position that will obstruct a student's airway or otherwise impair a student's ability to breathe, obstruct a staff member's view of the student's face, restrict a student's ability to communicate distress, or place pressure on a student's head, neck, or torso;
 - e. May not straddle a student's torso.
- D. Mechanical Restraint is prohibited. However, a protective or stabilizing device may be used if it is prescribed by a healthcare professional.
- E. Student Behavior Intervention Team (SBIT)
1. Each school will have a SBIT. The primary responsibility of the SBIT is to deescalate crisis situations through the use of verbal and nonverbal strategies. Physical intervention should only be used as a last resort when the student presents as an imminent, serious, physical harm to self and others and when less restrictive strategies have been, tried, failed, and deemed inappropriate.
 2. SBIT must follow the requirements below:

- a. Include four (4) to twelve (12) school personnel that have volunteered to be members of a school SBIT team which will respond to acting-out students.
 - b. Meet at a minimum of twice a year to review and practice responses to crisis situations. It is preferred that teams meet every two months.
 - c. Ensure a certified CPI Trainer is present at all SBIT meetings.
3. SBIT members must:
- a. Be authorized to perform restraint and are required to engage in the following annual professional development: trauma-informed interventions; functional behavior assessment and behavior intervention planning; seclusion, symptoms of physical distress and positional asphyxia; first aid and cardiopulmonary resuscitation (CPR); and individualized behavior interventions based on student characteristics, including disability, medical history, past trauma and other trainings deemed appropriate by CCPS.
 - b. Be physically capable of performing the interventions that the SBIT training will require. CCPS has chosen Crisis Prevention Institute (CPI) as the approved Physical Intervention/Restraint strategy. This would include the Nonviolent Physical Crisis Intervention holds and techniques included in CPI training.
 - c. Be volunteers. Only staff personnel who are comfortable working with students in distress should be SBIT members.
 - d. Attend all required training and score proficiently on all required tests.
 - e. Maintain appropriate certification for as long as they are a part of the school SBIT. To become CPI/de-escalation certified, SBIT members will attend and complete a 12-hour CPI Full Course. To remain CPI certified, SBIT members will attend a 3 – 4-hour CPI Refresher Course annually.
4. At least one administrator per school will be a member of the SBIT.
5. SBIT members that become pregnant, are injured, or have another medical condition that precludes them from being able to perform SBIT member duties should immediately inform their building administrator.

VIII. Documentation

- A. All documentation of physical restraint incidents will be documented on the approved CCPS Physical Restraint Forms and in our Student Information System.
- B. All documentation related to restraint will be maintained in the student's educational record and available for inspection by the student's parents or legal guardian.
- C. Each time restraint or exclusion is used, parents shall be provided oral and written notification within 24 hours, unless otherwise provided for in a student's behavior intervention plan or IEP.
- D. Each time a student is in physical restraint, the following information will be documented on an approved CCPS Physical Restraint Form:

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1. Other less intrusive interventions that have failed or been determined to be inappropriate;
 2. The precipitating event immediately preceding the behavior that prompted the use of restraint;
 3. The behavior that prompted the use of the restraint;
 4. Documentation that the student was informed of the expectations for release from restraint;
 5. The names of the school personnel who observed the behavior that prompted the use of restraint;
 6. The names and signatures of the staff members implementing and monitoring the use of restraint; and
 7. The restraining event documentation should include:
 - a. The type of restraint used;
 - b. The length of time the student was held in restraint;
 - c. The student's behavior and reaction during the restraint; and
 - d. The name and signature of the administrator informed of the use of restraint.
- E. Each time a student is excluded, it will be documented on the time away from instruction log.

IX. IEP Regulation Information

- A. If restraint is used for a student who has not been identified as a student with a disability, the student shall immediately be referred to the school's SST or IEP team.
- B. If restraint is used for a student with a disability, and the student's IEP or BIP does not include the use of restraint or seclusion, the IEP team shall meet within 10 business days of the incident to consider:
 1. The need for a FBA;
 2. Developing appropriate behavioral interventions
 3. Implementing a BIP
- C. If restraint is used for a student who had been identified with a disability and the IEP and/or BIP does include the use of restraint, the IEP Team should meet to review or revise, as appropriate the student's IEP or BIP. The following shall be considered:
 1. Existing health, physical, psychological, and psychosocial information, including any contraindications to the use of restraint or seclusion based on medical history or past trauma;
 2. Information provided by the parent;
 3. Observations by teachers and related service providers;
 4. The student's current placement; and

5. The frequency and duration of restraints or seclusion events that occurred since the IEP team last met.

X. Monitoring and Compliance

- A. Documentation of the use of exclusion and restraint will be collected by the principal and reviewed by the Office of the Student Services on a quarterly basis.
- B. Upon receipt of a complaint regarding exclusion and restraint practices, the Director of Human Resources and the Director of Student Services will be contacted and, in addition to the investigation that is normally completed, the following steps will be taken:
 1. Ensure that the individuals who engaged in exclusion and restraint are properly trained;
 2. Review all required documentation collected regarding the incident(s);
 3. In cases where restraint practices are in question, the investigators should consult a CCPS CPI Certified Instructor.
- C. School System Responsibility
 1. Provide professional development annually to school personnel on policies and procedures related to exclusion and restraint.
 2. Identify school personnel to serve as school-wide resources to assist in ensuring proper administration of exclusion and restraint.
- D. Professional development will include:
 1. Positive Behavior Interventions, Strategies and Supports including methods for identifying and defusing potentially dangerous behavior;
 2. FBA and BIP development and implementation;
 3. Exclusion;
 4. Restraint and alternatives to restraint (will include successful completion of CPI certification course);
 5. Alternatives to seclusion;
 6. Symptoms of physical distress and positional asphyxia;
 7. Trauma-informed interventions;
 8. First aid and cardiopulmonary resuscitation (CPR);
 9. Individualized behavior interventions based on student characteristics, including disability, medical history, and past trauma.
 10. All training must be evidence-based and conducted by certified or licensed individuals. The training may be provided by multiple providers to meet the professional development requirements. Training can be conducted either face to face or online.

XI. Exceptions

- A. There are no exceptions to these procedures. The Superintendent may adjust these procedures as deemed appropriate.