

Life Skills

2020-2021
Program &
Procedures

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Special Education

Preparing for the First Week of School 2020-2021

- _____ 1. Verify enrollment of all students on your class list.
- _____ 2. Make individual folders or update each student folder with required data. (See attached Campus Folder Checklist)
- _____ 3. Make copies of Modifications/Accommodations, IEP Goals, BIP, AU Supplement and State Assessment pages for general education teachers and get a signed Verification of Receipt of Instructional Modifications. (See Attached Form)
- _____ 4. Baseline testing using any informal assessment tool (Brigance, I-Station, Lexia). This needs to be completed by September 18, 2020. All results need to be maintained in student folder.
- _____ 5. PEIMS change forms and transfer ARD paperwork is due to Campus Facilitator **every Friday**.
- _____ 6. Schedule a meeting with Special Education Facilitator and assessment staff to create a tentative ARD schedule for the 2020-2021 school year.
- _____ 7. Meet with your Data Clerk every day for the first 2 weeks and then weekly to monitor special education enrollment.
- _____ 8. Hold and/or schedule Transfer ARD's for all new special education students.
- _____ 9. Know where all your students are and until a master schedule is complete, follow IEP Schedule of Services.

Printed Name

Campus

Signature

Date

Turn into Special Education Facilitator by September 18, 2020.

Non Negotiable for Life Skills Teachers

- Create an enriched and engaging classroom to meet the cognitive and physical needs of each student.
- Assessment for student each must occur 3 times a year to document regression.
- Community Based Instruction must be documented in the lesson plans and tied to IEPs. The purpose of the CBI is to generalize an IEP goal or objective that has been taught and modeled and now will be practiced in the community.
 - Middle School – 1 time per 9 weeks
 - High School – 2 times per 9 weeks
- In order for a student to participate in a CBI, they must have a CBI goal with objectives.
- Ensure each student has the appropriate instructional, communication, and visual supports needed to help them become independent
- Data Collection for all students is required through News2You.
- No South San ISD staff is authorized to fix, repair or modify any students equipment that has been damaged or working ineffectively.
- All Special Education students **will be included** with their general education grade level peers in all school activities and for school field trips.
- All special education students **will be included** in any special education field trip. You may not require parent participation in order for a child to attend a field trip or other school sponsored activity.
- Class list must be updated in Google Drive. All changes and updates to students must be documented immediately. Notify facilitator of class list changes.
- Student folders must be maintained throughout the school year, using folder checklist.
- Your daily Teacher and Paraprofessionals schedules must be submitted for final approval to the Special Education Facilitator by September 18, 2020. Your schedule must be updated in Google Drive when there is a change immediately.
- ***Do not sit idly by if you are a witness to teachers or other staff utilizing inappropriate strategies to discipline or restrain students but are to immediately report it to a supervisor, the principal or the campus intervention team.***

Non Negotiable for South San Transitional Educational Program

- Create enriched and engaging vocational settings within the classroom to meet the cognitive and physical needs of each student.
- Assess each student using the Transitional Brigance edition 3 times a year; within the first 4 weeks of school, 4 weeks prior Winter Break, and 4 weeks prior to school ending.
- Community Based Instruction must be documented in the lesson plans and tied to IEPs. The purpose of the CBI is to generalize an IEP goal or objective that has been taught and modeled and now will be practiced in the community.
 - High School – One time a month
- In order for a student to participate in a CBI, they must have a CBI goal with objectives.
- No more than 4 days of on job-site training (off campus)
- Make sure that the IEP goals match the vocational setting
- Ensure each student has the appropriate instructional and visual supports needed to help them become independent
- Data Collection for job based skills is required weekly.
- Seek campus-based job trainings (ie. Custodial work, cafeteria work, deliveries)
- Utilize the VIA bus to teach usage of transportation
- Minimize the use of White Small Bus due to excessive mileage
- SSTEP teacher will meet monthly with the Special Education Instructional Facilitator.
- ***Do not sit idly by if you are a witness to teachers or other staff utilizing inappropriate strategies to discipline or restrain students but are to immediately report it to a supervisor, the principal or the campus intervention team.***

CONSIDERATION FOR LIFE SKILLS PLACEMENT

(LRE TO MRE)

(See attached Flow-Chart)

1. Contact Special Education Instructional Facilitator
2. Special Education Facilitator along with student's Special Education Teacher, General Education Teacher, and Administrator will hold a staffing to review the following:
 - a) Progress reports/ current IEP goals & objectives
 - b) Behavior logs
 - c) Portfolio/work samples
 - d) Third party observation
 - e) Other: current grades/ Dist. Assessments & State Assessments scores, etc.
3. Develop a plan to meet instructional needs of the student (6 weeks). Inform parent and hold an ARD if there is a placement change.

Consider the following:

 - a) Increase time in resource
 - b) Increase itinerant support
 - c) Increase co-teach support
 - d) Document student progress
4. Review and discuss progress after the plan has been implemented. If student is successful continue. If student is not successful revise the plan and consider other instructional options.

Criteria for consideration into Life Skills:

- Intellectual Disabilities(ID): Severe (25-39) and Profound(<25); Life Skills placement with itinerant support if appropriate
- Intellectual Disabilities (ID): Moderate (40-54) Life Skills placement with resource support and itinerant support in general education
- Intellectual Disabilities (ID): Mild (55-70) general education placement with itinerant support in general education and/or resource support.

Students with Autism

- AU eligibility is not an automatic justification for Life Skills placement
- For students with AU/ID the following must be considered
 - Behavior needs
 - Adaptive skills
 - Danger to self and others
 - Severity of inappropriate behaviors (off-task, out-of-seat, non-compliance, self-stimulation, sensory issues)

Students with physical disabilities

A student with a physical disability **only** should not require a Life Skills placement.

Other

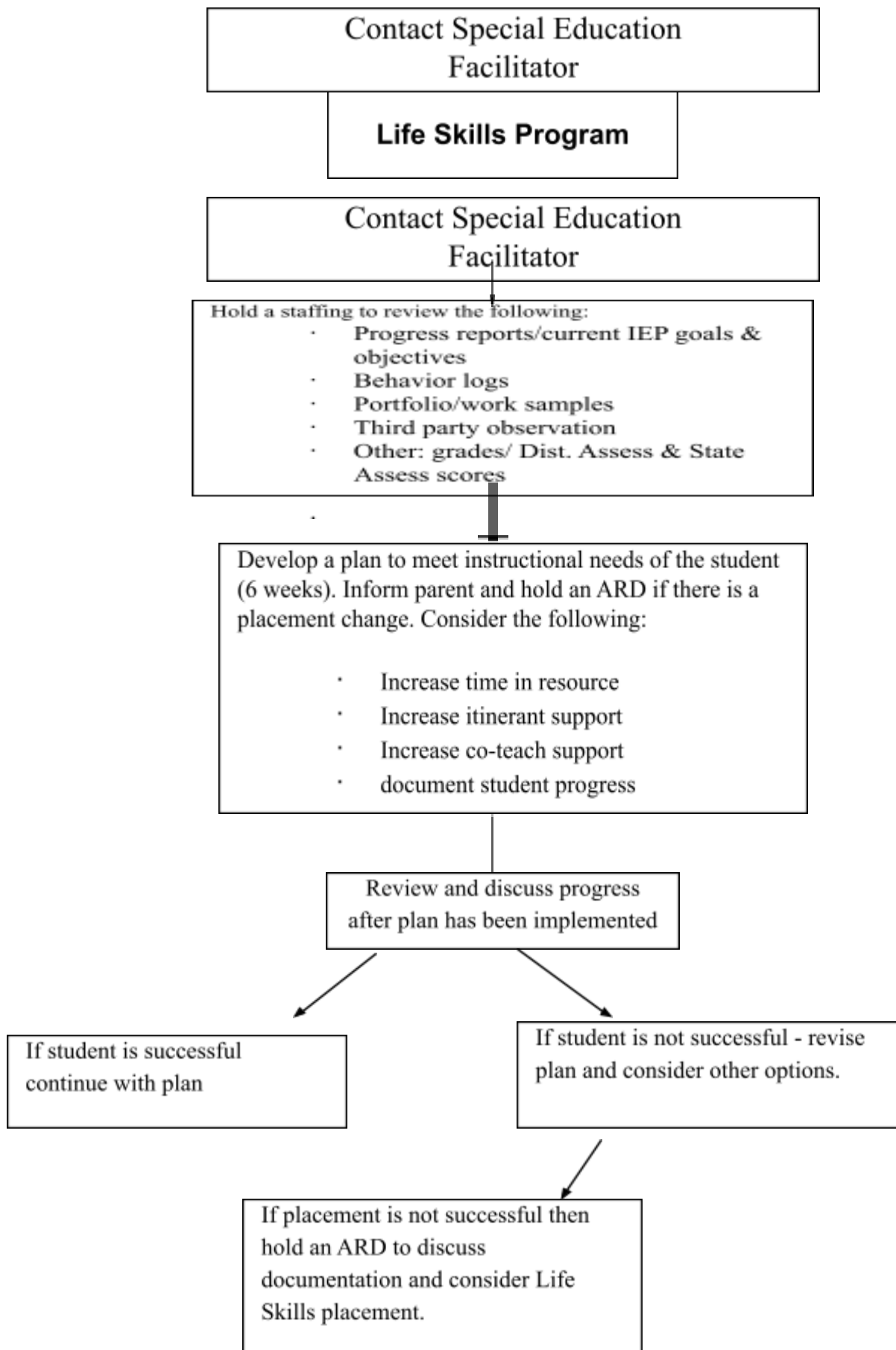
Multiple disabilities/medically fragile - Life skills **may** be the appropriate setting.

Students who are **Learning Disabled (LD)** do not qualify for Life Skills placement

Every case is reviewed individually to ensure appropriate placement.

Note: The disability should not determine the setting.

Process for Life Skills Placement



Life Skills Program

The Life Skills Education Program serves moderately, severely, and profoundly disabled students from kindergarten through age 21. It is part of a continuum of services available to students who have been identified and placed in special education. The Life Skills program provides a wide range of knowledge and skill interactions believed to be essential for adult independent living. These students require education based on an alternate academic achievement standards. They require support to learn necessary functional skills and behaviors in order to transition into adult living situations. These skills may include the ability to dress and groom properly, eat independently, make decisions about money, and use methods of transportation as independently possible. Some of the major skill areas addressed in the Life skills program are functional academic, communication, daily living, personal/social, and occupational skills.

Life Skills Classroom Program Objectives

The objectives of the Life Skills Classrooms are:

- To stress student abilities rather than disabilities in programming and general staff attitudes.
- To support the family unit in its ability to cope with the needs of the particular child.
- To perform an advocacy role for the student within the school, at home and in the community at large.
- To provide opportunities for students to benefit from interactions with non-disabled peers and to recognize the individual qualities of these students.
- To increase the student's ability to interact with and exercise control over his/her environments.
- To provide appropriate academic programming based on individual needs.
- To help the children learn skills that will allow him/her an opportunity to improve behavior.
- To differentiate the curriculum so as to meet the academic needs of the child.
- To provide opportunities for integration into regular classes where appropriate.
- To return the child to his/her community school program when deemed appropriate.
- To improve the child's quality of life.

Equipment

Based on Federal Regulations Related Service Subchapter 300.34 (c)(6)(ii)(A). Effective immediately, no South San ISD staff is authorized to fix, repair, alter, or modify any student's equipment that has been damaged or working ineffectively. It must be repaired **ONLY** by a related service staff or the appropriate company.

If there is an emergency with any equipment, you must contact the campus administrator immediately.

If you need equipment assistance, email your Special Education Support Staff.

Service Delivery Model

Due to alternate academic achievement standards, Life Skills services are provided in an instructional setting where students receive more than 60% of their school day in special education programming. Whenever appropriate, students also receive instruction in the general education curriculum.

Program Components and Curriculum

A life skills curriculum approach blends functional academic, communication, daily living, personal/social, and occupational skills into integrated lessons designed to help students learn to function

independently in society. The goal is to prepare students to function as independently as possible in an adult setting upon graduation. Vocational/transition planning is a major focus for these students.

The Life Skills Classroom aims at making the student less dependent by increasing his/her awareness of, and control over, his/her environment. Students with severe developmental delays require intensive and on-going assistance and/or supervision in daily living skills in addition to programs and instruction in the psychomotor and cognitive domains. Instructional emphasis is placed on:

Academic Components for Life Skills Classes

1. **Vocational Domain** covers the skills necessary for the student to make informed vocational choices and to succeed in the workplace to his maximum ability.
2. **Academic and Cognitive Skills Domain** includes the core academics of reading, math, writing, science, and social studies based on an alternative academic achievement standards
3. **Community Skills Domain** covers the development of necessary skills for students to successfully maneuver within the community and to successfully contact appropriate local agencies for assistance or support.
4. **Recreation/Leisure and Social Skills Domain** emphasizes interpersonal skills and personal relationships development as well as the ability to access recreation and leisure options.
5. **Daily Living Skills Domain** focuses on skills traditionally used within the home.

Teacher Request for Supplies/Materials/Equipment

- Complete a request for supplies/materials form and submitted to Special Education Facilitator.
- Items will be ordered upon review and approval of the Special Education Director.
- Items purchased using district funds are property of South San Antonio ISD Special Education Department and will not be removed from campus without written approval by the Special Education Director.

H.E.B monies

- Each teacher in the Life Skills and PPCD programs will receive a designated amount per semester to be determined by the Special Education Director.
- You must call the Special Education Bookkeeper to request the use and coordinate H.E.B. credit card.
- H.E.B. card will be returned and with all receipts. Receipts must be signed, dated and to include the campus name. They are submitted to Special Education Bookkeeper by the next business day.

Training & Workshops:

- All training must be approved and coordinated through the Instructional Facilitator and approved by the Special Education Director

Private Duty Nurse

- In the event of an absence of PDN, the campus nurse will assume all responsibilities for medical and feeding as appropriate.

CRITERIA FOR LIFE SKILLS PLACEMENT

*For consideration of placement in Life Skills, a staffing must occur with the following staff members: Special Education Instructional Facilitator, Special Education Teacher, Diagnostician/LSSP, Inclusion Facilitator, Behavior Specialists and any other Related Service Provider as needed.

Process to review and verify appropriate placement:

- Review eligibility folders to determine levels of intellectual, adaptive, and physical functioning
- Consider placement in a less restrictive setting for six weeks with monitoring from the Inclusion Facilitator and the Instructional Facilitator
- Collect data
 - Progress reports
 - Behavior logs
 - Portfolio
 - Third Party Observation (Instructional Facilitator)
- Consider possible return to home campus for the next semester or the school year.

Criteria for consideration:

- Mental Retardation, Severe, and Profound
- OR
- Mental Retardation Moderate with resource support and additional RTI support in general education and resource has been documented
- OR
- AU/MR after determining that out supports in general education and resource are not sufficient

Level of Intellectual Functioning

- Students with Mental Retardation only
 - Moderate (40-54) - rule out general education/resource placement prior to Life Skills consideration
 - Severe (25-39) and Profound (<25) - Life Skills placement consideration

Students with Autism

- AU eligibility is not an automatic justification for Life Skills placement
- For students with AU/MR, the following must be considered:
 - Behavior needs
 - Adaptive skills
 - Danger to self and others
 - Severity of inappropriate behaviors (off-task, out-of-seat, non-compliance, self-stimulation, sensory issues)

Students with physical disabilities

Physical disability **only** should not require a Life Skills placement

Other

Multiple disabilities/medically fragile
Life skills **may** be the appropriate setting.

Transfer Students from another district with a life skills placement:

- Continue the placement with monitoring: consider possible increase in time in general education during the 30 day temporary placement. The intensity of support may gradually decrease.

Every case is reviewed individually prior to ARD to ensure needed information is available for discussion at the ARD.

Crisis Prevention Intervention

Proper Use of Restraints

- The following resources are to be used in the appropriate use of restraints:

Do's	Don'ts
CPI	Duct Tape
Crisis Team	Rope
	Belts
	Leather Straps
	Wires
	Yarn
	Chains
	Handcuffs

Anticipated Assistive Technology Use

<u>Disability</u>	<u>% Expected AT Use</u>
Deaf and Hard of Hearing	100%
Blind and Visually Impaired	100%
Physical Disability	100%
Deaf Blind	100%
Multiple Disabilities	100%
Traumatic Brain Injury	50-75%
Autism	50-75%
Learning Disability	25-35%
Health Impairment	25-35%
Cognitive Disability	25-35%
Speech/Language Disorder	10-25%*
Emotional Disability	10-25%

*Most students who need and/or use augmentative communication devices have an identified disability other than “speech/language,” thus the lower projected usage for this diagnostic category.

Source: Golden, D. (1999). Assistive Technology Policy and Practice. What is the right thing to do? What is the reasonable thing to do? What is required and must be done? *Special Education Technology Practice*, 1(1), 12-14.

Assistive Technology (AT)

1. If one of our special education students receives any form to assistive technology (either low tech or high tech), you should check the box under Assistive Technology on e-Sped that states:

Technology needs are addressed on student's IEP/BIP under Modifications/Strategies through the provision of special education

2. Check Assistive Technology (under the Related Services section) of the PEIMS change form.

Examples of Low Tech Devices

- Pencil Grips
- Adaptive Scissors
- Disc Cushion
- Visual Timers
- Wheelchair Tables
- Pre-walker Canes

Examples of High Tech Devices:

- Alpha Smarts (portable keyboards)
- Augmentative Communication Devices
- Power Wheelchair
- Hearing Aids
- FM Systems
- Interpreter Services

3. Be sure to document AT devices used on the Modifications page.

Accommodations Page

Overall, we are under reporting assistive technology in our ARD paperwork (i.e. VI & AI students typically should be receiving 100% AT)

Some examples:

- Highlighters
- Braille
- AT writing tools (word processors)

AT is used to support the curriculum.

Assess, Provide & Train (if you are providing ongoing support, it is not a related service)

If everybody gets “it,” it’s an instructional support – not Assistive Technology

If you can’t do work without AT support, then it is AT – not instructional support!

COMMUNITY BASED INSTRUCTION

What Is Community-Based Instruction?

Community-based instruction occurs routinely, on a regularly scheduled basis and must be specifically related to the students IEP goals and objectives. The basic guidelines for determining CBI involvement is providing:

- a) Chronologically age-appropriate instruction in natural environments
- b) Emphasizing in student participation in campus setting and natural environments
- c) Effective and safe transition into adult community living
- d) Coordinate functional, academic, social, communication, and mobility

NOTE: CBI activities are developed and supervised by the classroom teacher.

All students who receive community-based instruction **must have** goals and objectives in their most recent ARD/IEP's that are specifically related to the community instruction they are receiving. Students need specific consumer (restaurant, shopping), recreational, and vocational objectives in their IEPs in order to receive community based instruction. The CBI will be addressed during the Annual ARDC meetings.

TIMELINES FOR CBI:

- Elementary
 - Will be provided in the classroom and/or around the school campus.
- Middle School
 - Will be provided in the classroom and/or around the school campus and/or in community settings
 - A **maximum** of one time per nine weeks per teacher.
- High School
 - Will be provided in the classroom and/or around the school campus and/or in community settings
 - A **maximum** of one time per month per teacher.

Reminder:

Request forms must be submitted 4 weeks in advance and must be approved by your Special Education Facilitator.

CBI Preparation

Teacher Responsibilities:

Review emergency procedures with staff that will be providing CBI

Each supervising staff member will carry a binder or folder containing the following:

- Identification and emergency information on each student: information should include
 1. The student's name, addresses and phone number
 2. The parent's name and phone number
 3. The name of the school, school administrator and the phone number.
 4. The name of the teacher/ paraprofessional
 5. Student's medical information.
 6. The student's mode of communication.
 7. A picture of the student
- First-aid supplies, at minimum, should include rubber gloves, feminine hygiene products, Band-Aids, etc.
- "Guidelines for Emergency Situations", including school site phone numbers and names of relevant site personnel.

Paraprofessionals

- Paraprofessionals can supervise and instruct students going to and from or at another community training with a certified teacher present. The teacher is ultimately responsible for the supervision and instruction of all of the students in his/her class.
- Paraprofessionals can remain at the school with students who did not attend CBI. They will provide supervision and instruction while the teacher is away.

Substitutes, Student Teachers and Volunteers

- A Substitute teacher (a person substituting for the certified classroom teacher) **may not** conduct CBI.
- Substitute paraprofessionals **may not** go off campus without a certified classroom teacher who is familiar with the student's instructional program and behavioral concerns.
- Student teachers may supervise or provide community based instruction to students in the presence of the certificated teacher.
- Volunteers (who have completed all district requirements) may go on community based instruction with a certified teacher.

Administration

- Notify campus administrators when leaving for Community Based Instruction.
- Campus policies must be followed when leaving a school.

Transportation

- Staff- **will not** transport students in personal cars.
- Special Education staff will get appropriate drivers certification.
 - o A CDL license is required to use district transportation.
- Contact the Special Education Transportation Clerk 4 weeks prior to potential CBI dates when using district transportation.

Responsibility and Liability

- The South San School District ultimately bears liability whenever a student is injured while participating in CBI.
- The teacher is responsible for the supervision and instruction of the students in his/her class.

Guidelines for Emergency Situations

When an emergency of any type occurs, the staff will:

- Provide for safety and security of the students.
- Notify the proper authorities.

Medical Emergencies

- **Minor Emergencies**

Staff Responsibilities

- Assess the medical situation/emergency
- Use the first-aid supplies
- Call school site nurse for any injury other than a minor cut
- Complete accident/incident report upon returning to school

- **Major emergencies: (i.e., victim is not breathing, massive bleeding, unconscious from head injury, rapid succession of seizure activity or prolonged duration, heart attack, etc.)**

Staff Responsibilities

- Assess the situation to determine if it is life threatening.
- If it is a life threatening situation:
 - a. Request a responsible person to call 911.
 - b. Notify the site administration as soon as possible.
 - c. Remain with the victim to administer first aid or CPR, if trained.
 - d. Accompany the victim to the emergency facility with emergency information.

Designated Staff Member

1. Call 911 as directed. Be prepared to provide the following information:
 - The victim's condition
 - The location of the emergency
2. Arrange to have the other students supervised in a different location.
3. Have a copy of the victim's emergency information available.
4. Meet the Emergency Medical Services (EMS) personnel and direct them to the specific location of the emergency.

Complete Incident/Accident Report and Write a summary by all appropriate staff members of the incident and give a copy to the principal and the Director of Special Education.

Lost Student

1. The teacher will contact the school principal and give the location and pertinent details of the situation.
2. If two District adults are present, one should search for the lost student and one should remain with the other students.

3. If one District adult is present, he/she should request assistance from available security personnel and should search the premises with the entire group of students, if possible.
4. If the student is not found within 10 minutes, the school principal is to be contacted for additional instructions.
5. The principal will make further contact as necessary to the parent and to law enforcement agencies.
6. If lost on public transportation, give full information to the transit system, including student information, what route the student was last on, and the destination of the trip.
7. Notify all appropriate persons when the student is located.
8. Write a summary of the incident and give a copy to the principal and the Director of Special Education.

A field trip request form must be submitted to Special Education Bookkeeper 4 weeks prior to CBI dates when using district transportation.

South San Antonio Independent School District
Special Education Department

Permission for Community-Based Instruction

I give permission for my son/daughter, _____, at
_____ School to participate in Community-Based Instruction as indicated
in his/her IEP, on _____.

I understand that my son/daughter will be going off school site into the community to learn skills that are indicated in his/her IEP. My son/daughter's program will be developed from current IEP's and implemented by his/her teacher, a paraprofessional, and or a student teacher under the direct supervision of the teacher.

IEP Objectives/Activities:

Instructional Sites

Transportation Modes: (circle) VIA or Special education transportation

Check one:

- I give my permission for the above activities
 I do not give my permission

If I have any concerns I can contact (Teacher) _____ at #
_____.

Comments: _____

Parent/Guardian Signature

Date

South San Antonio Independent School District
Special Education Department

CBI Request Form

(Submit 4 weeks prior to CBI)

School: _____ Teacher: _____

Destination: _____ Date: _____

Staff: _____

List of Students attending CBI:

IEP Goals/Objectives to be addressed during CBI:

1. _____
2. _____
3. _____
4. _____

Time leaving: _____

Time in: _____

_____ Approved
_____ Not Approved

Special Education Facilitator

Accident/Incident Report Form

Date of incident: _____ Time: _____ AM/PM

Name of injured person: _____

Address: _____

Phone Number(s): _____

Date of birth: _____ Male _____ Female _____

Nature of Accident/ Incident or Injury *(eg laceration, sprain, near miss, vehicle accident)*:

Part of Body Injured *(eg none, right leg, crumpled car bumper)*:

State exactly how accident/ incident occurred:

Returned to CBI Activity	First Aid Only	Parents Notified	EMS Notified
Yes No	Yes No	Yes No	Yes No
If No – Where did student go	Who administered First Aid	Name parent contacted	If yes what actions were taken

Details of Treatment *(eg ice applied)*:

(Should the illness/ injury worsen please forward an updated Accident/ Incident Report Form)

Additional information: _____

Injury requires physician/hospital visit? Yes ____ No ____

Name of physician/hospital: _____

Address: _____

Physician/hospital phone number: _____

Signature of reporting party _____ Date _____

Witness/s: Name
 Address
 Phone No

Procedures for Use of Restraint

When a staff member restrains a Special Education student, the staff member will have to be CPI (Crisis Prevention Intervention) certified. If they are not certified, the Special Education Department must be notified to schedule a training session. CPI training must take place within 30 days from the date the restraint took place.

After a restraint, the **Written Summary of Restraint Use** form must be completed by the person who performed the restraint. This must be turned in to the campus administrator. In addition, a written notification letter, **Written Summary Restraint Use**, must be delivered to the parent within one school day of the restraint. A **435 Child Restraint Collection** form must be completed and emailed to Mary Villanueva @ mvillanu@southsanisd.net.

One of the attachments listed below, **Restraint & Time**, you will find additional guidance from the legal framework. If, after you review this, you have additional questions, do not hesitate to call the Special Education office at (210) 977-7250 or email the Director of Special Education, Julie Silva at jsilva@southsanisd.net.

All forms listed below can also be found on the Special Education website.

Attachments: Written Summary of Restraint Use Form

Written Summary of Restraint Parent Notification Letter

435 Child Restraint Collection Form

Restraint & Time Out Legal Framework

435 Child Restraint Collection Form

South San Antonio ISD
Use of Restraint:
Internal Tracking Form

***Send to Mary Villanueva– Special Education Dept. via email – mvillanu@southsanisd.net**

Student Name: _____ Restraint Date: _____ Reporting Period: _____
 Time Restraint Began: _____ Time Restraint Ended: _____
 *Student Social Security /ID #: _____ *Campus of Enrollment: _____ Restraint Instance: _____

Instructional Setting: _____ Disability***: _____ *Campus of Restraint: _____
 (** As of Date of Restraint) (*Personnel called upon to use restraint who have not received prior training must receive training within 30 school days.)

Name of Staff Members Administering Restraint: _____ **Date of Restraint Training:*** _____

Restraint Reason Code (C173) (Circle Appropriate Code)

Code	TRANSLATION
01	Imminent Serious Physical Harm to Themselves
02	Imminent Serious Physical Harm to Others
03	Imminent Serious Physical Harm to Themselves and Others
04	Imminent Serious Property Destruction
05	Imminent Serious Physical Harm to Themselves and Imminent Serious Property Destruction
06	Imminent Serious Physical Harm to Others and Imminent Serious Property Destruction
07	Imminent Serious Physical Harm to Themselves and Others and Imminent Serious Property Destruction

Administrator Notification

(must occur the same day that the restraint occurred)

Type of Notification
 Verbal Written
 Date of notification: _____ Time: _____ Name of Administrator Notified: _____

Parent Notification

(good faith effort must be made to verbally notify parent the same day as the restraint occurred, written notification must be placed in mail or otherwise provided to parent within one day of the use of restraint)

Type of Notification
 Telephone-Date: _____ In-person-Date: _____ Written-Date: _____

Summary of Restraint Use:

Name of Person Notifying Parent of Use of Restraint: _____

South San Antonio Independent School District

Special Education
5622 Ray Ellison Blvd.
San Antonio, TX 78211
(210) 977-7250
Fax: (210) 977-7254

Resumen escrito del uso de contención física

Fecha: _____

Estimado(a) _____

Su hijo/a estuvo involucrado en una situación de emergencia el _____ que resulta en el uso de contención física. Adjuntamos un resumen del incidente y una descripción pro escrito de las contención física usada, incluyendo los comportamientos presentados por su hijo/a antes de haberse usado la contención física. Durante el periodo de contención física, su hijo/a estuvo bajo la observación del personal capacitado en el uso de intervenciones físicas para ver si presentaba alguna manifestación de agotamiento físico. El uso de contención física finalizó en cuanto dejó de existir la situación de emergencia. Le proporcionamos esta información para su consideración y para que nos de su opinión en relación con esta situación.

La información adjunta se archivara en la carpeta de elegibilidad de educación especial de su hijo/a para que el comité de admisión, revisión y retiro (ARD) pueda usar esta información al tomar en cuenta la necesidad de cambios en el programa educativo individualizado (IEP) y/o el plan de intervención debido a la conducta (BIP). Por favor llame a _____ al numero _____ si desea programar una reunión con el comité ARD para revisar el IEP o el BIP de su hijo/a.

Los Reglamentos del Comisionado para la Educación Especial, Sección 89.1053. *Procedimientos para el Uso de Contención Física y Separación*, indica que la contención física de un estudiante con alguna discapacidad puede ser usado solo en una situación de emergencia claramente definida. Las escuelas deben infórmale a los padres cuando es necesario usar la contención física para intentar proteger al estudiante, a los otros estudiantes o para prevenir danos graves a la propiedad.

Por favor comuníquese con _____ al numero _____ si desea programar una reunión para hablar sobre la conducta que llevo al uso de la contención física. Si tiene otras preguntas, comuníquese conmigo llamando al _____.

Muy atentamente,

Administrador/a de la escuela

CC carpeta de Elegibilidad para la Educación Especial

South San Antonio Independent School District

Special Education
5622 Ray Ellison Blvd.
San Antonio, TX 78211
(210) 977-7250
Fax: (210) 977-7254

Written Summary of Restraint Use

Student Name ID# Medicaid # Campus Date of Birth

Date: _____

Dear _____

Your child was involved in an emergency situation on _____ that resulted in the use of physical restraint. Attached is a summary of the incident and a written description of the physical restraint used, including behaviors your child exhibited before physical restraint was used. During the time of the restraint, your child was observed by staff trained in the use of physical interventions for any signs of physical distress. The use of restraint ended as soon as the emergency situation no longer existed. This information is provided for your review and to seek your input into this situation.

The attached information will be filed in your child's special education eligibility folder so that the Admission, Review and Dismissal (ARD) Committee may use this information in considering the need for changes in your child's Individualized Education Program (IEP) and/or Behavior Intervention Plan (BIP). Please call _____ if you would like to schedule an ARD Committee meeting to review your child's IEP or BIP.

Commissioner's Rules for Special Education, Section 89.1053. *Procedures for the Use of Restraint and Time-Out*, states that restraint of a student with a disability may be used only in a clearly defined emergency situation. Schools must inform parents when it becomes necessary to use restraint in an effort to protect the student, other students or prevent serious property damage.

Please contact _____ at _____ if you would like to schedule a conference to discuss the behaviors leading up to the use of physical restraint. If you have other questions, please contact me _____ at _____.

Sincerely,

Campus Administrator

Cc: Special Education Eligibility Folder

Enclosure
Page 1 of 5

Written Summary of Restraint Use*

Date: _____

Name of Student: _____ ID #: _____ Campus: _____

Medicaid #: _____ Grade: _____ Instr. Setting: _____ Disability Code: _____

Date of Restraint: _____	Time Began: _____	Time ended: _____
Nature of restraint (describe type of physical restraint used):		
Location of restraint:		
Name(s) of staff member(s) administering restraint:		
_____	_____	_____
_____	_____	_____
Description of activity in which student was engaged immediately preceding the use of restraint:		
Student's behavior that prompted the restraint:		
<input type="checkbox"/> Imminent serious physical harm to themselves		
<input type="checkbox"/> Imminent serious physical harm to others		
<input type="checkbox"/> Imminent serious physical harm to themselves and others		
<input type="checkbox"/> Imminent serious destruction		
<input type="checkbox"/> Imminent serious physical harm to themselves and imminent serious property destruction		
<input type="checkbox"/> Imminent serious physical harm to others and imminent serious property destruction		
<input type="checkbox"/> Imminent serious physical harm to themselves and others and imminent serious property destruction		

Explain student behavior(s) that prompted physical restraint:

Efforts to de-escalate the situation:

- Provide choices Verbal redirection Calming techniques
 Reduce demands Reduced verbal interaction

Explain:

Alternatives to restraint that were attempted:

- Removal of other students Request for assistance
 Voluntary removal of student to another location

Explain:

South San Antonio ISD
5622 Ray Ellison Blvd.
San Antonio, Texas 78242
210-977-7250 fax 210-977-7254

Written Summary of Restraint Use*

Internal Tracking Form

Date _____

Name of Student ID # Campus Medicaid #

Name of Staff Members Administering Restraint: Training:*	Date of Restraint
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Personnel called upon to use restraint who have not received prior training must receive training within 30 school days.

Administrator Notification

(must occur the same day that the restraint occurred)

Type of Notification:

Verbal Written

Date of notification:

Name of Administrator notified:

Parent Notification

(Good faith effort must be made to verbally notify parent the same day as the restraint occurred, written notification must be placed in mail or otherwise provided to parent within one day of the use of restraint)

Telephone-Date In-person-Date Written-Date

Comments:

Name of person notifying parent of use of restraint:

South San Antonio ISD
5622 Ray Ellison Blvd.
San Antonio, Texas 78242
210-977-7250 fax 210-977-7254

Written Summary of Restraint Use*
Internal Tracking Form

Date: _____

Name of Student: _____ ID #: _____ Campus: _____

Medicaid #: _____ Grade: _____ Instr. Setting: _____ Disability Code: _____

Observation of student at end of restraint:

RESTRAINT AND TIME-OUT

Authorities: Texas Education Code; 19 T.A.C. Chapter 89; Texas Penal Code

Board Policies for SOUTH SAN ANTONIO ISD (015908)

[FNCG](#), [FO](#), [FOF](#)

[Additional Resources](#)

FEDERAL AND STATE REQUIREMENTS		CITATIONS
<input type="checkbox"/> P	It is the policy of this state to treat with dignity and respect all children, including children with disabilities who receive special education services.	89.1053(a) TEC 37.0021(a)
<input type="checkbox"/> P	Any behavior management technique and/or discipline management practice must be implemented in such a way as to protect the health and safety of the child and others. No discipline management practice may be calculated to inflict injury, cause harm, demean, or deprive the child of basic human necessities.	89.1053(j)
APPLICABILITY		
<input type="checkbox"/> p	This framework applies to all school employees, volunteers, and independent contractors.	89.1053
<input type="checkbox"/> p	This framework applies to a peace officer only if the peace officer:	89.1053(l) TEC 37.0021(h)
<input type="checkbox"/> P	<ul style="list-style-type: none"> Is employed or commissioned by a school district; or 	TEC 37.0021(h)(1)
<input type="checkbox"/> P	<ul style="list-style-type: none"> Provides, as a school resource officer, a regular police presence on a school district campus under a memorandum of understanding between the district and a local law enforcement agency. 	89.1053(l) TEC 37.0021(h)(2)
<input type="checkbox"/> p	However, the data reporting requirements in this framework apply to the use of restraint by any peace officer performing law enforcement duties on school property or during a school-sponsored or school-related activity.	89.1053(l) TEC 37.0021(h) 89.1053(k)
<input type="checkbox"/> p	This framework does not apply to juvenile probation, detention, or corrections personnel; or an educational services provider with whom the child is placed by a judicial authority, unless the services are provided in an educational program of	89.1053(m) TEC 37.0021(g)(2)

	a school district.	
	CONFINEMENT	
<input type="checkbox"/> P	The child with a disability, who receives special education services, must not be confined in a locked box, locked closet, or other specially-designed locked space as either a discipline management practice or a behavior management technique.	TEC 37.0021(a)
<input type="checkbox"/> P	This section does not prevent the child's locked, unattended confinement in an emergency situation while awaiting the arrival of law enforcement personnel if:	TEC 37.0021(f)
<input type="checkbox"/> P	<ul style="list-style-type: none"> The child possesses a weapon; and 	TEC 37.0021(f)(1) TEC 37.007(a)(1) Tex. Penal Code 46.01(3) Tex. Penal Code 46.01(6) Tex. Penal Code 46.01(1) Tex. Penal Code 46.05
<input type="checkbox"/> P	<ul style="list-style-type: none"> The confinement is necessary to prevent the child from causing bodily harm to the child or another person. 	TEC 37.0021(f)(2)
	RESTRAINT	
<input type="checkbox"/> P	<i>Restraint</i> means the use of physical force or a mechanical device to significantly restrict the free movement of all or a portion of the child's body.	89.1053(b)(2) TEC 37.0021(b)(1)
<input type="checkbox"/> P	<i>Emergency</i> means a situation in which the child's behavior poses a threat of imminent, serious:	89.1053(b)(1)
<input type="checkbox"/> P	<ul style="list-style-type: none"> Physical harm to the child or others; or 	89.1053(b)(1)(A)
<input type="checkbox"/> P	<ul style="list-style-type: none"> Property destruction. 	89.1053(b)(1)(B)
<input type="checkbox"/> P	A school employee, volunteer, or independent contractor may use restraint only in an emergency and with the following limitations:	89.1053(c) 89.1053(b)(1)
<input type="checkbox"/> P	<ul style="list-style-type: none"> Restraint must be limited to the use of such reasonable force as is necessary to address the emergency; 	89.1053(c)(1)
<input type="checkbox"/> P	<ul style="list-style-type: none"> Restraint must be discontinued at the point at which the emergency no longer exists; 	89.1053(c)(2)
<input type="checkbox"/> P	<ul style="list-style-type: none"> Restraint must be implemented in such a way as to protect the health and safety of the child and others; and 	89.1053(c)(3)

<input type="checkbox"/> P	<ul style="list-style-type: none"> Restraint must not deprive the child of basic human necessities. 	89.1053(c)(4)
<input type="checkbox"/> P	Training for school employees, volunteers, or independent contractors must be provided according to the following requirements:	89.1053(d)
<input type="checkbox"/> P	<ul style="list-style-type: none"> A core team of personnel on each campus must be trained in the use of restraint, and the team must include a campus administrator or designee and any general or special education personnel likely to use restraint; 	89.1053(d)(1)
<input type="checkbox"/> P	<ul style="list-style-type: none"> Personnel called upon to use restraint in an emergency and who have not received prior training must receive training within 30 school days following the use of restraint; 	89.1053(d)(2)
<input type="checkbox"/> P	<ul style="list-style-type: none"> Training on use of restraint must include prevention and de-escalation techniques and provide alternatives to the use of restraint; and 	89.1053(d)(3)
<input type="checkbox"/> P	<ul style="list-style-type: none"> All trained personnel must receive instruction in current professionally accepted practices and standards regarding behavior management and the use of restraint. 	89.1053(d)(4)
<input type="checkbox"/> P	The following documentation requirements must be met in a case in which restraint is used by school employees, volunteers, or independent contractors:	89.1053(e)
<input type="checkbox"/> D	<ul style="list-style-type: none"> On the day restraint is utilized, the campus administrator or designee must be notified verbally or in writing regarding the use of restraint; 	89.1053(e)(1)
<input type="checkbox"/> D	<ul style="list-style-type: none"> On the day restraint is utilized, a good faith effort must be made to verbally notify the parent regarding the use of restraint; 	89.1053(e)(2)
<input type="checkbox"/> D	<ul style="list-style-type: none"> Written notification of the use of restraint must be placed in the mail or otherwise provided to the parent within one school day of the use of restraint; 	89.1053(e)(3)
<input type="checkbox"/> D	<ul style="list-style-type: none"> Written documentation regarding the use of restraint must be placed in the child's special education eligibility folder in a timely manner so the information is available to the admission, review, and dismissal (ARD) committee when it considers the impact of the child's behavior on the child's learning and/or the creation or revision of a behavioral intervention plan (BIP); and 	89.1053(e)(4)
<input type="checkbox"/> D	<ul style="list-style-type: none"> Written notification to the parent and documentation to the child's special education eligibility folder must include the following: 	89.1053(e)(5)
<input type="checkbox"/> D	<ul style="list-style-type: none"> o Name of the child; 	89.1053(e)(5)(A)

<input type="checkbox"/> D	o Name of the staff member or staff members administering the restraint;	89.1053(e)(5)(B)
<input type="checkbox"/> D	o Date of the restraint and the time the restraint began and ended;	89.1053(e)(5)(C)
<input type="checkbox"/> D	o Location of the restraint;	89.1053(e)(5)(D)
<input type="checkbox"/> D	o Nature of the restraint;	89.1053(e)(5)(E)
<input type="checkbox"/> D	o A description of the activity in which the child was engaged immediately preceding the use of restraint;	89.1053(e)(5)(F)
<input type="checkbox"/> D	o The behavior that prompted the restraint;	89.1053(e)(5)(G)
<input type="checkbox"/> D	o The efforts made to de-escalate the situation and alternatives to restraint that were attempted; and	89.1053(e)(5)(H)
<input type="checkbox"/> D	o Information documenting parent contact and notification.	89.1053(e)(5)(I)
<input type="checkbox"/> P	Restraint does not include the use of:	89.1053(f)
<input type="checkbox"/> P	<ul style="list-style-type: none"> Physical contact or appropriately prescribed adaptive equipment to promote normative body positioning and/or physical functioning; 	89.1053(f)(1)
<input type="checkbox"/> P	<ul style="list-style-type: none"> Limited physical contact with the child to promote safety (e.g., holding the child's hand), prevent a potentially harmful action (e.g., running into the street), teach a skill, or provide comfort; 	89.1053(f)(2)
<input type="checkbox"/> P	<ul style="list-style-type: none"> Limited physical contact or appropriately prescribed adaptive equipment to prevent the child from engaging in ongoing, repetitive self-injurious behaviors; or 	89.1053(f)(3)
<input type="checkbox"/> P	<ul style="list-style-type: none"> Seat belts and other safety equipment used to secure children during transportation. 	89.1053(f)(4)
<input type="checkbox"/> P	Cumulative data regarding the use of restraint by school employees, volunteers, independent contractors, and by peace officers must be electronically reported through the Public Education Information Management System.	89.1053(k) TEC 37.0021(i) 89.1053(f)
	TIME-OUT	
<input type="checkbox"/> P	<i>Time-out</i> means a behavior management technique in which, to provide the child with an opportunity to regain self-control, the child is separated from other children for a limited period	89.1053(b)(3) TEC 37.0021(b)(3)

	in a setting:	
<input type="checkbox"/> P	<ul style="list-style-type: none"> • That is not locked; and 	89.1053(b)(3)(A) TEC 37.0021(b)(3)(A)
<input type="checkbox"/> P	<ul style="list-style-type: none"> • From which the exit is not physically blocked by furniture, a closed door held shut from the outside, or another inanimate object. 	89.1053(b)(3)(B) TEC 37.0021(b)(3)(B)
<input type="checkbox"/> P	A school employee, volunteer, or independent contractor may use time-out with the following limitations:	89.1053(g) 89.1053(b)(3)
<input type="checkbox"/> P	<ul style="list-style-type: none"> • Physical force or threat of physical force must not be used to place the child in time-out; 	89.1053(g)(1) 89.1053(b)(3)
<input type="checkbox"/> D	<ul style="list-style-type: none"> • Time-out must only be used in conjunction with an array of positive behavior intervention strategies and techniques and must be included in the child's individualized education program (IEP) and/or BIP if it is utilized on a recurrent basis to increase or decrease a targeted behavior; and 	89.1053(g)(2) 89.1053(b)(3)
<input type="checkbox"/> P	<ul style="list-style-type: none"> • Use of time-out must not be implemented in a fashion that precludes the ability of the child to be involved in and progress in the general curriculum and advance appropriately toward attaining the annual goals specified in the child's IEP. 	89.1053(g)(3) 89.1053(b)(3)
<input type="checkbox"/> P	Training for school employees, volunteers, or independent contractors must be provided according to the following requirements:	89.1053(h)
<input type="checkbox"/> P	<ul style="list-style-type: none"> • General or special education personnel who implement time-out based on requirements established in the child's IEP and/or BIP must be trained in the use of time-out; 	89.1053(h)(1)
<input type="checkbox"/> P	<ul style="list-style-type: none"> • Newly identified personnel called upon to implement time-out based on requirements established in the child's IEP and/or BIP must receive training in the use of time-out within 30 school days of being assigned the responsibility for implementing time-out; 	89.1053(h)(2)
<input type="checkbox"/> P	<ul style="list-style-type: none"> • Training on the use of time-out must be provided as part of a program which addresses a full continuum of positive behavioral intervention strategies, and must address the impact of time-out on the ability of the child to be involved in and progress in the general curriculum and advance appropriately toward attaining the annual goals specified in the child's IEP; and 	89.1053(h)(3)
<input type="checkbox"/> P	<ul style="list-style-type: none"> • All trained personnel must receive instruction in current professionally accepted practices and standards regarding behavior management and the use of time-out. 	89.1053(h)(4)

<input type="checkbox"/> D	Necessary documentation or data collection regarding the use of time-out, if any, must be addressed in the IEP or BIP. The ARD committee must use any collected data to judge the effectiveness of the intervention and provide a basis for making determinations regarding its continued use.	89.1053(i)
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Last Updated: Tuesday, May 12, 2015

4. **Release of Liability.** The District and the Private Nurse agree that the District has no liability for injury or other claims brought by the Private Nurse or against the Private Nurse arising in any way whatsoever from the provision of health services to the Student. The Private Nurse must take all precautions necessary for the safety of and prevention of damage to District property, and for the safety of and prevention of injury to persons, including District employees and students. All work must be performed entirely at the Private Nurse's risk. The District has no liability for any damages or injuries the Private Nurses may sustain in the course of providing services to the Student herein described, except as required by law.

THIS RELEASE EXPRESSLY EXTENDS TO ALL CLAIMS OR CAUSES OF ACTION OF ANY ORIGIN, INCLUDING THOSE ARISING AS A RESULT OF:

- (A) **THE NEGLIGENCE OF SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, ADMINISTRATORS, TEACHERS, EMPLOYEES, OFFICERS, AGENTS, VOLUNTEERS AND ASSIGNS, ALL BOTH IN THEIR OFFICIAL AND IN THEIR INDIVIDUAL CAPACITIES, OR ANY OTHER PERSON OR ENTITY, WHETHER BY ACT OR OMISSION. THE PRIVATE NURSE AGREES AND COVENANTS TO NOT SUE SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, ADMINISTRATORS, TEACHERS, EMPLOYEES, OFFICERS, AGENTS, VOLUNTEERS OR ASSIGNS FOR SUCH CLAIMS OR CAUSES OF ACTION; OR**
- (B) **THE OPERATION, USE OR MANTAINENCE OF ANY MOTOR VEHICLE BY SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, ADMINISTRATORS, TEACHERS, EMPLOYEES, OFFICERS, AGENTS, VOLUNTEERS AND ASSIGNS, ALL BOTH IN THEIR OFFICIAL AND IN THEIR INDIVIDUAL CAPACITIES, OR ANY OTHER PERSON OR ENTITY, WHETHER BY ACT OR OMISSION. THE PRIVATE NURSE AGREES AND COVENANTS TO NOT SUE SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, ADMINISTRATORS, TEACHERS, EMPLOYEES, OFFICERS, AGENTS, VOLUNTEERS OR ASSIGNS FOR SUCH CLAIMS OR CAUSES OF ACTION.**
5. **No Waiver of Immunity.** No party hereto waives or relinquishes any immunity or defense on behalf of itself, its trustees, officers, employees and agents as a result of the execution of this Agreement and the performance of the covenants contained herein.

6. ***Indemnification.*** The Private Nurse shall indemnify and hold harmless the District and its officers, agents, and employees from all suits, actions, losses, damages, claims, or liability of any character, type, or description, including but not limited to all expenses of litigation, court costs, and attorney's fees for injury or death to any person, or injury to any property, received or sustained by any person or persons or property, arising out of, or occasioned by, the acts of the Private Nurse, whether negligent or purposeful, in the execution or performance of this Agreement. **THIS INDEMNIFICATION AGREEMENT EXPRESSLY EXTENDS TO ALL CLAIMS OR CAUSES OF ACTION OF ANY ORIGIN, INCLUDING THOSE ARISING AS A RESULT OF THE NEGLIGENCE OF SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT OR ANY OTHER PERSON OR ENTITY, WHETHER BY ACT OR OMISSION. THE PRIVATE NURSE UNDERSTANDS THAT THIS INDEMNIFICATION BINDS HIM OR HER, HIS OR HER ASSIGNS, PERSONAL REPRESENTATIVES AND HEIRS.**
7. ***District Policies.*** The Private Nurse agrees to comply with all District rules, regulations and policies while on District property or while attending District related or District sponsored events with the Student. The Private Nurse acknowledges that the District has informed the Private Nurse of applicable school rules and regulations by providing the Private Nurse with a written copy of the applicable rules, regulations and policies. Failure to comply with District rules, regulations and policies will result in termination of this agreement by the District.
8. ***Criminal Background Check.*** The Private Nurse agrees to submit to a national criminal history review and to provide any and all information necessary to secure the national criminal history review, including fingerprints and photographs. The Private Nurse shall provide the District with a copy of his or her current nurse's license issued by the Board of Nursing for the State of Texas. The Private Nurse agrees to wear a name tag at all times when present on any property owned by the District.
9. ***Terms to be Exclusive.*** The entire agreement between the parties with respect to the subject matter under this Agreement is contained in this Agreement. Except as expressly provided to the contrary, the provisions of this Agreement are for the benefit of the parties solely and not for the benefit of any other person, persons or legal entities.
10. ***Governing Law.*** This Agreement is made according to the laws of the state of Texas. The parties expressly agree that this Agreement is governed by and will be construed and enforced in accordance with Texas law.
11. ***Assignment.*** This Agreement may not be assigned to other private nurses providing services on District owned property.

The parties have made and executed this Agreement on the dates stated below.

Date: _____ By: _____
Private Nurse

For: SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Date: _____ By: _____
Superintendent

ARD Agenda

Introductions by Campus Administrator

Complete the ARD Committee Meeting Membership Checklist

Review of FIE - If LSSP is present

Review eligibility

Review of progress on previous goals

Parent Input/Concerns

Review current levels of performance (PLAAFP)

Develop new goals

Discuss the annual revision of BIP – LRE/MRE

State Assessment/Participating Requirements

Consideration of LRE

Schedule of Services/ Related / Instruction

Assurances

Review of Deliberations

Prior Written Notice

Signature / Adjourn

No Cell Phones



Teacher's Responsibilities By Type of ARD

Admission/Initial ARD Special Education Teacher's Responsibilities

Scheduling and Notices for ARD Academic Goals and Objectives Schedule of Services Transition Questionnaire (If age appropriate)	Functional Behavior Assessment (FBA) Behavior Intervention Plan (BIP) Supplements (Transportation, Autistic, Home Training, Personal Care, Medical Docs)
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Annual/Review/Brief/Transfer/Permanent Placement ARDs Special Education Teacher's Responsibilities

Scheduling and Notices for ARD Conducting the ARD Deliberations PLAAFPs Academic Goals and Objectives Related Services Goal and Objectives (Coordinate w/OT, PT, VI, D&M, AI, SI, APE) Schedule of Services Collect Related service reports(if person will be absent) Archive in eSped Notices and ARD Complete PEIMS Forms (current year and next year)	Turn in Paperwork by end of the week Ensure Procedural Safeguards are signed Provide copies of ARD to Parent Teacher Input Form (for PLAAFPs) Transition Questionnaire (If age appropriate) Functional Behavior Assessment (FBA) Behavior Intervention Plan (BIP) Progress Reports Supplements (Transportation, Autistic, Home Training, Personal Care, Medical Docs)
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MDR Special Education Teacher's Responsibilities

PLAAFPs Academic Goals and Objectives Schedule of Services Functional Behavior Assessment (FBA)-w/LSSP	Behavior Intervention Plan (BIP)-w/LSSP Progress Reports Supplements (Transportation, Autistic, Home Training, Personal Care, Medical Docs)
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REED Special Education Teacher's Responsibilities

Academic Goals and Objectives Related Service goals and Objectives Schedule of Services Teacher Input Form (for PLAAFPs) Transition Questionnaire (If age appropriate)	Functional Behavior Assessment (FBA) Behavior Intervention Plan (BIP) Progress Reports Supplements (Transportation, Autistic, Home Training, Personal Care, Medical Docs)
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Amendments

Contact and get Parent approval to changes Complete IEP Amendment page Archive signed IEP Amendment Pages	Turn in IEP Amendments to Special Ed by end of the week Make Corrects to screens in eSped Provide Copies to parents
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Dismissal ARD Special Education Teacher's Responsibilities

Progress Reports

Special Education Codes

Handicap Code	Handicap	PEIMS Code
AI	Auditory Impairment	03
AU	Autistic	10
DB	Deaf / Blind	05
ED	Emotionally Disturbed	07
LD	Learning Disabled	08
ID	Intellectual Disability	06
NC	Noncategorical Early Childhood	14
OI	Orthopedic Impairment	01
OH	Other Health Impairment	02
SI	Speech Impairment	09
TB	Traumatic Brain Injured	13
VI	Visual Impairment	04

Instructional Arrangement Codes

Code	Explanation
00	No instructional setting
01	Homebound
08	Vocational Adjustment Class
40	Mainstream – General Education only
41	Resource Room / Services – Less than 21%
42	Resource Room / Services – at Least 21% & Less than 50%
43	Self-Contained, Mild/Moderate/Severe, Reg. Campus - Between 50% - 60%
44	Self-Contained, Mild/Moderate/Severe, Reg. Campus - More than 60%
45	Full-time Special Ed. Setting 3 – 5 years
81	RCTF-Mainstream
82	RCTF-Resource Room & Services 21% to Less than 21%

83	RCTF – Resource Room & Services 21% to Less than 50%
84	RCTF – Self-Contained, 50% - 60%
85	RCTF – Self-Contained, More than 60%

Instructional Arrangement Codes (by periods and minutes)

40	Mainstream – General Education Only
41	Resource < 21% <ul style="list-style-type: none"> • Secondary – 1 period • Elementary – 5-430 minutes weekly
42	Resource > 21% and < 50% <ul style="list-style-type: none"> • Secondary – 2 to 3 periods daily • Elementary – 431-1032 minutes weekly
43	Self-Contained, Mild-Moderate/Severe – at least 50% and no more than 60% <ul style="list-style-type: none"> • Secondary – 4 periods • Elementary – 1033-1245 minutes weekly
44	Self-Contained, Mild-Moderate/Severe=>60% <ul style="list-style-type: none"> • Secondary 5 – 8 periods • Elementary – 1246-2075 minutes weekly

Number of Periods of Special Education Instruction Per Day	8 – Period Instructional Day	7 – Period Instructional Day	6 – Period Instructional Day	5 – Period Instructional Day
One Spec Ed Period	Resource (41)	Resource (41)	Resource (41)	Resource (41)
Two Spec Ed Period	Resource (42)	Resource (42)	Resource (42)	Resource (42)
Three Spec Ed Periods	Resource (42)	Resource (42)	Mild/Mod/Ser (43)	Mild/Mod/Ser (43)
Four Spec Ed Periods	Mild/Mod/Ser (43)	Mild/Mod/Ser (43)	Mild/Mod/Ser (44)	Mild/Mod/Ser (44)
Five Spec Ed Periods	Mild/Mod/Ser (44)	Mild/Mod/Ser (44)	Mild/Mod/Ser (44)	Mild/Mod/Ser (44)
Six Spec Ed Periods	Mild/Mod/Ser (44)	Mild/Mod/Ser (44)	Mild/Mod/Ser (44)	
Seven Spec Ed Periods	Mild/Mod/Ser (44)	Mild/Mod/Ser (44)		
Eight Spec Ed Periods	Mild/Mod/Ser (44)			

South San Antonio Special Education Department
Julie Silva, Director of Special Education
5622 Ray Ellison Boulevard
San Antonio, Texas 78242

Amendment Notification

To the Parent(s) of:

Student Name	DOB	Student I.D.
--------------	-----	--------------

Attached are the changes we agreed upon regarding

These changes will be added to the Annual ARD dated _____
and will be in effect on _____

If you have any concerns or questions please contact your child's special education
teacher or district representative, _____ ,
(210) 977-7250, ext. _____ .

Thank you,

Special Education Department

Prior Written Notice

Part One: Contents of Prior Written Notice

What should be included in the prior written notice?

The prior written notice **must** include:

1. A description of the action **proposed or refused** by the committee;
2. An explanation of **why the committee proposes or refuses** to take the action;
3. A **description of each evaluation procedure, assessment, record, or report** the committee used as a basis for the proposed or refused action;
4. A **statement** that the parents of a child with a disability have protection under the procedural safeguards of this part and, **(if this is not an initial referral for evaluation), the means by which a copy of a description of the procedural safeguards can be obtained;**
5. **Sources of parents** to contact to obtain assistance in understanding the provisions of this part;
6. A description of **other options/alternatives that the IEP Team considered** and the reasons **why those options were rejected;** and
7. A description of **other factors** that are relevant to the committee proposal or refusal.
34C.F.R. § 300.503(b).

If the documentation you create through use of your district's software combined with your minutes does not clearly satisfy each of the 7 factors listed above, your ARD documentation is not in compliance with IDEA or recent TEA guidance.

1. Do sample forms exist?

The Department of Education has a sample form located at <http://www.ed.gov/policy/speced/guid/idea/modelform-notice.doc>.

SSAISD uses the ESped form.

Part Two: Circumstances Requiring Prior Written Notice

1. Under what circumstances are schools required to give parents prior written notice?

IDEA states that written notice must be given to a parent:

A reasonable time before the LED-

- i. **Proposes** to initiate or change the identification, evaluation, or educational placement of the child or the provision of FAPE to the child; or
- ii. **Refuses** to initiate or change the identification, evaluation, or educational placement of the child or the provision of FAPE to the child. 34C.F.R. §300.503(a)

2. Must an LEA provide prior written notice to a parent or an adult student even if the parent or adult student has agreed to the proposed change?

Yes. An LEA must provide prior written notice regardless of whether the parent agrees or disagrees with the change. Frequently Asked Questions, Available at: <http://ritter.tea.state.tx.us/special.ed/guidance/pwnfaq.pdf>

3. If PWN is required before we “propose” an action, does that mean before we suggest an action?

The purpose of PWN is to document *decisions* made by the ARD Committee and to give parents adequate notice before the decision is implemented. The district cannot make any decisions about placement or IEP content prior to an ARD meeting. Providing PWN in advance of meeting could suggest, in some circumstances that the public agency's proposal was improperly arrived at before the meeting and without parent input.

***South San Antonio ISD requires a copy of the PWN to be submitted to the Special Education Director within 24 hours of completion.**

Circumstances Requiring Prior Written Notice

Proposal or refusal to initiate or change something related to:	YES	NO
Identification of the Student		
Screening		X
Response to Intervention		X
Eligibility for special education	X	
Category of eligibility	X	
Evaluation of the student		
Collection of new data for initial evaluation and reevaluation	X	
Reevaluation of Existing Data (REED)		X
Parent Requests a Full and Individual Evaluation (FIE)	X	
Parent Requests an Independent Education Evaluation (IEE) and the district agrees		X
Parent Requests an Independent Education Evaluation (IEE) and the district refuses (must also file for due process to defend FIE)	X	
Refusal to Evaluate	X	
Educational Placement of the Student		
Initial educational placement into Special Education	X	
Relocation of the special education program (placement is not the same as location)		X
Move to a more restrictive environment	X	
Move to a less restrictive environment	X	
Dismissal from special education	X	
Graduation with a regular diploma	X	
Disciplinary removal for more than 10 consecutive school days (but notice may be Provided the day of the removal, prior to manifestation)	X	
Disciplinary removal for not more than 10 consecutive school days		X
Relocation to DAEP for more than 10 days (provided after manifestation review)	X	
Provision of FAPE to the Student		
Deletion or addition of related service	X	
Increase or decrease in special education services or related services	X	
Refusal to increase or decrease a related service	X	
Changes to the IEP	X	
Changes, additions, or deletions to classroom accommodations	X	
Changes, additions, or deletions of annual goals and objectives	X	
Change in how a student will participate in statewide assessment	X	
Consideration of the 11 Autism Strategies	X	

*The information in this handout was created by Walsh, Anderson, Brown, Gallegos & Green, P. C. It is intended to be used for general information only and is not to be considered specific legal advice. If specific legal advice is sought, consult an attorney.

2011 Walsh Anderson

AMENDMENT WITHOUT A MEETING

Authorities: 20 U.S.C. §§ 1414, 1415; 34 C.F.R. Part 300

Board Policies for SOUTH SAN ANTONIO ISD (015908) [EHBAB](#)

FEDERAL AND STATE REQUIREMENTS		CITATIONS
<input type="checkbox"/> P	<ul style="list-style-type: none"> After the annual admission, review, and dismissal (ARD) meeting, changes to the individualized education program (IEP) may be made either: 	<u>300.324(a)(4)</u> <u>300.324(a)(6)</u>
<input type="checkbox"/> P	<ul style="list-style-type: none"> By the entire ARD committee; or 	<u>300.324(a)(6)</u>
<input type="checkbox"/> P	<ul style="list-style-type: none"> By amending the IEP rather than by redrafting the entire IEP. 	<u>300.324(a)(6)</u>
<input type="checkbox"/> P	<ul style="list-style-type: none"> Eligibility determinations, changes of placement, and manifestation determination reviews will not be conducted through the amendment without a meeting process. 	<u>300.116</u> <u>300.306</u> <u>300.530(e)</u>
AMENDMENT PROCESS		
<input type="checkbox"/> P	<ul style="list-style-type: none"> To amend the IEP without an <u>ADMISSION, REVIEW, AND DISMISSAL COMMITTEE MEETING</u>: 	<u>300.324(a)(4)(i)</u>
<input type="checkbox"/> D	<ul style="list-style-type: none"> The parent of the child with a disability and the local educational agency (LEA) must agree not to convene an ARD committee meeting for the purpose of making changes to the IEP; and 	<u>300.324(a)(4)(i)</u>
<input type="checkbox"/> D	<ul style="list-style-type: none"> The LEA must develop a written document to amend or modify the child's current IEP. 	<u>300.324(a)(4)(i)</u>
REVISED IEP		
<input type="checkbox"/> P	<ul style="list-style-type: none"> If the IEP is amended without an <u>ADMISSION, REVIEW, AND DISMISSAL COMMITTEE MEETING</u>, the <u>ADMISSION, REVIEW, AND DISMISSAL COMMITTEE MEMBERSHIP</u> must be informed of those changes. 	<u>300.324(a)(4)(ii)</u>
<input type="checkbox"/> P	<ul style="list-style-type: none"> Upon request, the parent must be provided with a revised copy of the IEP with the amendments incorporated. 	<u>300.324(a)(6)</u>

Last Updated: Tuesday, April 14, 2015

South San Antonio ISD

ARD To Do

BEFORE THE ARD

- _____ Schedule ARD on calendar and notify appropriate staff who need to be in attendance. (Assessment, related service, speech, Behavior Specialist, Special Education Facilitator)***AI & VI must attend ARDs***
- _____ Send notice of ARD with Prior Written Notice.
- _____ Document on ARD notice all contacts made with parents to ensure attendance of meeting
- _____ Create and complete Draft IEP.
- _____ Send out Teacher Input form to all General Education Teachers of the student.
- _____ Update progress on previous year's goals and objectives (not to be done at ARD).
- _____ Archive the updated progress reports at this time.

BRING TO ARD

- _____ Recording equipment and cassettes for recording of all ARDs conducted in Spanish.
- _____ Procedural Safeguards (English or Spanish) and Guide to the ARD Process.
- _____ IEP progress reports-archived and printed
- _____ Student data (baseline testing, grades, district testing data, work samples).

AT THE ARD

- _____ Obtain Medicaid Consent Form and Parental Consent to Access SHARS Benefits Form signed by parent.
- _____ Obtain ALL committee members signatures.
- _____ Obtain parent signature on the waiver of the 5 school day waiting period.
- _____ Obtain parent signature on the ARD notices.

AFTER THE ARD

- _____ Prepare ARD paperwork to submit to Special Education Facilitator (see ARD paperwork submission guidelines).
- _____ Make copies of paperwork for parent and student folder.
- _____ Prepare student eSped cover sheet.
- _____ Scan all documents with signatures into eSped.
- _____ Archive ARD report and ARD notices.
- _____ Submit Audit copy of all paperwork to Special Education Facilitator. **Must be complete.**
- _____ Submit documents (accommodations/modifications, state assessment, goals and objectives, BIP, etc.) to those teachers and/or administrators directly working with the student. Pass out to all staff and obtain signatures on the **Verification Receipt of the IEP and other Supplements** Form.

Initial and date each line
Turn in copy with the ARD paperwork
Keep a copy for your records

PEIMS Change
Form

2020-2021
Procedures

PEIMS CHANGE FORM

Student Name _____ ID# _____
 School _____ Grade _____ DOB _____ SS# _____
 Submitted by _____ Date Submitted _____

<p>NEW ENTRY Effective Date _____</p> <p>Handicap # (1) _____ (2) _____ (3) _____ *IA _____ / _____ Use # codes _____ speech code _____</p> <hr/> <p>CHANGE Effective date _____</p> <p style="text-align: center;">FROM School _____ TO School _____</p> <p>IA # _____ / _____ IA # _____ / _____ speech code _____ speech code _____</p> <p>Handicap # (1) _____ Handicap # (1) _____ Use # codes (2) _____ Use # codes (2) _____ (3) _____ (3) _____</p> <hr/> <p>DISMISSAL FROM SPECIAL EDUCATION ONLY</p> <p style="text-align: center;">Effective Date _____ If a withdrawal from district, submit Special Ed. Withdrawal form to Sp. Ed. Office only.</p> <p style="text-align: center;">If Graduate, PEIMS graduation code _____</p> <hr/> <p>ARD INFORMATION</p> <p>ARD date _____ Current Annual Review Date _____</p> <p>ASSESSMENT INFORMATION: (Give ALL NEW Assessment Dates listed on REED)</p> <p><input type="checkbox"/> NO NEW ASSESSMENT Completed REED Date _____</p> <p>Name & Date: _____</p> <p>Name & Date: _____</p> <p>Name & Date: _____</p>	<p>*Instructional Arrangement (IA) E=Elementary (MINUTES) S=Secondary (PERIODS)</p> <p>00 No instructional setting (Code 0: No Speech, Code 1: Speech Only, Code 2: Speech with other services)</p> <p>01 Homebound</p> <p>08 Vocational Adjustment Class/Program</p> <p>40 Mainstream (including PPCD classes at the day cares) RF code (81)</p> <p>41 Resource Room/Services-less than 21% RF code (82) S-1 period E-5-430 minutes/wkly</p> <p>42 Resource Room/Services-at least 21% and less than 50% RF code (83) S-2 or 3 periods daily E-435-1032 minutes/wkly</p> <p>43 Self-contained, Mild-Moderate/Severe, Reg. Campus at least 50% & no more than 60% RF code (84) S-4 periods daily E-1037-1245 minutes/wkly</p> <p>44 Self-contained, Mild/Moderate/Severe, Reg. Campus more than 60% RF code (85) S-5-8 periods daily E-1250-2075 minutes/wkly</p> <p>45 Full-time Early Childhood Special Education Setting</p> <hr/> <p style="text-align: center;">PEIMS Handicap Codes:(Special Ed. Codes)</p> <p>AI 03 Auditory Impaired (AI) -Enrolled 45 minutes per week direct</p> <p>AU 10 Autistic</p> <p>DB 05 Deaf Blind</p> <p>ED 07 Emotionally Disturbed</p> <p>LD 08 Learning Disabled</p> <p>ID 06 Intellectual Disability</p> <p>NC 14 Non-Categorical Early Childhood</p> <p>OI 01 Orthopedically Impaired</p> <p>OH 02 Other Health Impaired</p> <p>SI 09 Speech Impaired</p> <p>TB 13 Traumatic Brain Injury</p> <p>VI 04 Visual Impaired</p> <p>Multiple Disabled (MD) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Medically Fragile <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p style="text-align: center;">OTHER/RELATED SERVICES</p> <p>Check ALL services receiving or scheduled to receive within the effective date of ARD; write DNO if dismissed from service</p> <p>NO RELATED SERVICES Adapted Physical Education</p> <p>PT School Health Services</p> <p>OT Interpreter Services (specific codes on back)</p> <p> Counseling Personal Care Services</p> <p> Transportation</p> <p> Assistive Technology</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Testing Year: 20 _____ / 20 _____

Type of Test: (CIRCLE ONE)		
STAAR	STAAR –Online	STAAR-ALT
Circle Grade and Subjects		
Grade	Subjects	
	US History	
	Algebra I	
	English I	English II
	Biology	
8	Reading	Math
		Science
7	Reading	Writing
		Math
6	Reading	Math
		Science
5	Reading	Math
		Writing
4	Reading	Math
		Math
3	Reading	Math

11th /12th grader in HIGH SCHOOL
 Has the student met the participation requirements for state assessments for graduation or aging out at 22 yrs:

Yes	
No	

- PEIMS – Interpreting Type Codes
 PLACEMENT OF SERVICES(1)**
- 01 Oral Transliteration
 - 02 Cued Language Transliteration
 - 03 Sign Language Transliteration
 - 04 Sign Language Interpreting
 - 05 CART – (Communication Access Real Time)
 - 06 C-Print
 - 07 Type Well
 - 08 Special Interpreting for Deaf-Blind

PPCD Service Location Codes	
Code	Translation
0	NOT APPLICABLE TO THIS STUDENT
1	REGULAR EARLY CHILDHOOD PGM, AT LEAST 10 HRS/WEEK
3	SPECIAL EDUCATION PGM, DISABLED, IEP
4	REGULAR EARLY CHILDHOOD PGM, LESS THAN 10 HRS/WK
5	REC PGM, >= 10 HRS/WK, MAJORITY AT OTHER LOCATION
6	REC PGM, < 10 HRS/WK, MAJORITY AT OTHER LOCATION
7	RECEIVES SPECIAL ED SERVICES AT HOME
8	RECEIVES SPECIAL ED SERVICES AT SERVICE PROVIDER

**** ALL INFORMATION MUST MATCH THE ARD PAPERWORK ****

MISCELLANEOUS/
INFORMATION

2020-2021
Forms &
Procedures

Important Considerations

1. Do not forget to invite Related Service Staff to ARD meetings as appropriate – if the student qualifies for these services. Those specialists required to attend **all** ARDs are: VI, AI. Otherwise, the assessment people may provide their input & not attend the ARDs.
2. Staffing is required prior to consideration of placement in a Life Skills & BAC setting.
3. For non-enrolled speech only students, speech therapist should provide parent with school's enrollment packet at the time to testing. After the ARD meeting, (and on or by 1st date of services) speech therapist will assist parent in completing enrollment packet and make certain child is registered
4. Make sure to include in an initial ARD parent consent for Initial Placement. This is found in **consents on e-Sped. (Be sure to include a copy of it for placement in audit folder under consents.)**
5. At the beginning of the new school year, collaborate with LPAC committee to determine what students can have the LEP label removed. Our first priority is Life Skills and PPCD. These may be done on amendments while the rest can be done at the Annual ARD. Be sure to attach exit form to amendment & turn in. Form is attached.
6. **ARCHIVING:** Who does it? When is it done? If you create it, you archive it. Archiving must be done immediately after completion of ARD. Do not assume someone else is going to do it for you. "How To" document is included.
7. The signature page must be faxed to e-Sped. Original signature page is turned in to special education with the completed ARD. If you fax it, it is your responsibility to maintain a copy of signature page and receipt of fax.
8. Completed ARD documentation must be turned into the Special Education Department/PEIMS/SEMS Clerk within 5 days calendar of meeting.
9. See Modification cases attached.

ARD TEACHER INPUT FORM

PRESENT LEVELS OF ACADEMIC AND FUNCTIONAL PERFORMANCE

STUDENT NAME: _____ ID NUMBER: _____ Response Due By: _____	COURSE TITLE: _____ TEACHER: _____ Grade: _____ State Assessment Score: _____
Academic Strengths: List TEKS in which student has proven especially proficient: Copy verbiage from subject chapter http://www.tea.state.tx.us/index2.aspx?id=6148	Academic Areas of Need: List TEKS in which student has difficulty: Copy verbiage from subject chapter http://www.tea.state.tx.us/index2.aspx?id=6148
Current Accommodations: (Case Mgr: List all accommodations for this subject currently required by ARDC)	Recommended Accommodations: Reviewing the current accommodations, (1) Which have you found to be effective? (2) What additional accommodations (if any) have you found to be effective and would recommend?
Special Education Classroom Support (core classes only): Please estimate how much itinerate support from a Special Education teacher this student needs to be successful in this subject area. Please check one: <ul style="list-style-type: none"> <input type="checkbox"/> None (Student can pass with listed accommodations and student support) <input type="checkbox"/> Monitor only (Special Education teacher will monitor progress and collaborate interventions) <input type="checkbox"/> 2X per Week <input type="checkbox"/> 3X per Week <input type="checkbox"/> Student needs daily assistance in a co-teach environment (Please provide DETAILED justification; see case manager for assistance) Justification:	
Concerns: Please tell us any other concerns (behavioral, attendance, other skills, etc) that you may have about this student.	

TEA Examples of Frequency and Duration

F &D: Needs to state the week of service(s) within a grading period.

TEA THINKING: If the student moves to another district within the grading period, the new district would know if the student has been provided with the service.

Examples
<p style="text-align: center;">Counseling:</p> <p>2 times a month for 30 minutes per session on the 1st and 3rd or 4th week with no services on the 2nd and 4th week so that the therapist may access carryover in classrooms.</p> <p>One 30 minute session on the (choose one: 1st, 2nd, 3rd, 4th, 5th, or 6th week) per grading period with no services the other weeks so that the therapist may access carryover in classrooms.</p>
<p style="text-align: center;">Speech:</p> <p>45 minutes for 4 consecutive weeks and two weeks with no services to determine generalization, in a grading period.</p> <p>Consult, 1- 15 minutes session with the special ed teacher on the first week of each grading period with no services the other weeks so that the therapist may access carryover in classrooms</p> <p>Consult, 1 - 30 min session on the first or second week of each semester with no services the other weeks so that the therapist may access carryover in classrooms.</p>
<p style="text-align: center;">Co-Teach:</p> <p>4-50 minute sessions per week with no services on the 5th day of the same week to determine generalization. English 4: 2012-2013</p> <p>3-50 minute sessions per week per grading period with no services the other 2 days of the same week to determine generalization.</p>
<p style="text-align: center;">Transportation:</p> <p>2 times daily on school days for the duration of the IEP school year</p>
<p style="text-align: center;">OT</p> <p>Consult, 1 – 20 min session on the 3rd week of the grading period. If student is unable to be seen in designated week, OT services will be provided in another week of the same grading period.</p>
<p style="text-align: center;">O & M</p> <p>Consult, 1 - 30 min session on the first or second week per grading period with no services the other weeks so that the therapist may access carryover in classrooms.</p>
<p style="text-align: center;">VI</p> <p>1 session of 30 minutes during the 3rd week per grading period, If student is not seen on the 3rd week, VI services will be provided on another week within the same grading period.</p>
<p style="text-align: center;">AI Counseling</p> <p>Consult, 1- 15 minutes session on the first week per grading period with no services the other weeks so that the therapist may access carryover in classrooms</p>

Academic Progress/Attendance Monitoring Form

South San Antonio ISD Special Education Department
Academic Progress/Attendance Monitoring for Special Education Students

Current Grades and Attendance Must Be Attached

Student Name:	ID:	Grade:
School:		Case Mgr:

First Nine Weeks 8/21/17-10/20/17

Weeks 1-3	Weeks 4-6
Concerns:	Concerns:
Plan of Action:	Plan of Action:
Follow-Up:	Follow-Up:
Weeks 7-9	
Concerns:	
Plan of Action:	
Follow-Up:	

Second Nine Weeks 10/24/17-12/22/17

Weeks 1-3	Weeks 4-6
Concerns:	Concerns:
Plan of Action:	Plan of Action:
Follow-Up:	Follow-Up:
Weeks 7-9	
Concerns:	
Plan of Action:	
Follow-Up:	

Third Nine Weeks 1/9/18-3/09/18		
Weeks 1-3		Weeks 4-6
Concerns:		Concerns:
Plan of Action:		Plan of Action:
Follow-Up:		Follow-Up:
Weeks 7-9		
Concerns:		
Plan of Action:		
Follow-Up:		

Fourth Nine Weeks 3/19/18-5/31/18		
Weeks 1-3		Weeks 4-6
Concerns:		Concerns:
Plan of Action:		Plan of Action:
Follow-Up:		Follow-Up:
Weeks 7-9		
Concerns:		
Plan of Action:		
Follow-Up:		

In-School Suspension/Off-Campus Suspension Monitoring

for Special Education Students in the General Ed Setting

SCHOOL ADMINISTRATOR

Date:	Student Name:		
ID:	School:		
Case Manager:			

*****Case Manager MUST complete prior to placement to be in compliance with student's IEP.*****

Documented Services Provided:				
Services	Freq & Duration		Freq & Duration	
Adapted Physical Education		Itinerant		
Auditory Impairment		Speech		
Co-Teacher		Transportation		
Health Services		Visual Impairment		
Occupational Therapy		Counseling		
Physical Therapy		Orientation & Mobility		

Dates of Suspension				
Day 1			Day 6	
Day 2			Day 7	
Day 3			Day 8	
Day 4			Day 9	
Day 5			Date of MDR	
Date of Staffing: (Attach Form)			Day 10	

**ANY ADDITIONAL SUSPENSIONS WITHOUT A MANIFESTATION DETERMINATION REVIEW
(MDR) RESULTS IN A DIRECT VIOLATION OF FAPE.**

South San Antonio Independent School District
Special Education Department

Verification of Receipt of Instructional Modifications

I acknowledge that I have received the instructional modifications designated by the ARD committee for

(Name of Student & ID #)

from case manager _____.

If I need further clarification or have any questions relating to this student's disabilities, educational program or ability, I can contact the student's case manager.

I have received the following Individual Education Plan (check if applicable):

- Goals & Objectives _____
- Accommodations/Modifications _____
- Testing Data _____
- Schedule of Services _____
- Autism Spectrum Disorder form _____
- BIP _____
 - A. **received a copy of the student's BIP;**
 - B. **it has been explained to you, and**
 - C. **you understand when and how to implement it.**

This form needs to be completed/updated within the FIRST week of school or at enrollment, amendment to the BIP, change in schedule with new teachers, and at the Annual ARD.

- Other: _____

/	
General Education Teacher/Administrator/Other Staff directly involved (Print / Signature)	Date

/	
Special Education Case Manager (Print / Signature)	Date

*****STUDENT MAY BE IN YOUR SECOND SEMESTER CLASS*****

PLEASE SIGN AND RETURN TO CASE MANAGER

DATE SENT/MAILED _____

South San Antonio ISD
2454 West Southcross Blvd
San Antonio, TX 78211
210-977-7250

- Release Information
- Request Information

CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

Student Name: _____ ID#: _____ Date of Birth: _____

Contact 1: _____ MEDICAID# _____

We are asking that you authorize the person or agency named below to release/to request specified records containing confidential information regarding the above-named student.

NAME OF SCHOOL STAFF PERSON _____	POSITION OF SCHOOL STAFF PERSON _____
PERSON/AGENCY TO WHOM REQUEST IS MADE/PERSON/AGENCY MAKING REQUEST _____	
NAME OF ISD/SPECIAL EDUCATION COOPERATIVE _____	NAME OF PERSON/AGENCY _____
ADDRESS: _____	ADDRESS: _____
ADDRESS: _____	ADDRESS: _____
ADDRESS: _____	ADDRESS: _____

RECORDS TO BE RELEASED/RECORDS REQUESTED	PURPOSE OF DISCLOSURE
<input type="checkbox"/> Medical records <input type="checkbox"/> IIL, ARD, ILP, TAKS/SDAA results <input type="checkbox"/> ITP, Vocational testing <input type="checkbox"/> Other Sp. Ed. Records <input type="checkbox"/> Psychological evaluations <input type="checkbox"/> Initial Consent to Placement <input type="checkbox"/> Other: _____	<input type="checkbox"/> To assist ARD committee in educational planning <input type="checkbox"/> To assist outside person/agency in providing noneducational support <input type="checkbox"/> Other: _____

Please check (X) the appropriate boxes below. For more information please call _____

_____ at _____
SCHOOL STAFF PERSON TELEPHONE NUMBER

- Yes No I have been fully informed in my native language or other mode of communication and understand the school's request for my consent, as described above. This information will be disclosed/requested upon receipt of my written consent.
- Yes No I understand that my consent is voluntary and may be revoked anytime. However, I understand that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before consent was revoked).
- Yes No I understand that I will be notified in writing of each release of educationally related information.
- Yes No I give permission for the identified records to be released/disclosed to the above named person(s)/agency(ies).

A copy of the procedural safeguards in understandable language must be given to the parents/guardian of a child with a disability only once in a year. A copy must also be given when an initial evaluation or a parent request for an evaluation occurs, upon receipt of the first due process or State complaint during a school year, when the district decides to make a change in placement due to a discipline issue, and upon parent request [300.504(a)]. A copy will be/was provided to _____ on _____

**Transfer
Student-
Agreement to
Implement**

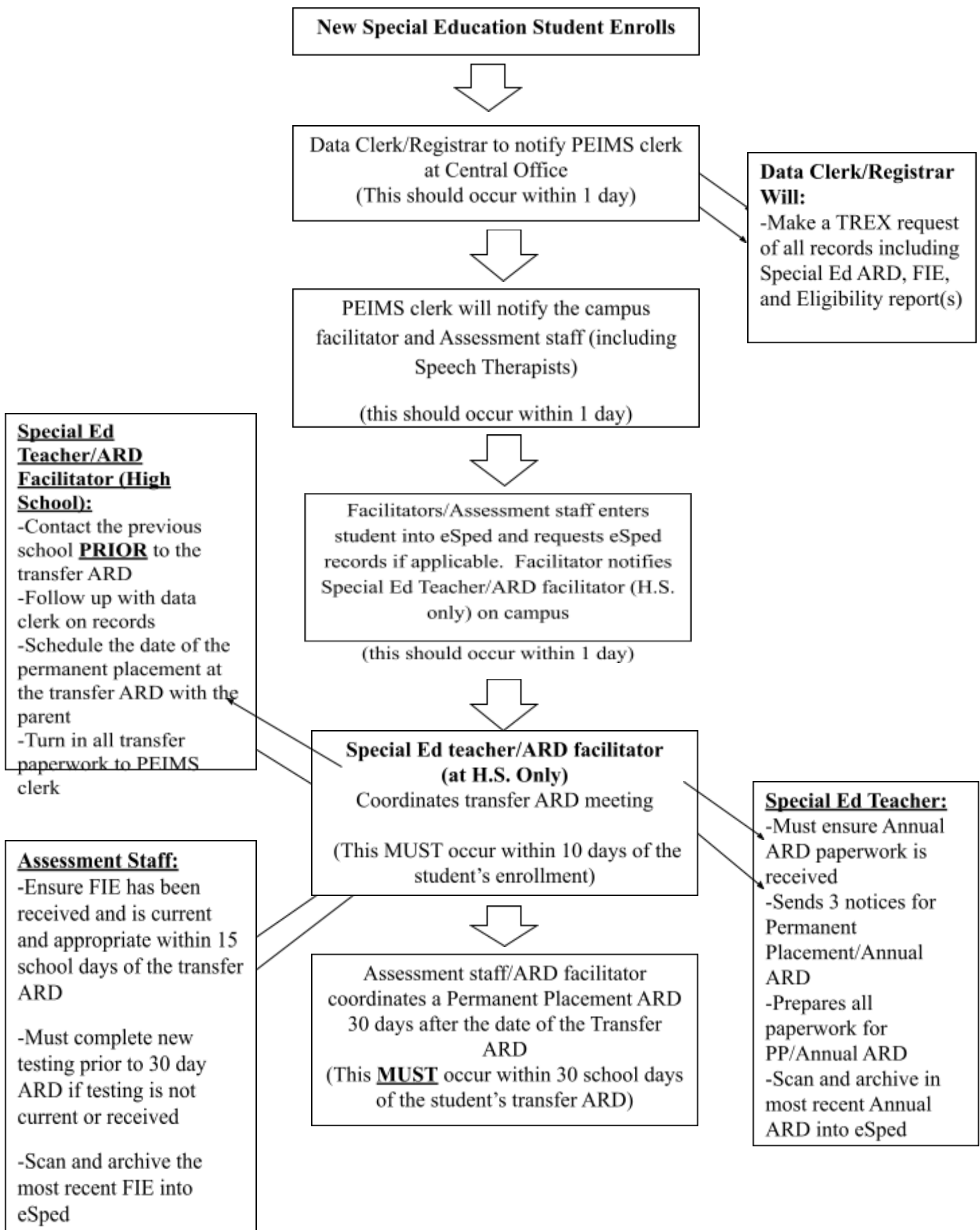
2020-2021
Process &
Procedures

Regarding TRANSFER STUDENTS

- I. Transfer student will enroll at the home school.
- II. School counselor requests records via TREX including: FBA, BIP, AU supplement, etc. (skip this step if ALL records and supplements are available for review).
- III. Special Education teacher will contact assessment person to review all records (FIE/Annual ARD).
- IV. Special Education Teacher or Assessment person will contact Special Education Facilitator.
 - a. Notify Director of Special Education via email or in person
 - b. Notify Campus Administrator of receiving school and BAC or Life Skills Teacher of incoming student
 - c. Review Functional Behavior Assessment (FBA), Behavior Intervention Plan (BIP), Autism Supplement, and any other necessary supplements (e.g., Seizure Action Plan)
- V. Home campus sets up the Permanent Placement ARD if the IEP, supporting documents and any other records are available for review. The ARD will be held at home campus. LIFE/BAC Unit personnel and campus administrators from the receiving campus should be invited to attend the ARD. Should all relevant paperwork not be available for review, a Temporary ARD should be held within 10 days of student enrollment.

NOTE: Should the severity of the disability require services not available on the home campus, the Temporary ARD should be expedited to ensure the student's educational needs are met in the appropriate educational setting. The receiving campus should hold the Permanent Placement ARD within 30 school days from the date the child is verified as being a child eligible for Special Education services.

New Student Enrollment Flow Chart



PROCEDURE for BAC/LIFE SKILLS UNITS Regarding TRANSFER STUDENTS

1. **Transfer student will enroll at the home school.**
2. School counselor requests records via TREX including: FBA, BIP, AU supplement, etc. (skip this step if ALL records and supplements are available for review).
3. Assessment staff/Facilitator will review all Special Education records.
4. Assessment staff/Facilitator will contact Behavior Specialist as appropriate.
 - Notify Director of Special Education via email or in person
 - Notify Campus Administrator of receiving school and BAC or Life Skills Teacher of incoming student
 - Review Functional Behavior Assessment (FBA), Behavior Intervention Plan (BIP), Autism Supplement, and any other necessary supplements (e.g., Seizure Action Plan)
5. Home campus sets up the Permanent Placement ARD if the IEP, supporting documents and any other records are available for review. The ARD will be held at home campus. LIFE/BAC Unit personnel and campus administrators from the receiving campus should be invited to attend the ARD. Should all relevant paperwork not be available for review, a Temporary ARD should be held within 10 days of student enrollment.

NOTE: Should the severity of the disability require services not available on the home campus, the Temporary ARD should be expedited to ensure the student's educational needs are met in the appropriate educational setting. The receiving campus should hold the Permanent Placement ARD within 30 school days from the date the child is verified as being a child eligible for Special Education services.

DOCUMENTATION NEEDED FOR TRANSFER STUDENT-AGREEMENT TO IMPLEMENT ARDS

_____ **Out of District Transfer Form** (Paper Form)

_____ **Home Language Survey and Language Proficiency** (Paper Form)

_____ **PEIMS Change Form** (Paper Form)

_____ **Consent for Disclosure of Confidential Information** (eSped)

Note: Needed ONLY for students coming from private settings or out of state.

_____ **Notice of ARD** (eSped)

_____ **Transfer ARD** (eSped)

_____ **Annual Medicaid Consent Form** (eSped)

_____ **Receipt of Procedural Safeguards & A Guide to the ARD Process** (eSped)

_____ **Notice of Procedural Safeguards Booklet Given to Parent**

_____ **A Guide to the ARD Process Booklet Given to Parent**

_____ **Notice and Consent for Testing**

Student's Name _____

Social Security # _____

School ID# _____

School # _____ **Grade** _____

Permanent Placement ARD Due Date: _____

**South San Antonio Independent School District
Special Education Department**

Out-Of-District Transfer Student

Directions for the Teacher, Counselor, or Administrator: Please gather the following information. This will enable you to conduct the Transfer ARD and continue services to the student without disruption. The Transfer ARD can be conducted by a committee consisting of an administrator, a Reg. Ed., and Sp. Ed. teacher. Permanent Placement ARDs must be conducted within 30 days of Transfer ARDs. Thank you.

Student Name: _____ Grade: _____

Entry Date: _____ Date of Birth: _____ SS# _____

Handicap: (1) _____ (2) _____ (3) _____ I/A: _____ Testing _____
 Primary Secondary Tertiary 40, 41, 42, etc. STAAR, STAAR-M, STAAR-Alt

Date of last Annual Review: _____

Date of FIE: _____ Date of Psychological Evaluation: _____

Student's Placement and Related Services

(Check setting and briefly describe the extent of services required by the student.)

_____ Speech _____ Resource _____

_____ Inclusion _____ CMC _____

_____ Self-Contained _____ PPCD _____ Self Contained Behavior Class _____ Life Skills _____ Other (specify)

_____ Related Services _____

Contact Information

Person Contacted _____ Position _____

Date: _____ Time: _____

District: _____

School or Special Education Address: _____

Telephone Number _____

Fax Number _____

Please **print** the name of the South San person who filled out the form. Thank You.

Person _____ School _____ Date _____

DISTRICT NAME _____

TEXAS EDUCATION AGENCY
Division of Bilingual Education
HOME LANGUAGE SURVEY

Name of Student _____

Campus _____ Grade _____

TO BE FILLED IN BY PARENT/ADULT STUDENT

1. What language is spoken in your home most of the time? _____
2. What language does the student speak most of the time? _____
3. What language do you prefer to receive information and notices? _____

Signature of Parent or Adult Student

Date

NOMBRE DEL DISTRITO

CUESTIONARIO DE IDIOMA HOGAREÑO
ESTADO DE TEXAS

Nombre del Estudiante _____

Escuela _____ Grado _____

DEBE DE COMPLETARSE POR EL PADRE O EL ESTUDIANTE ADULTO

- (1) ¿Cuál es el idioma que mas se habla en su hogar? _____
- (2) ¿Cuál es el idioma que mas habla el estudiante? _____
- (3) ¿Cuál es el idioma que prefiere recibir información y notificaciones? _____

Firma del Padre o Estudiante Adulto

Fecha

Transfer Student-Agreement to Implement

Transfer ARD is done... Now What?

- 1) Turn in a copy of all paperwork to Facilitator on the first Friday following the Transfer Student-Agreement to Implement ARD.
- 2) Appraisal Clerk will give a copy of the Consent to Request Confidential Information to Receptionist/Transportation Clerk who will follow up with the previous district to make sure that records are received in a timely manner.
- 3) A copy of all records received will be given to LSSP/Speech Therapist directly or e-mailed to appropriate staff.
- 4) Evaluation Staff is responsible for:
 - a) Providing teacher with records needed to complete Permanent Placement ARD.
 - b) Providing copies to related service staff assigned to that campus

*Note: Screen numbers may change with eSped updates.

HOMEBOUND SERVICES

What Is It?

This instructional arrangement/setting is for providing special education and related services to students who are served at home or hospital bedside. (A) Students served on a homebound or hospital bedside basis are expected to be confined for a minimum of four consecutive weeks as documented by a physician licensed to practice in the United States. Homebound or hospital bedside instruction may, as provided by local district policy, also be provided to chronically ill students who are expected to be confined for any period of time totaling at least four weeks throughout the school year as documented by a physician licensed to practice in the United States. The student's ARD committee shall determine the amount of services to be provided to the student in this instructional arrangement/setting in accordance with federal and state laws, rules, and regulations, including the provisions specified in subsection (b) of this section. (B) Home instruction may also be used for services to infants and toddlers (birth through age 2) and young children (ages 3-5) when determined appropriate by the child's individualized family services plan (IFSP) committee or ARD committee. This arrangement/setting also applies to school districts described in Texas Education Code, §29.0

Purpose Of Homebound

The purpose of Homebound Services is to provide students with academic instruction at home or hospital bedside during a temporary period of absence, and re-engage students successfully at their home campus when they are released by their physician to return. Homebound Services are designed to enable students with a medical condition to continue their coursework while they are temporarily unable to attend school. **The ARD Committee will consider homebound services for students who are currently enrolled in school and will be confined to a home or hospital setting for (4) or more weeks.** Homebound instruction is not intended to replicate what a student receives in their classroom setting. However, the same content that was provided in the classroom setting and current accommodations and supports will remain in effect and will be provided to the student through their homebound instructional services.

Qualifying Descriptor

These guidelines apply ONLY to Special Education eligible students; general education homebound is coordinated by Carlos Martinez, General Education Homebound Teacher.

A student must be enrolled in a South San Antonio ISD school in order to be considered for homebound instructional services.

Eligibility for homebound instruction is determined on the basis of medical evidence submitted by a licensed medical doctor. A diagnosis with an explanation of how symptoms affect school attendance is required. Reasons homebound may be requested:

- **Physical condition:** Students with physical conditions causing them to be unable to attend school may include those with serious or terminal illnesses, those undergoing treatments that compromise their immune systems, those undergoing surgery, or in postpartum recovery (up to six weeks). The student must be free of infectious or communicable disease.
- **Mental health condition:** In order to consider homebound instruction for students with psychiatric disorders, a mental health professional must be treating the student, and a psychiatrist or a clinical psychologist must provide the medical documentation. It should be noted that in some instances when a student is experiencing psychiatric difficulties, homebound instruction may exacerbate the student's problems and would, therefore, not be approved. Other school-based alternatives may be appropriate.

Procedures for Special Education Homebound Instruction

** Please remember all requests for Homebound Services are initiated by the Special Education Homebound Coordinator.*

1. The Special Education Homebound Coordinator is notified of a request for homebound services.
2. The Special Education Homebound Coordinator contacts the Special Education Director to discuss the request of homebound services for the student.
3. The Special Education Homebound Coordinator will have the campus Special Education Teacher or campus Special Education Facilitator get the parents sign the “Consent for Disclosure of Confidential Information” form for the homebound paperwork to be completed by the referring physician. This consent form is also for The Special Education Homebound Coordinator to speak to the referring physician regarding the student's medical condition.
4. The Special Education Homebound Coordinator will fax all homebound forms to be sent to the physician.
5. After all forms are received and verified by the Special Education Homebound Coordinator the campus Special Education Teacher or campus Special Education Facilitator will be notified so that an ARD can be scheduled to consider homebound placement and services.

Note: The “Homebound Needs Evaluation-Referral” is ONLY a RECOMMENDATION for the ARD Committee to consider. It is not the sole determining factor in considering the need for homebound services.

6. Conduct an ARD Committee meeting to determine if homebound is appropriate for the student. The ARD Committee determines the type(s) and amount of instruction to be provided.
 - The ARD Committee includes: parent or legal guardian, administrator or designee, counselor (if appropriate), general education teacher who is familiar with the student, special education teacher and Special Education Homebound Coordinator.
 - Data to be considered:
Homebound Needs Evaluation-Referral
7. ARD Committee develops a plan of service which includes:
 - Identification and responsibilities of homebound teacher

- The type and amount of instruction to be provided, including the designated amount of time per week; typically 1 hour per week equals 1 class / course (ELAR, Math, Science, Social Studies) for a total of 4 hours per week
- Review IEP's (current IEP's will remain in effect new IEP's do not have to be created)
- Date for initiation of services and estimated dismissal date
- Plan to transition back to the classroom

8. The homebound teacher will return completed assignments to the school for the classroom teachers to grade and calculate progress reports and report cards. Grading can be in collaboration with the homebound teacher.

9. The student will continue to be enrolled on the home campus. The home campus registrar will enter the homebound service code which will be maintained through the homebound period. The homebound teacher will provide a copy of the Weekly Doc Log to attendance clerk at the student's campus for attendance documentation.

10. When the student is able to return to the campus, a signed release from the referring physician must be obtained and an ARD must be held to dismiss the student from homebound. In the meeting discuss the student's current schedule and possible strategies to ensure a successful transition back to the home campus.