

**ABC UNIFIED SCHOOL DISTRICT  
PUPIL SUPPORT SERVICES**

**PARAEDUCATOR HANDBOOK**

**2013-14**



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## **SPECIAL EDUCATION PROGRAMS AND SERVICES**

### **Special Education is.....**

Specially designed instruction, at no cost to the parent, to meet the unique needs of individuals with exceptional needs whose educational needs cannot be met with modification of the regular instructional program.

....California Statute

### **The goal of Special Education is...**

To provide students with the skills to be integrated, productive, independent, competent, responsible, wage-earning citizens.

It is vital to remember that special education provides services to students with disabilities to assist them in being more successful in school and in developing skills for the future. We have high expectations for all of our students, beginning with the premise that all students will graduate from high school and continue in higher education or in the world of work. In order for our students to be successful, we all must work collaboratively to achieve this goal.

Special education services are provided to students with disabilities based upon their unique needs. A team of people work together to determine a student's eligibility for special education services. This team is called the Individualized Education Program Team (IEP Team).

The IEP is developed each year at an IEP meeting. The IEP includes assessment data that describes the student's unique needs, present levels of performance, as well as goals and measurable benchmark objectives for the coming year, the types of services to be provided, and the frequency of these services.

## **AREAS OF ELIGIBILITY**

Students eligible to receive special education services are those who have been found to exhibit one of 13 disabling conditions recognized by the State of California. Determination of a disabling condition is made after a comprehensive individual evaluation is completed. If a disabling condition is determined, which results in an educational need, special education services may be provided.

There are **13 eligibility categories** for which a student must qualify in at least one category in order to be deemed eligible for special education services. The categories are:

### **Speech or Language Impairment**

The student demonstrates difficulty understanding or using spoken language to such an extent that it adversely affects his or her educational performance. Disorders may relate to articulation (production of speech sounds), voice (persistent, defective voice quality, pitch or loudness), fluency (abnormal flow of verbal expression), language (inappropriate or inadequate acquisition, comprehension or expression of spoken language), and hearing loss (resulting in language or speech disorder).

### **Specific Learning Disability**

The student has a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations.

### **Intellectual Disability**

The student has significantly below average general intellectual functioning with deficits in adaptive behavior.

### **Deaf**

The student has a hearing impairment that is so severe that he/she is significantly impaired in the ability to process linguistic information through hearing with or without amplification.

### **Hard of Hearing**

The student has a hearing impairment, permanent or fluctuating, which impairs the processing of linguistic information through hearing even with amplification.

### **Visual Impairment**

The student has an impairment in vision, partial sight or blindness that even with correction adversely affects his /her educational performance.

### **Traumatic Brain Injury**

The student has an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability, or psychosocial impairment. The term does not apply to brain injuries that are congenital, degenerative, or induced by birth trauma.

**Autism**

The student has a developmental disability which significantly affects verbal and nonverbal communication and social interaction. Other characteristics often associated with autism are engagement in repetitive activities, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

**Deaf-Blindness**

The student has both hearing and visual impairments, the combination of which causes severe communication and other developmental and educational problems.

**Orthopedic Impairment**

The student has physical impairments caused by disease, birth defects, or from other causes (i.e. cerebral palsy, amputations).

**Emotional Disturbance**

The student exhibits one or more of the following five characteristics over a long period of time and to a marked degree: an inability to learn that cannot be explained by intellectual, sensory or health factors, an inability to build or maintain satisfactory interpersonal relationships with peers and teachers, inappropriate types of behavior or feelings under normal circumstances, a general pervasive mood of happiness or depression, a tendency to develop physical symptoms or fears associated with personal or school problems.

**Other Health Impairment**

The student has limited strength, vitality or alertness due to chronic or acute health problems, including but not limited to a heart condition, cancer, leukemia, rheumatic fever, chronic kidney disease, epilepsy, lead poisoning, diabetes, or severe asthma. The health problem is not temporary in nature. It adversely affects the student's educational performance.

**Multiple Disabilities**

The student has coexisting impairments (such as orthopedic impairment/deafness, emotional disturbance/orthopedic impairment), the combination of which causes severe educational needs.

## **IT IS THE PERSON FIRST, THEN THE DISABILITY**

If you saw a person in a wheelchair unable to get up the stairs into a building would you say, "There is a handicapped person unable to find a ramp?" Or would you say, "There is a person with a disability who is handicapped by an inaccessible building?" What is the proper way to speak about someone who has a disability? Consider how you would introduce someone (i.e. Jane Doe) who doesn't have a disability. You would give her name, where she lives, what she does for a living, or what she is interested in, such as she likes swimming and eating Mexican food. Why say it differently for a person with a disability?

Every person is made up of many characteristics, mental as well as physical. In speaking or writing, remember that students or adults with disabilities are like everyone else, except they happen to have a disability. Therefore, here are a few tips for improving your language related to disabilities and handicaps:

- Speak of the person first, then the disability.
- Emphasize abilities, not limitations.
- Do not label people as part of a disability group-don't say "the disabled," say "people with disabilities."
- Don't give excessive praise or attention to a person with a disability; don't patronize.
- Choice and independence are important. Let the person do or speak for him/herself as much as possible. If addressing an adult, say "Bill" instead of "Billy."
- A disability is a functional limitation that interferes with a person's ability to walk, hear, talk, learn, etc. Use the term "handicap" to describe a situation or barrier imposed by society, the environment or oneself.

### **S A Y ...**

### **INSTEAD OF...**

|                                      |                                 |
|--------------------------------------|---------------------------------|
| student with a disability            | disabled or handicapped student |
| person with a learning disability    | learning disabled               |
| person who has                       | afflicted, suffers              |
| developmental delay                  | slow                            |
| emotional disorder or mental illness | crazy or insane                 |
| deaf or hearing impaired             | deaf and dumb                   |
| uses a wheelchair                    | confined to a wheelchair        |
| nondisabled                          | normal, healthy                 |
| person with epilepsy                 | epileptic                       |
| has a physical disability            | crippled                        |

## Continuum of Placement Options in the ABC Unified School District

- 
- General Education Class
    - General Education Class with Modifications
    - General Education Class and Related Services
  - General Education Class and Resource Specialist Program  
With or without Related Services
- 
- Special Day Class Program  
With General Education Class
  - Special Day Class Program
    - Related Services can  
be with either of these
- 
- Non-public School
  - Home Hospital  
Instruction
  - Residential  
School

This pyramid shows the different placement options available from the least restrictive to the most restrictive.

The largest part of the pyramid shows where the majority of students are placed in the general education program. The intent of special education is to provide students with disabilities an opportunity to be educated in the least restrictive environment possible according to their needs and abilities.

## CONTINUUM OF PLACEMENT OPTIONS

There is a continuum of program options available to students. They are, as listed, from the least restrictive to the most restrictive:

- General education
- Related services and general education
- Resource Specialist Program and general education with or without related services
- Special Day Class part-day and general education with or without designated instruction and services
- Special Day Class full-day with or without designated instruction and services
- Non-public school with or without related services
- Residential placement with or without related services
- Hospitalization

**Resource Specialist Program (RSP):** This program is for students with disabilities who spend the majority of the school day in the general education classroom but need assistance from the RSP teacher in order to be successful in school.

**Special Day Class (SDC):** This program serves students whose disabilities necessitate that they be taught by a special education teacher.

**Inclusion Services:** Some students may have significant disabilities but receive their educational program in the general education setting. These students may receive support from an inclusion facilitator to assist in the areas of behavior management, communication, social skills and academic support.

**Related Services:** Specialized services are available for students based upon their individualized needs. These services may include, but are not limited to, speech and language therapy, occupational therapy, physical therapy, adapted physical education, counseling, or orientation and mobility training.

Special education programs and services can be provided for the students using a variety of service delivery models (ways to provide the services):

**Pull-Out Services:** Students are provided services in a separate classroom such as a special day class (SDC) or resource specialist program (RSP). The student joins other students with similar disabilities in these classes for a short amount of time or for as much as the full school day. Other services such as speech/language therapy, APE and counseling can also be provided in a pull out mode. The RSP/SDC paraeducator would work in the RSP/SDC classroom with the students under the direction of the teacher.

**Collaboration:** The student with special needs might receive his/her services in the general education program with the special education service provider collaborating with the classroom teacher to provide the services in a whole class lesson. The paraeducator might work with the teacher in the general education classroom or perform other tasks under the direction of the teacher.



**Mainstreaming:** The student with special needs might receive his/her services in the general education classroom where the special education staff come into the classroom and provide the services to the whole class, or to a small group including the special education student. The student might also be a “full inclusion” student who is totally enrolled in the general education classroom and the services are provided in the classroom. Some students might receive some of their services in a special day class and be mainstreamed into the general education program for some of the day. The paraeducator might work with the student in the general education classroom under the direction of both teachers.



## **THE ROLE AND RESPONSIBILITIES OF THE PARAEDUCATOR IN THE CLASSROOM**

Students with special needs are served in a variety of settings including the general education classroom, special education classrooms or both. The special education paraeducator plays a **vital** role in the education of the students, regardless of where they receive their educational program. This section is to assist you in understanding your role in the classroom.

The paraeducator is expected to fulfill the following responsibilities as directed by the teacher:

- Support the implementation of the individual student’s educational program
- Facilitate the academic, behavioral and social growth of the students you support
- Provide support, suggestions and feedback to the teacher regarding strategies that have been implemented
- Monitor and assist students during whole group, small group and individual learning activities
- Support the classroom teacher
- Become familiar with the student’s IEP goals and objectives
- Provide personal hygiene assistance as need
- Become familiar with adaptive equipment used by the student and assist him/her in using it when necessary
- Keep anecdotal records and data on student progress
- Implement curriculum adaptations as developed by the classroom teacher
- Implement behavioral plans as developed by the IEP team or teacher
- Implement specific teaching strategies to assist the student in learning
- Facilitate opportunities for friendship building in the classroom and during lunch, recess, before and after school
- Model respectful interactions with all students and adults
- Assist students with daily living activities such as eating, toileting, dressing when needed
- Fade assistance, whenever possible, to foster independence

Paraeducators are responsible to the teacher with whom they work. Any questions regarding the position or responsibilities should be addressed to the teacher first. If assistance is needed at the next level, questions may be addressed to the school site administrator. If there is further need for information not available at the school site, paraeducators may contact the Office of Special Education.

## HELPING OR HOVERING

This phrase refers to the title of an article published in Exceptional Children which looks at the effects of the close proximity of the instructional assistant on students with disabilities who are included in general education classrooms. The results of this research indicate that when instructional assistants “hover” too closely to the students they support, they may be doing more harm than good. The data demonstrates that “hovering” interferes with several areas of the student’s educational program including opportunities for friendship development and independence. Finding a balance between providing the student with the support that he/she needs to be successful and stepping away when appropriate may be the most challenging task experienced by the paraeducator. The classroom teacher should be assisting with this process.

## DRESS CODE

The paraeducator must dress in a professional manner, regardless of the grade level of the student. The dress should also ensure that they do not harm others or come to harm due to inappropriate dress.

Appropriate dress includes:

- Slacks or other long pants that do not have holes, tears or frayed edges
- Shirts and blouses of the appropriate size and length
- Skirts and dresses of the appropriate length



Inappropriate dress includes:

- No sandals-all shoes must have a back on them
- No tank tops, spaghetti straps, halter tops or bare midriffs
- No plunging necklines
- No clothing displaying inappropriate logos/pictures/phrases, gang attire, alcohol, tobacco, drugs
- No short shorts or short skirts which would expose undergarments
- No see-through attire
- No long artificial nails-they can harm students or, if pulled off by a student, could cause injury to the paraeducator
- No strong perfumes/lotions/aftershave-many students have allergies
- No large jewelry-for your own safety, as a student could pull off hoop earrings
- No caps, hats, or beanies
- Remember, you are a role model to the students. Make the appropriate impression on the students and the parents by dressing in a professional manner.

## CELL PHONE AND OTHER ELECTRONIC DEVICES

- Cell phones and other electronic devices are **not** to be used during duty times for outgoing calls, incoming calls, texting, Internet access, recording, camera/video functions, or any other personal uses.
- Cell phones and other electronic devices may be used only during off duty times for appropriate purposes.
- In case of emergencies, you may receive calls through your school site office.
- Photos and videos of students, staff, or school activities are not allowed.

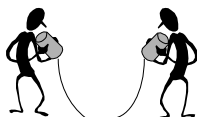
## WORK HOURS

- **Your work hours are specifically designated according to your assignment.**
- It is mandatory that you arrive on time and stay for your scheduled designated time.
- If you are assigned to a specific student, and you are not a permanent employee, you should **not** report to work on days when you know that the student will be absent. Call the sub desk and inquire if another assignment is available for that day.
- If you get to school and discover that your student is absent, immediately call the sub desk to tell them that you are available to substitute in another position for that day. You will be paid for 1 hour and excused for the remainder of that day.
- If you are assigned to a specific student, and you are a permanent employee and the student is absent, report to the school office for an alternative assignment for that day.
- Timecards must be completed accurately and submitted on time.

## COMMUNICATION

The classroom teacher has the primary responsibility for the educational program of each student. You are an important part of the educational team.

- The teacher has the responsibility for designing a program for the student.
- The teacher also has the primary responsibility for communicating with other team members regarding the student, unless you are directed differently by the teacher.
- Communication to specialists, administrators, parents, etc. must be done by the teacher responsible for the student.
- You may be asked by the teacher to record data, document specific progress, or record medical information. All of this information is **confidential** and should **not** be released or communicated to others.



- If there is a need to provide this information to others, that communication **must** go through the classroom teacher.
- The teacher **must** review/approve any logs completed by the paraeducator.
- **Refer any questions about the student(s) to the teacher, including questions from the parents.**
- Your relationship with the students and parents must remain on a professional level, rather than a personal one. This is essential to maintain your effectiveness as a paraeducator. Do not provide personal contact information, such as phone numbers or email to students or parents.

## PHOTOGRAPHS

At times, photographs or videotaping occurs in the classroom for educational purposes or for special events. The district has a policy regarding the use of photographs or videos depicting students. Do not take any photos or videos at school unless directed by the teacher for educational purposes.



## **RELEASE OF STUDENT**

There are times when a parent must pick up his/her child prior to the end of the school day. NEVER release a student to a parent without having the parent sign the student out through the school's main office. If someone other than the parent comes to pick up the student, ensure through the school's main office that the person has written consent from the parent to pick the student up from school.

## **CONFIDENTIALITY**

As a paraeducator supporting a student with a disability, you will have access to a great deal of information about a student and his/her family. You must always respect the privacy of the student and his/her family as well. There are federal and state laws that protect the confidentiality of students served by special education. The law states that only professionals directly involved in the student's educational program may have access to his/her records and personal information. Persons not directly involved in delivering services to a student do not have a right to have access to such information. Always remember that you are a professional, and professionals honor confidentiality. To do otherwise is not only unprofessional, but also illegal. Anyone participating in a breach of student confidentiality jeopardizes the district and himself/herself with potential State Department of Education investigations and/or lawsuits.

Some tips to keep confidentiality from becoming a problem include:

- Be careful with whom you share information. Is the person directly involved in the student's program, therefore having a need to know the information?
- Be careful not to distort or exaggerate information.
- Never use information about a student as gossip.
- Always focus on the student's strengths and be positive.
- Avoid sharing "student stories" in the teacher's lounge, office or with personal friends.
- Don't label students by their disability.
- Refer **all questions** to the teacher, including questions from school personnel and parents.
- Never use student names in the community to discuss the students you assist.

## **Respect and Dignity Issues**

The school community (staff, students, and parents) will be looking to you to set the example for their own interactions with students with disabilities. Be aware of the subtleties of your interactions, which may undermine your intentions. You need to be sensitive to your tone of voice (too loud, too infantile), your body language (rolling your eyes, hands on your hips), and your vocabulary (embarrassing the student or using a disrespectful term for a disability). Others will copy your consistent modeling of tolerance, acceptance and respect.

Be sensitive to discussing the student in the presence of others. You might think that discussions within the school building would be all right. However, more and more community people volunteer or are hired to work in our schools. A lunchroom conversation may be overheard, considered interesting and innocently repeated in the neighborhood. It is not appropriate to share information regarding your students outside of the school setting, as members in the community may recognize the student or know the family. REMEMBER- you do not want others talking about you, so give the same courtesy to your students.

## THE INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)



According to federal and state laws and regulations, the IEP is a written statement of the instruction and services to be provided to a child with a disability. It is a legal document. The IEP sets forth a written commitment of resources necessary for the student to receive an appropriate education, including related services such as speech and language therapy and APE. The IEP does not guarantee the student's attainment of the goals and objectives, but its contents are binding on the local education agency to provide all of the services listed. The paraeducator is responsible for working with the teacher and service providers to assist the student in achieving the IEP goals and objectives within the given time of the IEP. The IEP is written for no longer than one year at a time.

### **The Purpose of the IEP**

There are two main components of the IEP. There is the IEP meeting, where parents/guardians and school personnel and specialists jointly make decisions about the educational program for a student with a disability. There is the IEP document that is a written record of the decisions reached at the meeting.

The IEP has a number of purposes and functions:

- The IEP meeting serves as a tool for communication between parents and school personnel. It allows them to jointly determine the student's educational needs.
- The IEP must include information regarding the student's current levels of performance.
- The IEP must include specific, observable, measurable goals and objectives/benchmarks in any area of disability.
- The IEP sets forth in writing a commitment of the resources needed to meet the unique needs of the individual student.
- The IEP serves as an evaluative tool as goals and objectives are reviewed annually.
- The IEP must be signed by the parent for the school district to implement the contents.

The IEP must be held at least yearly by the date of the prior IEP. The IEP team must consist of an administrator (or administrative designee), the parents, general and special education teachers, and any other service providers. Depending upon the student's age and maturity, the student may also be a part of the IEP team. The IEP document is confidential and must be kept in a locked location. It will be made accessible only to individuals who work directly with the child.

As the paraeducator in the classroom or for a specific student, it is important for you to know the goals and objectives of the students that you directly work with so that you can work closely with your classroom teacher. If you have any further questions, refer them to the classroom teacher.



## CURRICULUM ADAPTATIONS

General education classrooms have always had students who learn at different rates, have a range of abilities and who bring varied experiences into the learning environment. Accommodating a wide range of ability levels and interests in one classroom requires skill and creativity. Teachers who acknowledge and respect the individual learning differences of their students are adapting curriculum and instruction daily to ensure the active participation of all their students.

Adaptations for students are primarily determined by their IEP goals and objectives. The classroom teacher will develop, implement, and evaluate the effectiveness of the adaptations and make changes as needed. The paraeducator will be expected to use adaptations under the direction of the teacher.

Why adapt curriculum and instruction? All students, both in general education and special education, learn at different rates and in different ways. Some are visual learners who learn by seeing the information. Others are auditory learners who learn by hearing the information or are tactile learners who learn by touching/doing. Finally, some are mixed learners who learn by combining seeing, listening and touching/doing. Curriculum materials and the method of instruction must be modified to address the various learning styles of the students. Sometimes you will be called upon to assist with this process.

Adapting curriculum and instruction is...

- Appropriate for all learners and curriculum areas
- A means of accommodating a wide range of students
- A way to demonstrate respect for individual differences
- Likely to increase learner success
- A collaborative process
- Made easier when a variety of instructional approaches are being used in the classroom

Adaptations are most effective when they are simple, easy to develop and implement, and based on typical assignments and activities. Adapting in this way is feasible for classroom teachers and paraeducators because it is relatively unobtrusive, requiring little or no extra time for special planning, material development and/or instruction. There are different types of adaptations that can be utilized for students.

1. **Size:** Adapt the number of items that the student is expected to learn or complete
2. **Time:** Adapt the time allowed for learning, task completion or testing
3. **Level of support:** Increase the amount of personal assistance to the student
4. **Input:** Adapt the way the instruction is delivered to the learner (visual, auditory, tactile, mixed)
5. **Difficulty:** Adapt the skill level, problem type, or the rules on how the learner may approach the work
6. **Output:** Adapt the way that the student can respond to instruction
7. **Participation:** Adapt the extent to which the student is actively involved in the task
8. **Alternate Goals:** Adapt the goals or outcome expectations while using the same materials
9. **Substitute curriculum:** Provide different instruction and materials to meet a student's individual goals

General classroom strategies:

- Shorten assignments
- Utilize partners in learning
- Use cooperative group strategies
- Provide extra time for review and practice
- Use appropriate seating strategies
- Use visuals
- Rephrase information and check for understanding
- Provide extra time to complete assignments
- Decrease, eliminate or modify homework
- Allow for alternative ways of responding...pointing, eye gaze, underlining
- Rewrite material or directions at an appropriate reading level
- Provide access to computer programs that support curriculum content
- Use adaptive writing tools...computer, letter boards, word processors



## PROMPTING

Prompting is a cue given to the student in order to direct the student toward a desired response as directed by the classroom teacher. There is a hierarchy of prompts from the least intrusive/obtrusive to the most intrusive/obtrusive (intrusive-forced upon someone, obtrusive-calling attention in a negative way). It is important to offer the least intrusive/obtrusive prompt possible to respect the dignity of the student and systematically work toward a higher level of independence.

There are eight levels in the hierarchy of prompt usage. The amount of assistance increases with each level in the hierarchy.

1. **Natural Cue:** Behavior occurs independently as a result of a natural cue or stimulus; the student performs the behavior without any assistance
2. **Gestural Prompt:** Physical gestures that may include pointing, shaking one's head, a smile or a frown
3. **Indirect Verbal Prompt:** Uses words to imply that some behavior needs to occur
4. **Direct Verbal Prompt:** Explicitly states the behavior that needs to occur
5. **Modeling:** Performing the desired behavior in order to encourage the initiation of that behavior by the student
6. **Minimal Physical Prompt:** Slight physical contact that guides the student toward the behavior
7. **Partial Physical Prompt:** Physically starts the student on the desired behavior, and then ceases the physical assistance so the student may complete the behavior independently
8. **Full Physical Prompt:** Motors the student through the entire behavior



## **Fading**

Fading is when less assistance is gradually provided as the student becomes more independent. Plans for how you will fade should be thought out beforehand. You should be systematic and flexible in your approach, always moving toward the most natural cue. The goal for our students is to be naturally prompted throughout their school day.

It is important to remember that prompts should be:

- Clear
- Consistent
- Presented when the student is paying attention
- Understood by the student
- Able to bring about a correct response
- Able to be faded
- Presented with enough time given for the student to process the information and respond before another prompt is given
- Age appropriate---your prompting of a high school age student should differ from the prompting of a young elementary-aged student

## **BEHAVIOR MANAGEMENT**

Perhaps one of the first questions classroom staff will have regarding students involves strategies for managing inappropriate behavior. However, there is no single strategy that will be effective with all students due to the individualized nature of all behavior.

It is important to have a variety of behavior management techniques, or your bag of behavior “tricks” to use with students. Therefore, it will be necessary for the support team to gather student specific information before any behavior interventions can be discussed. It is also beneficial to evaluate the classroom program for times or activities that may trigger certain behavior in students. Often the reconfiguration of a classroom schedule or grouping is all that is necessary to prevent the need for specific behavioral interventions. As with most areas in the classroom program, a team approach to behavior management is considered most effective.



In looking at behavior, it is important to be specific and objective. It must be clear to all staff members what behaviors are being addressed and how they will respond to these behaviors in the classroom. A lack of communication will result in a lack of consistency in dealing with children. This may cause confusion and further behaviors from the student. For example, the description “He throws a tantrum” may mean very different things to different people. One person making that statement may mean that the student puts down his pencil and refuses to do his work. Another person may mean that the student is throwing furniture across the room. The behavioral interventions for these behaviors are very different, so the description of the behaviors must be clear. An example: He refused to work, sitting at his desk with his head down.

Data collection is recommended in order to gather accurate information regarding a student’s behavior. Important information should include: the specific behavior(s), when it occurs, how often it occurs, what the circumstances are surrounding the behavior, and why it is occurring. A common way to look at behaviors is called the ABC’s of behavior. This represents the Antecedent, Behavior, and Consequence. As the classroom paraeducator, or the paraeducator assigned to collect the data, it is your responsibility to collect the data as directed by the teacher,



psychologist or other specialist working with the student. This is vital to determining what the student needs in order to change negative behaviors and replace them with positive behaviors.

**Antecedent:** This takes a look at the circumstances that occur prior to the student's behavior. Things to look for are who is near the student, where the student is, and what activity the student is being asked to do. For example, a student's behavior may be screaming loudly in the classroom. Data collection may show that this occurs each day at 10:00. A look at the classroom schedule may show that every day just prior to 10:00, a loud bell rings and the student is seated close to the bell. Observing what occurs before a behavior may give indications of why that behavior is occurring. Modifying the classroom environment or student's schedule may be the starting point in resolving some behavior problems.

**Behavior:** The team will take a look at the behaviors that are occurring and determine target behaviors that will be addressed. Again, the description of the behaviors must be very clear, so that anyone working with that student will be able to understand the behaviors. It is important to note that the behaviors exhibited by the student may be related to that student's disability. This should not be a reason to permit the student to demonstrate inappropriate behavior. Instead, the effort should be made to modify the behavior.

**Consequence:** Next, look at what happens after that behavior occurs. What is occurring in the environment? What are people doing around the student? What reactions does he/she have to events in the environment? Positive reinforcement is something that occurs following a behavior that increases the chance that the behavior will occur again. Determine whether the consequences following a behavior are reinforcing that behavior. If the entire classroom stops and laughs and looks at a student when he jumps out of his seat and yells, that may be reinforcing the behavior, if the student enjoys attention. Once it is determined what behavior is being reinforced and why, the team can choose to begin reinforcing positive behaviors and reducing the reinforcement for negative behaviors.

Taking a careful look at the ABC's—antecedent, behavior, and consequences will provide a lot of information about why a behavior may be occurring. The team then has the information needed to systematically impact the antecedent and the consequence to make changes in behavior.

It is also important to look at the function of behavior. Why is the behavior occurring? Common reasons for behavior are avoidance or escape, attainment (getting something) or attention. Knowing why a student is behaving the way that he/she does will help to determine the appropriate strategies to use in addressing that behavior.

When attempting to change a behavior, it is best to do so in a positive manner. Rather than focusing on stopping a negative behavior, instead teach an alternative positive behavior. Avoid mentioning what you do not want the student to do. Instead, state what you do want the student to do. For example, for a student who constantly pokes other students in line, it is not helpful to continue saying, "No poking, stop poking." Instead, a positive approach would be to teach the student an appropriate use of his hands. The student could be the line leader and carry the class materials or he could learn to put his hands in his pockets.

Follow through and consistency are also keys to good behavior management. Do not give a direction unless you intend to follow through with that request. Otherwise, you are only teaching the student that it is okay not to respond to you. Depending on the disability, it may be necessary for you to give requests in short basic phrases. Embedding your request in paragraphs of language makes it difficult for the student to determine and remember what exactly you want him/her to do. Often, it may be necessary for you to allow a delay for the student to respond. Many students with disabilities have processing problems, which may mean that it will take additional time for them to understand what you have said and then to respond back to you. Repeating your request stops that process and the student must begin over again each time you interrupt him/her.

Good communication between you and the classroom teacher is critical to the success of any behavior plan. Ask questions if you are not sure how to respond to a student's behavior. Follow the plan that you are given on a consistent basis. Understand that it may take time to see behaviors that have long been part of the student's life to begin changing. Working together, however, you will make a positive impact on your students.

### **Restricted Behavioral Interventions**

The state and district mandate the usage of positive behavioral interventions whenever possible. Restrictive procedures are to be provided through trained staff members only.

**Prohibited procedures are NEVER allowed.** DO NOT use: denial of basic right such as food, drink, use of the bathroom; corporal punishment, locked time out, bad tastes/smells, blindfolds, ridicule, screaming, derogatory remarks, physical intimidation/threats, fluid squirting, and any intervention that compromises the dignity of a student or causes pain. Physical restraints (belts, ties, straps) are not to be used except when prescribed by a physician for medical purposes.

### **Important Reminders:**

- Be consistent.
- Be clear and specific with your requests.
- Use short phrases.
- Allow students time to process and respond to your requests.
- Follow behavior plans or strategies that the teacher has implemented.
- Follow through with you requests rather than repeating requests.
- Think about what happens before the behavior (antecedent).
- Describe the behavior objectively.
- Think about what happens after the behavior (consequence).
- Give students positive instructions, rather than negative.
- Use positive reinforcers.
- Staff with specific training such as CPI (Crisis Prevention Intervention) may use emergency procedures when required due to student safety. Any use of physical interventions must be documented in writing and reported to your teacher.

## WORKING WITH THERAPISTS AND SPECIALISTS

A therapist/specialist is someone who is trained to provide treatment without the use of drugs or surgery. Therapists frequently work in hospitals, clinics, or schools and provide services to clients ranging from infants to the elderly. School districts generally draw upon the services of a wide range of therapists/specialists to meet the diverse needs of their student population.



The following are some examples of the **types of therapists/specialists** that work in school settings:

- Speech/language pathologist (SLP)
- Adapted Physical Education Teacher (APE)
- Deaf and Hard of Hearing Specialist (DHH)
- Psychologist
- Vision Specialist (VI)
- Physical Therapist (PT)
- Occupational Therapist (OT)
- Orientation and Mobility Specialist (O & M)
- Behavior Specialist
- Nurse
- Inclusion Specialist

As a paraeducator, you may find yourself working with a variety of specialists and therapists. In order to develop the best working relationship with these individuals, it is important that you have an understanding of the types of services each specialist provides.

**Speech/Language Pathologist:** The speech/language pathologist evaluates students with speech and/or language deficits and recommends ways to improve the student's ability to communicate. For students who are non-verbal, the speech/language pathologist may develop a communication system by drawing upon alternate forms of communication, such as communication boards, voice-activated communication devices, and picture communication symbols.

**Adapted Physical Education teacher:** The APE teacher evaluates students with gross motor deficits and recommends ways to improve the student's gross motor abilities. Some recommendations may be for the APE teacher to implement. Other recommendations may be made for the teacher or paraeducator to implement.

**Deaf and Hard of Hearing Specialist:** The deaf and hard of hearing specialist (DHH) will evaluate how the hearing loss will affect the student's performance in the classroom. The DHH specialist determines the appropriate modifications, equipment, and strategies to ensure the student's success in the classroom and works collaboratively with the communication specialist

to develop the most appropriate communication program for the student. The specialist is also responsible for checking the student's hearing aid/s as needed.

**Psychologist:** The psychologist is responsible for testing/ assessing students that have been referred for special education services and those that are scheduled for triennial assessment. They work in a consultative role with teachers, administrators and specialists. The psychologist is the on-site special education administrative representative.

**Vision Specialist:** The vision specialist will evaluate how vision loss affects the student's performance and determines the appropriate materials, modifications and equipment necessary for the student's participation and success in the classroom.

**Physical Therapist:** The physical therapist (PT) is concerned with evaluating large muscle movements (gross motor skills), posture, the ability to move around, the degree of movement possible for arms, legs, shoulders, and hips (range of motion), and muscle tone. The physical therapist plans therapy programs to increase a student's ability in areas such as walking, sitting and changing positions. The physical therapist also determines appropriate adaptive equipment (wheelchairs, bolsters, prone standers, etc.) for a student and keeps the equipment in good repair.

**Occupational Therapist:** The occupational therapist (OT) looks at the tasks and activities a student is expected to perform in their day to day lives (both at school and home) and evaluates his/her ability to perform those tasks. The occupational therapist evaluates muscle strength, hand function, basic learning skills, sensory integration, and the ability to perform daily living skills such as toileting, dressing, eating and other similar skills. The occupational therapist then develops activities and exercises that will improve the student's ability to perform daily tasks. The occupational therapist will also look for ways to adapt or modify the task so the individual can perform the task more successfully.

**Orientation and Mobility Specialist:** The orientation and mobility specialist determines what training the visually impaired students need and provides it for them to facilitate independent mobility in all environments.

**Behavior Specialist:** The behavior specialist assists the teachers, specialists and paraeducators with setting up a positive environment to provide the student with intervention to modify behavior. Data collection on the behaviors and interventions to change the behaviors is critical when a behavior specialist is involved in working with a student.

Therapists/Specialists deliver services to students through a variety of service delivery models, which are based on the individual needs of the student, as determined in the IEP. The service delivery models vary from a direct "hands-on" model where the student receives therapy in a place outside the classroom (clinic, hospital, speech room) to a consultative model where the therapist collaborates with the IEP team to provide strategies and solve problems. The consultative model is often preferred because it allows for greater inclusion of the student in his/her school community. The paraeducator may be asked to follow through with the recommendations of specialists under the supervision of the teacher.

**Nurse:** The nurse looks at the whole student. Chronic health problems, vision, hearing, dental, and nutrition are evaluated in light of their impact on student achievement. Medication

management affects learning whether administrated at home or during the school day. Some health conditions have an emotional component that may lead to a counseling referral.

**Inclusion Specialist:** Inclusion is the practice of educating students who have disabilities in classes together with their non-disabled peers at their home school. Families who choose this option for their child work closely with a special education team to provide support services in order to ensure success within the general education environment.

**Important Reminders:**

- Follow specialist's directions
- Direct any questions regarding specialized programs to the teacher
- Work cooperatively with specialists when requested to carry out recommendations

## **FOSTERING FRIENDSHIPS**

Fostering friendships should be one of the many priorities for today's schools. One of the most highly rated outcomes of the educational process for any student is that he/she will have friends. Although friendships cannot be taught, we should recognize the positive impact that friendships have on the development of social, behavioral, communicative and cognitive skills. Students who enjoy reciprocal friendships also avoid loneliness and develop the natural supports needed to coexist in the community.

Students need schools that offer a safe environment where they can learn. They also need an environment in which they can learn to make and keep friends. Educators readily assume responsibility for the learning and safety of students at school, but often feel that friendships among students will take care of themselves. If they do not, there is little they can or should do about it. This section is intended to provide paraeducators with strategies that will enhance the opportunities for friendship building between all students.

Friendships do not just happen. They have to be developed and maintained. This requires a certain amount of skill. "People who have no or few friends are not social or personal failures; they are probably just not performing the skills of friendship in a properly polished manner." Many students with significant disabilities experience considerable difficulty in making and maintaining friendships. Their difficulties are due in large part to a lack of friendship, social and communication skills. The teacher or inclusion specialist will assist you in developing a systematic approach to teaching these skills in a holistic manner within the context of the general education setting.

**Classroom strategies for fostering friendships** which you may be asked to provide under teacher direction:

- Provide cooperative learning opportunities that minimize competition.
- Treat all students age-appropriately.
- Speak to all students in the same manner and tone of voice.
- Highlight the strengths of all students.
- Model a comfort level with a student in "uncomfortable" situations...behavioral challenges, toileting, feeding.
- Demonstrate that all students are equally valued and respected.

- Encourage friendships between all students.
- Avoid labeling students.
- Allow students to be themselves.
- Encourage interdependence.
- Highlight and emphasize all students' similarities.
- Implement partners in learning.
- Arrange buddy systems for interactive activities throughout the day.
- Prompt and interpret communicative exchanges when necessary.



**Considerations:** Many students with significant disabilities have many people in their lives providing them support. Be cautious not to confuse peer support with friendship. While it is important for students with significant disabilities to develop natural peer supports, the context in which these relationships develop can be critical to the outcome. Peer support should evolve naturally over time within the context of interdependence and friendship. While it is true that friendships can develop out of the peer support model, it is important that the relationship is not solely based on just helping the special education student. The implementation of the strategies mentioned in this section will not guarantee the development of friendships among students, but the connections will nurture those connections into friendships.

## HEALTH/SAFETY/MEDICAL CONCERNS

All health and medical procedures must be carefully followed. Information regarding medical procedures, allergies, and medical conditions should be current on all students. The classroom teacher will work with the district nurse to insure that all information and forms are complete. If questions or concerns arise specific to a student with identified special needs, the paraeducator should communicate those concerns to the classroom teacher.



As a paraeducator in the classroom, you will share responsibility for the supervision, safety and personal health and hygiene of the students. The classroom teacher will direct you on the policies and practices needed for the students with whom you are working.

You will need to follow the teacher's directions regarding emergency drills, playground supervision, behavior intervention, and personal hygiene routines. Teachers are responsible to document any health incident or other significant problem and will seek input and information from you as needed. The teacher will determine if it is necessary to call the office, the nurse, or the student's parents if there is a concern regarding a student. Working together, the team can provide the best environment for all students while protecting physical safety with maximum respect and dignity.

**Hygiene:** There may be students in the classroom who require assistance with personal care needs. Attention should be given to hygiene and universal health precautions when assisting students with personal needs. Please read over the accompanying pages regarding toileting guidelines, hand washing, and universal health precautions. These guidelines are not just good practice, but are required to comply with state regulations for health and hygiene. These guidelines are for your protection as well as the students' protection to prevent illness or injury and to provide the healthiest environment possible.

**Emergency Drills:** All students must participate in school-wide emergency drills. This is not only required by law, but is vitally important for the safety of all students. The staff will need to discuss the classroom emergency procedures necessary for students with special needs. The school nurse can train classroom staff in emergency procedures if needed. All classroom staff should know their roles and responsibilities in the event of an emergency.

**Medication:** Students may take medication, either at school, at home, or at both locations. Whether or not it is administered at school, staff may need to be aware of any possible side effects on a student. If a student requires medication during the school day, administration of medication must follow the doctor's prescription, and appropriate forms must be completed to authorize medications at school. It must be logged each time medication is given to a student. Medications are typically stored in a locked area of the school office or nurse's office.

**Medical procedures:** Some students require specific medical procedures at school. These medical procedures must be authorized by a physician for the current school year. Documentation of all procedures is required. If there are any further questions regarding medical procedures, they should be discussed with the school nurse.

## **UNIVERSAL PRECAUTIONS**

Wash your hands with soap, and hot running water:

- Before preparing food, before and after eating
- After using the restroom
- Before and after administering first aid
- After contact with any body fluids (blood, saliva, vomit, feces, urine, semen, menstrual flow, wound drainage, nasal discharge, etc.)
- After removing disposable gloves

Wear disposable gloves whenever you will be:

- Touching any body fluids, particularly blood
  - Examining the mouth or assisting with dental care
  - Coming in physical contact with anyone who has open cuts, lesions, etc.
  - Changing diapers and/or toileting (remember to change gloves in between changing /toileting students)
  - When feeding students, if the likelihood of body fluid exposure is great
- Use care when disposing of trash:
- Place refuse that contains blood/body fluids in a plastic bag and seal. This includes soiled diapers. Put the bag in a lined trash can. Tie the liner and discard daily.
  - If trash can is unlined or liner is not replaced daily, double bag refuse and discard daily.
  - Put needles, syringes, or other sharp objects in special puncture-proof containers.

## **Basic Concepts of Body Mechanics:**

As a paraeducator, you will perform a variety of movements during the course of your day. These movements include: reaching, lifting, carrying, pushing, pulling, sitting, standing and walking. If done with a knowledge of proper body alignment and movement:

- Your work will be easier.

- You may prevent injury to the student and yourself.
- You won't tire as easily as your day progresses.

### **Ten Commandments of Body Mechanics:**

- Whenever you are lifting a student, be sure the student knows that he or she is going to be lifted and how you plan to do it.
- Size up the load to be lifted. Do not attempt to lift alone if you have any doubt about your ability to do so.
- Inspect floor surface around the object. It should be flat and free of slipping hazards.
- Decide how to grip. Avoid sharp edges, slivers, etc.
- Straighten your legs to lift. Lift and lower in the same manner. Keep your back straight, squat close to the load, get good footing and balance, lift slowly, and keep the load level.
- When two or more people are lifting together, have one person give orders to lift and set down. Be sure everyone understands what he/she is to do.
- Shift the position of your feet to turn, never twist your body.
- Do not make sudden changes in direction or sudden starts or stops.
- Push or pull an object (instead of lifting) whenever you can. It is safer and easier.
- Remember, if the load is too heavy to lift or too bulky to handle, get HELP.

### **Wheelchair Seating Checklist:**

Learn proper wheelchair operation before working with a student who uses a wheelchair. Ask any questions about the chair set up. Then keep an eye out to see:

- Are the hips back in the chair?
- Is the seatbelt snug? (You should be able to get two fingers under it, not the whole hand).
- There should be just a little space (about an inch) between the front of the seat and the back of the leg (knee). Are the footrests adjusted properly?
- The weight should be distributed along the whole sitting area.
- If there is a chest vest, is it adjusted properly so that it won't cause choking?
- Are the anti-tippers up or down?
- Be sure that wheelchair brakes are locked at all times when the student is not moving to another location.
- Do not allow other students to push students in wheelchairs.
- If you have any questions or if anything doesn't look right, talk to the teacher. This information is not meant to provide complete instructions on wheelchair fitting, just some common problem areas to check.



## **SUMMARY FOR SUCCESS AS A PARAEDUCATOR**

1. Be cooperative and helpful.
2. Know the goals that the teacher has for the student, and help the student meet those goals.
3. Be resourceful and alert.
4. Communicate with the teacher.
5. Find positive ways to relate. Report positive changes in the student.
6. Focus on student strengths, not weaknesses.
7. Be careful:
  - With language - be grammatically correct.
  - With authority - be assertive, not aggressive.
  - Pattern your style to that of the teacher.
8. Be consistent so students will know what to expect from you. If you promise a consequence, follow-through with it.
9. Be even handed - make the consequence fit the offense.
10. Be specific - let students know exactly why they are praised or corrected.
11. Be fair - all students need recognition, not just the best students.
12. Be patient - never give up on a student.
13. Be curious - always be open to learning new things and share this knowledge with others.
14. Be proactive—think and plan ahead.
15. Be confident - know that you are capable of doing an outstanding job.

We appreciate having you as a member of our ABCUSD family. It is our hope that you will be a strong member of our special education team.