Educationally Related Mental Health Services Guidance

Ensuring students have access and experience meaningful benefit from their education in the least restrictive environment
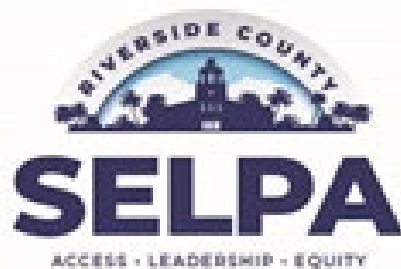
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ERMHS Overview

On June 30, 2011, Assembly Bill 114, Chapter 43, was signed into law. The passage of AB 114 made it clear that school districts are now solely responsible for ensuring that students with disabilities receive special education and mental health related services, including those previously provided by county mental health agencies, in accordance with the Individuals with Disabilities Education Act (IDEA) of 2004.This amendment essentially redirected funding from County Mental Health (CMH) to Local Education Agencies (LEA) and authorized the LEA to determine whether the LEA, Nonpublic Agency (NPA) and/or CMH render (educationally related) mental health services at the discretion of the LEA (AB 114 Ch. 43 (14).

Local educational agencies ensure that assessments performed prior to an educationally related mental health referral are as useful as possible in determining the need for mental health services and the level of services needed (Cal. Educ. Code §56331 (b)). Furthermore, it should be noted that the information contained in this document is intended for guidance and further exploration of concepts, laws, and practices in supporting students struggling with Educationally Related Mental Health (ERMH) needs and does not constitute legal advice.
https://www.cde.ca.gov/sp/se/ac/ab114memo.asp

Multi-Tiered System of Supports

As noted by the California Department of Education (CDE) Multi-Tiered System of Support (MTSS) "is an integrated, comprehensive framework, which focuses on Common Core State Standards (CCSS), core instruction, differentiated learning, student-centered learning, individualized student needs, and the alignment of systems necessary for all students' academic, behavioral, and social success". MTSS offers the potential to create needed systematic change through intentional design and redesign of services along with supports that quickly identify and match the needs of all students.

MTSS, Response to Instruction and Intervention (RtI²), and Positive Behavioral Interventions and Supports (PBIS) are often spoken of synonymously, and for those new to MTSS, it can be difficult to determine what people mean when these terms are used interchangeably. It is important to keep in mind, though, that MTSS is a framework for aligning resources and initiatives; it is a method of organization. As such, MTSS encompasses both RtI² and PBIS, and systematically addresses support for all students.
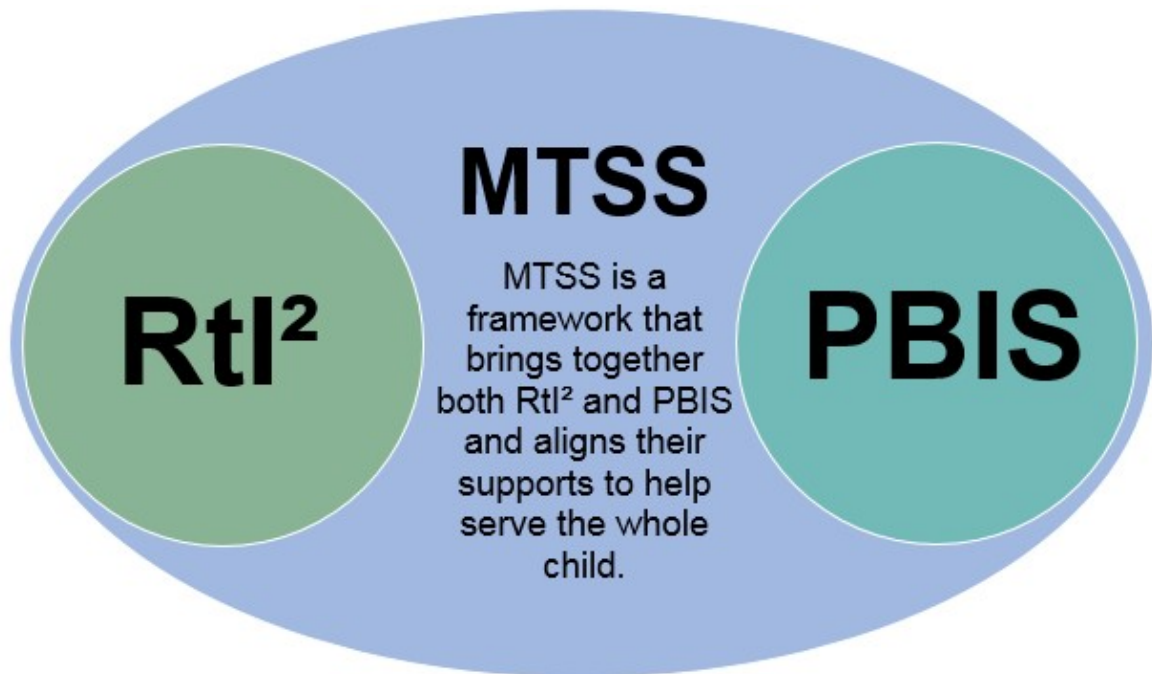
Since MTSS is a framework that brings together both RtI² and PBIS and aligns their supports to serve the whole child, it also relies on data gathering through universal screening, data-driven decision making, problem solving teams, and focuses on content standards. MTSS aligns the entire system of initiatives, supports, and resources, and implements continuous improvement processes throughout the system.

In particular, MTSS assists LEAs in:

- Promoting LEA participation in the focus to align the entire system of initiatives, supports, and resources
- Relying on a problem-solving systems process and method to identify problems, develop interventions, and evaluate the effectiveness of the intervention in a multi-tiered system of service delivery
- Transforming the way LEAs provide support and setting higher expectations for all students through intentional integration of instruction and intervention services and supports so that systemic changes are sustainable and based on standards-aligned classroom instruction
- Endorsing Universal Design for Learning instructional strategies so that all students have opportunities for learning through differentiated content (i.e., teachers reacting responsively to a learner's needs), processes, and products
- Challenging all school staff to change the way in which they have traditionally worked both in and out of the classroom
- Using schoolwide and classroom research-based positive behavioral supports for achieving important social and learning outcomes

- Supporting high-quality standards and research-based, culturally and linguistically relevant instruction with the belief that every student can learn and excel, including students of poverty, those who are gifted and high achievers, students with disabilities, English learners, and students from all ethnicities evident in the school and LEA cultures
- Integrating a data collection and assessment system, including universal screening, diagnostics, and progress monitoring, to inform decisions appropriate for all students
- Implementing a collaborative approach to analyze student data and work together in the intervention process

RtI² is an approach that focuses on individual students who are struggling academically and pulls together resources from the LEA, school, and community to promote students' success before they fall behind. It is systematic and data-driven with tiered levels of intervention to benefit every student.

PBIS is an approach that focuses on the emotional and behavioral learning of students, which leads to an increase in engagement and a decrease in problematic behavior over time. It assists the LEA in adopting and organizing evidence-based behavioral interventions that improve social and emotional behavior outcomes for all students.

So, while RtI² focuses on academics and PBIS focuses on social and emotional learning, MTSS encompasses them all. It acts as a way of organizing supports within an LEA so that both the academic side and the social-emotional-learning side are aligned to serve the whole child.

https://www.cde.ca.gov/ci/cr/ri/

Tier One Intervention

Evidence based programs are aligned to CCSS to ensure high quality instruction that is **explicit** (skills are taught from less to more complex using direct, clear and concise instructional language), **differentiated** (students have different levels of background knowledge and school readiness. Differentiated instruction engages each student in active learning according to his/her needs. The content of instruction, delivery of instruction, and targeted level of instruction can be differentiated) and include **flexible grouping** (combination of whole and small group and individual instruction allows staff to create fluid groups that meet the needs of all students) and **active** (ensuring all students are actively involved during instruction. This engagement can be accomplished with high rates of opportunities to respond, ample time to practice skills and prompt skills and corrective feedback). **Student engagement** (use of evidence based classroom behavior strategies) which includes proactively, the use of **reinforcement** and **praise** (4:1 positive to negative feedback loop), quick, efficient transition times, and consistent instructional response to maladaptive behavior delivered to all students with the ability to measure student outcomes across skill development and targeted areas. Positive tier one implementation outcome is contingent on ongoing professional development with all educational stakeholders. The opportunity for stakeholders to participate in ongoing professional learning committees, and to engage in co-teaching conditions is fundamental

to a successful process. In addition, universal screening of all students are suggested on a quarterly or bi-annual basis to gather information on how the school is performing and the unique needs of the student.

Examples include but are not limited to:
- Peer Support
- Classroom Wide Token Economy/Reinforcement/Reward System
- Progressive Classroom Management
- Department Planning/Collaboration
- Positive Behavior Intervention System (PBIS) – Tailored to your district - examples include: Boys Town, Skills Streaming, Social Emotional Learning, School wide or grade level specific guidance lessons, 2nd step curriculum. etc.
- Parent/Teacher Conference
- Community Based Interventions (YMCA, Boys and Girls Club, Youth Teams)

Tier Two Intervention

The Center on Response to Intervention at American Institutes for Research noted secondary prevention typically involves small-group instruction that relies on evidence-based interventions that specify the instructional procedures, **duration** (typically 10 to 15 weeks of 20 to 40 min sessions), and **frequency** (3 to 4 times per week) of instruction. Secondary prevention has at least three distinguishing characteristics: it is evidence based; it relies entirely on small group instruction rather than whole-class instruction; and it involves a clearly articulated, validated intervention, which would be adhered to with fidelity (NCRTI, 2010, P.10). Tier two targets all students identified as having a specific educational need that supported in a small group of peers with a highly qualified teacher-maintaining tier one supports. The premise of Tier two is to provide all students additional time to learn, practice and review knowledge and skills. Progress on educational performance is recommended at least on a monthly basis and can occur more often.

Examples include but are not limited to:
- Peace Builders and/or Restorative Practices
- Counseling by School Counselor – group
- Conflict Resolution, Coping Skills, Relationship Skills, Relaxation Techniques, Self-Monitoring, Sensory Tools
- Structured Breaks, Check-in Check-out, Forced Choice Reinforcement Survey
- 504 Plan – updated yearly, revise as necessary
- Classroom Accommodations
- Daily Planner (student agenda, visual schedule)
- SST/ Action Plan
- Community Based Intervention (Parenting Classes, PLUS Program, Transitional Age Youth, Riverside University Health System)

Tier Three Intervention

Students who are struggling educationally by not demonstrating progress with tier two interventions, prior to considering a special education evaluation, an intense level of support may be considered to incorporate longer group sessions, smaller group size, more frequent sessions and constant progress monitoring (at least weekly) with each

student (NCRTI, 2010, P.11). When Tier three interventions involve replacing tier one or two interventions and materials, a replacement core program is considered for the student. At this time, the team may consider assessing the student for special education. Once a student is identified as a special education student, the Individualized Education Plan (IEP) team may consider a tiered level of support in addressing the educational needs of the student. These interventions would include developing a Tier II Positive Behavior Intervention (PBI) and/or Positive Behavior Intervention Plan (PBIP). Based on assessment data, the IEP team may consider utilizing the results of an FBA to hypothesize function (escape, attention, sensory, tangible) for the purpose of assisting in the development of drafting goals as well as considering the environmental conditions to develop accommodations for the IEP team to consider. Additionally, an Educationally Related Mental Health Services assessment may be considered to determine both the source and extent of the student's need for counseling. This assessment is designed to distinguish the need for services inclusive of individual, group, and/or WRAP services for the IEP team to consider. These components will be further reviewed in the following section under the Assessment heading.

Examples include but are not limited to:
- Counseling by School Psych – short term 4-8 weeks (530 code)
- Positive Behavior Intervention Plan (PBIP, PBI)
- Generate Social/Emotional/Behavioral Goals
- Present Levels of Performance – strengths, weaknesses, specific to social, emotional, behavioral needs
- Community Based Intervention Monitoring (525 code) IEP
- Student Centered Interventions – individual counseling by school counselor
- Behavior Contract
- Behavior Goals through a Behavior Support Plan
- Community Based Interventions (YAT, TBS)
- Assessment for Special Education
- SST (With Parent)
- ERMHS – WRAP Services (525 Code)
- Mental Health Counseling (515, 510, 520 Codes)
- ERMHS Assessments
- Tier 3 Behavior Intervention Plan
- FBA
- RSIA
- Revise Positive Behavior Support Plan
- Residential Treatment Center
- Non-Public School
- RCOE Behavioral Placement
- District SDC Placement
- Home Hospital/Independent Study

For additional MTSS information please review Appendix A.

Assessments

Educational assessments vary depending on the individualized needs of the student. The following assessments assist the IEP team in identifying the social, emotional and behavioral needs of a student: Psychoeducational Assessment, Functional Behavior

Assessment (FBA), Educationally Related Mental Health Service Assessment (ERMHS), and a Related Service Independence Assessment.

Psychoeducational Assessment

Psychoeducational Assessments are conducted on an initial basis in determining special education eligibility (each <u>public agency</u> must conduct a full and individual initial <u>evaluation</u>, in accordance with <u>§ 300.304</u> through 300.306, before the initial provision of <u>special education</u> and <u>related services</u> to a <u>child with a disability</u> under this part-34 CFR 300.301). In addition, a psychoeducational assessment will be conducted at least every three years unless determined otherwise by the Local Education Agency (LEA) and parent (a <u>public agency</u> must ensure that a reevaluation of each <u>child with a disability</u> is conducted in accordance with <u>§ 300.304</u> through 300.311-34 CFR 300.303). A Psychoeducational assessment will consider all areas of suspected disability and provide various standardized measures to the student and all stakeholders supporting the student (parent, teacher). In addition, the assessor will conduct various observations and interviews along with a thorough review of the student's records to synthesize all of the information in establishing a recommendation for the IEP team to consider eligibility for special education.

A primary obligation in assessing students for special education is based on **Child Find**. Child Find is defined as the district's duty to locate, identify, and evaluate students who have, or are suspected of having, disabilities and need special education because of the disability. The responsibility is on the district and not the parent to find students suspected of having a disability and in need of special education (34 C.F.R. 300.111). Consideration for Child Find triggers: declining grades, substance abuse, disciplinary infractions, prescribed medications, medical/psychiatric diagnosis, psychiatric hospitalizations, suicide attempts, self-harm behaviors, homicidal threats, lack of school attendance, excessive visits to related service providers (Nurse, School Psychologist, Counselor), behavior and/or incident reports (Compton Unified School District. v. Addison (9th Cir. 2010) 598 F. 3d1181, 1182-1183; Department of Education, State of Hawaii v. Cari Rae S. (D. Hawaii 2011) 158 F. Supp.2d 1190, 1195).

Functional Behavior Assessment

A Functional Behavior Assessment (FBA) is specific to a student who qualifies for an IEP. An FBA is utilized in identifying the students possible antecedents (triggers or predictors of the behavior), determining the hypothesized function (attention, avoidance/escape, sensory, tangible item) and the best possible rational for the maladaptive behavior. The FBA also suggests potential changes to the student's environment to minimize maladaptive and increase on task-desired behavior. In addition, the FBA provides a road map with support, strategies and alternative positive interventions should the primary plan not provide the desired results.

An FBA is a prescriptive process, not reactive. Postponing an FBA until after a child is suspended for more than ten school days typically means a school has delayed too long in establishing a function-based, prevention plan. Conducting the FBA when challenging behavior first becomes an issue provides the IEP team the benefit of having the added information and being able to make adjustments to the Behavior Intervention Plan (BIP). Conducting an FBA is not a one-time procedure. Once the BIP is in place, the IEP team

is responsible for reviewing and monitoring the FBA. Office of Administrative hearing decision Santa Monica-Malibu Unified School District v. student (2014) OAH Case NO. 2014100025 noted if a child's behavior interferes with her learning or the learning of others, the IDEA requires the IEP team, in developing the IEP, to "consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior." (20 U.S.C. § 1414(d)(3)(B)(i); 34 C.F.R. § 300.324(a)(2)(i) (2006); Ed. Code, § 56341.1, subdivision. (b)(1).).

Educationally Related Mental Health Service

Educationally Related Mental Health Service (ERMHS) assessment is specific for students who qualify for an IEP and is designed to determine both the source/extent of the student's mental health needs. Additionally, the assessment includes interviews with the student and relevant stakeholders, observations in both structured and unstructured settings, assessment measures, and a thorough review of records to determine whether the student must receive ERMHS in order to receive meaningful educational benefit. An ERMHS assessment will provide recommendations for the IEP team to consider proposed goals, services, supports and placement. Section 7576 of the Government Code (3) provides further guidance when conducting ERMHS assessments by noting that the pupil has emotional or behavioral characteristics that satisfy all of the following:
> (A) Are observed by qualified educational staff in educational and other settings, as appropriate.
> (B) Impede the Pupil from educational services.
> (C) Are significant as indicated by their rate of occurrence and intensity.
> (D) Are associated with a condition that cannot be described as solely as a social maladjustment or a temporary adjustment problem, and cannot be resolved with short-term counseling.

Part 4 of Section 7576 of the Government Code notes as determined using educational assessments, the pupil's functioning, including cognitive functioning, is at a level sufficient to enable the pupil to benefit from mental health services.

Related Services Independence Assistance (RSIA) Assessment

The Related Service Independence Assistance assessment process is designed to identify the unique Independent needs of the student and support those needs accordingly. The IEP team shall review results and recommendations of the assessment in determining the appropriate level of support/service to each student.
Giangreco et al. (2004) contend that students with disabilities are best served when schools (a) provide appropriate supports for their existing paraprofessionals (e.g., respect, role clarification, orientation, training, supervision); (b) establish logical and equitable decision-making practices for the assignment and utilization of paraprofessionals; and (c) select individually appropriate alternatives designed to increase student access to instruction from qualified teachers and special educators, facilitate development of peer interactions, and promote self-determination in inclusive classrooms. Giangreco, Edelman, Luiselli, and MacFarland (1997) found that a) The absence of a decision making process or lack of clarity regarding an existing process increases the potential for conflicts among the various stakeholders who are responsible for educating the same student and b) This problem is exacerbated in the absence of a shared understanding about the principles and values upon which any decision making

process is based. These Policy and Guidelines for Related Services Independence Assistance are designed to clarify decision making processes and create a shared understanding of guiding principles. Two of the key concepts are the need to promote personal independence and maintain the focus on the child, the environment, and the service options.

Services

Educationally Related Mental Health Services are categorized under the educational definition of related services. Related Services is defined in the Code of Federal Regulations as developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education as determined by the IEP team. (C.F.R. § 300.34 (a)). Related services for ERMHS include Psychological services, Social Work services, Parent and Counseling training, and Counseling services.

Psychological Services

Other than assessments and development of the IEP as per Title 5 C.C.R 3051.10 include:
(1) Counseling provided to an individual with exceptional needs by a credentialed or licensed psychologist or other qualified personnel.
(2) Consultative services to parents, pupils, teachers, and other school personnel.
(3) Planning and implementing a program of psychological counseling for individuals with exceptional needs and parents.
(4) Assisting in developing positive behavioral intervention strategies.
(5) This term does not include assessment services and the development of an IEP.

Psychological services required by a student's IEP may be rendered by any of the following professionals who possess the credential or license required by law for the performance of particular psychological services by members of that profession:
(1) Licensed Educational Psychologist pursuant to Business and Professions Code section 4989.14;
(2) Licensed Marriage and Family Therapist pursuant to Business and Professions Code section 4980.02;
(3) Licensed Clinical Social Worker pursuant to Business and Professions Code section 4996.9; or
(4) Licensed Psychologist pursuant to Business and Professions Code section 2903; or
(5) Pupil Personnel Services Credential that authorizes School Psychology.

Section 56363, Education Code; and 34 C.F.R. Sections 300.34 and 300.156(b)(1).

Social Work Services

As per Title 5 C.C.R. 3051.13 include:
(1) Individual and group counseling with the individual and his or her immediate family.

(2) Consultation with pupils, parents, teachers, and other personnel regarding the effects of family and other social factors on the learning and developmental requirements of individual pupils with exceptional needs.

(3) Developing a network of community resources, making appropriate referral and maintaining liaison relationships among the school, the pupil with exceptional needs, the family, and the various agencies providing social, income maintenance, employment development, mental health, or other developmental services.

 (a) Wraparound services when approved by the IEP team will be coded as Social Work services and in the comment section denoted as Wraparound.

  (i) See Appendix for Educational Related Mental Health Wraparound Services and Educationally Related Mental Health Services WRAP Progress Report.

Social worker services shall be provided only by personnel who possess a:

(1) License as a Clinical Social Worker, or Associate Clinical Social Worker who is under the supervision of either a Licensed Clinical Social Worker or a licensed Mental Health Professional by the Board of Behavioral Sciences, within the Department of Consumer Affairs; or

(2) License as a Marriage and Family Therapist, or Marriage and Family Therapist Registered Intern who is under the supervision of a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Professional Clinical Counselor, a Licensed Psychologist, or a Physician who is certified in psychiatry by the Medical Board of California, the Board of Behavioral Sciences, or the Board of Psychology, within the Department of Consumer Affairs; or

(3) Credential authorizing School Social Work.

(4) License as a Licensed Professional Clinical Counselor, or a Professional Clinical Counselor Registered Intern who is under the supervision of a Licensed Professional Clinical Counselor, a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Clinical Psychologist, or a Physician who is certified in psychiatry by the American Board of Psychiatry and Neurology.

Sections 2903, 2905, 4980.02, 4989.14, 4996.9 and 4999.10, Business and Professions Code; Sections 49422 and 56363, Education Code; and 34 C.F.R. Sections 300.34 and 300.156(b)(1).

Parent Counseling and Training

As per Title 5 C.C.R 3051.11 include:

(1) Assist parents in understanding the special needs of their child, and

(2) Provide parents with information about child development.

Parent counseling and training shall be provided only by personnel who possess a:

(1) Credential that authorizes special education instruction; or

(2) Credential that authorizes health and nursing services; or

(3) License as a Marriage and Family Therapist, or Marriage and Family Therapist Registered Intern who is under the supervision of a Licensed Marriage and

Family Therapist, a Licensed Clinical Social Worker, a Licensed Professional Clinical Counselor, a Licensed Psychologist, or a Physician who is certified in psychiatry by the Medical Board of California, the Board of Behavioral Sciences, or the Board of Psychology, within the Department of Consumer Affairs; or

(4) License as a Clinical Social Worker, or Associate Clinical Social Worker who is under the supervision of either a Licensed Clinical Social Worker or a licensed Mental Health Professional by the Board of Behavioral Sciences, within the Department of Consumer Affairs; or

(5) License as an Educational Psychologist, issued by a licensing agency within the Department of Consumer Affairs; or

(6) License as a Psychologist, or who are working under the supervision of a licensed Psychologist, both regulated by the Board of Psychology, within the Department of Consumer Affairs; or

(7) Pupil Personnel Services Credential that authorizes School Counseling or School Psychology or School Social Work.

(8) License as a Licensed Professional Clinical Counselor, or a Professional Clinical Counselor Registered Intern who is under the supervision of a Licensed Professional Clinical Counselor, a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Clinical Psychologist, or a Physician who is certified in psychiatry by the American Board of Psychiatry and Neurology.

Sections 2903, 2905, 4980.02, 4989.14, 4996.9 and 4999.10, Business and Professions Code; Sections 49422 and 56363, Education Code; and 34 C.F.R. Sections 300.34 and 300.156(b)(1).

Counseling and Guidance Services

As per Title 5 C.C.R. 3051.9 include:

(1) Educational counseling in which the pupil is assisted in planning and implementing his or her immediate and long-range educational program.

(2) Career counseling in which the pupil is assisted in assessing his or her aptitudes, abilities, and interests in order to make realistic career decisions.

(3) Personal counseling in which the pupil is helped to develop his or her ability to function with social and personal responsibility.

(4) Counseling and consultation with parents and staff members on learning problems and guidance programs for pupils.

Counseling and guidance shall be provided only by personnel who possess a:

(1) License as a Marriage and Family Therapist, or Marriage and Family Therapist Registered Intern who is under the supervision of a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Professional Clinical Counselor, a Licensed Psychologist, or a Physician who is certified in psychiatry by the Medical Board of California, the Board of Behavioral Sciences, or the Board of Psychology, within the Department of Consumer Affairs.

(2) License as a Clinical Social Worker, or Associate Clinical Social Worker who is under the supervision of either a Licensed Clinical Social Worker or a

licensed Mental Health Professional by the Board of Behavioral Sciences, within the Department of Consumer Affairs; or

(3) License as an Educational Psychologist issued by a licensing agency within the Department of Consumer Affairs; or

(4) License in psychology, or who are working under the supervision of a licensed psychologist, both regulated by the Board of Psychology, within the Department of Consumer Affairs; or

(5) Pupil Personnel Services Credential, which authorizes School Counseling or School Psychology.

(6) License as a Licensed Professional Clinical Counselor, or a Professional Clinical Counselor Registered Intern who is under the supervision of a Licensed Professional Clinical Counselor, a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Clinical Psychologist, or a Physician who is certified in psychiatry by the American Board of Psychiatry and Neurology.

Sections 2903, 2905, 4980.02, 4989.24, 4996.9 and 4999.10, Business and Professions Code; Sections 49422 and 56363, Education Code; and 34 C.F.R. Sections 300.34 and 300.156(b)(1).

In a letter from the California Department of Education dated September 13, 2011 titled Assembly Bill 114: Medication Monitoring authored by Mr. Fred Balcom, Director of Special Education Division noted "medical services are required under the IDEA if they are necessary for the purpose of diagnosis or evaluation. However, medical services provided by a licensed physician for other purposes, such as treatment, may not be a related service required by the IDEA. Furthermore, services exclusively provided by a licensed physician may be subject to what is widely known as the medical exclusion of the IDEA. *Irving Independent School District v. Tatro*, 468 U.S. 883 (1984) developed a "bright line" rule that established that services provided by a physician, other than for diagnostic or evaluation purposes, are subject to the medical exclusion of the IDEA. This "bright line" rule was further supported by *Cedar Rapids Community School District v. Garret F.*, 526 U.S. 66 (1999). However, when considering a supportive service such as the administration of medication (also included in the former definition of "medication monitoring" under 2 *CCR* §60020(f)), that service activity may fall under the IDEA definition of "school health services and school nurse services," depending on the child's individualized need for the service and the ability of school personnel to provide the service (meaning within their respective scope of practice)."

If the LEA has employed licensed (Marriage and Family Therapist, Clinical Social Workers, Psychologists) and or licensed eligible (trainees or interns) staff in providing the aforementioned services these staff members are bound by the ethical guidelines of their profession and follow the Family Educational Rights and Privacy Act of 1974 (FERPA).

For additional assessment and service information please review Appendix B.

Least Restrictive Environment

The Least Restrictive Environment (LRE) as noted in 34 Code of Regulations Sec. 300.114 to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled. In addition, special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the

nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. The LRE also must not use a funding mechanism on the basis of the type of setting in which a child is served that will result in the failure to provide a child with a disability FAPE, according to the unique needs of the child, as described in the child's IEP.

Local Education Agency Specialized Academic Instruction-Behavior Classroom

The IEP team will discuss the LRE and review the continuum of program options. Should the IEP team consider a more restrictive placement (Specialized Academic Instruction Behavior classroom within the district if applicable, Non Public School or Residential Treatment Center) than the general education classroom, the local education agency will provide the parent with an assessment plan to conduct the appropriate assessment to provide the IEP team with recommendations for placement consideration.

Specialized Academic Instruction

The LEA may have a Specialized Academic Instruction (SAI) classroom specifically tailored for students who are struggling with social, emotional and/or behavioral concerns that is impacting their ability to access their education. This classroom would entail a lower student to staff ratio with a highly structured educational program. The classroom would also incorporate a predictable and consistent behavioral system focused on earning points throughout the day for on-task behaviors, positive peer interactions and utilization of social skills presented daily in class. The classroom should be tailored to meet the student's unique learning needs. In addition, numerous opportunities throughout the day are offered for students to participate in a reinforcement system. Students are provided choices for potential reinforcements to support engagement with the program and motivation to participate. Teacher and staff are readily accessible to support academic, social, emotional and behavioral instruction. Staff have received specialized training in crisis communication and work with students who are experiencing emotional and behavioral challenges. Additionally, the classroom would have regular access to support from a School Counselor, School Psychologist or Therapist on campus to support students as needed.

Nonpublic School

A Nonpublic School (NPS) or nonsectarian school have similar components to the SAI classroom and is located off campus and under contract with the LEA to provide FAPE. California Education Code 56034 defines Nonpublic, nonsectarian school as a private school that enrolls individuals with exceptional needs pursuant to an individualized education program, employs at least one full-time teacher who holds an appropriate credential authorizing special education services, and certified by the California Department of Education (CDE). It does not include an organization or agency that operates as a public agency or offers public service, including, but not limited to, a state or local agency, an affiliate of a state or local agency, including a private, nonprofit corporation established or operated by a state or local agency, or a public university or college. A nonpublic, nonsectarian school also shall meet standards as prescribed by the superintendent and board. Students who attend a NPS will continue to reside at home and are transported to school on a daily basis.

Residential Treatment Center

Residential Treatment Center (RTC) is a combined CDE approved NPS and residential placement (Section 7572.55 of the Government Code (b)). Students who attend an RTC will attend the school and reside on campus in the residence. Under the provision of AB 114 SEC. 34. 7572.55 (a) residential placements for a child with a disability may be made out of state only after in-state alternatives have been considered and found not to meet the child's needs and only when the requirements of Section 7572.5 and subdivision (e) of section 56365 of the Education Code have been met (before contracting with a nonpublic, nonsectarian school or agency outside of this state, the local educational agency shall document its efforts to utilize public schools or to locate an appropriate nonpublic, nonsectarian school or agency program, or both, within the state). When a student is placed in an out of state placement, the LEA will cover the cost of the NPS and all travel arrangements for the student and the parent/guardian of the student. In addition, as noted in Government Code 7572.5 (2) provision for a review of the case progress, the continuing need for out-of-home placement, the extent of compliance with the individualized education program, and progress towards alleviating the need for out-of-home care, by the full individualized education program team at least every six months. Riverside County SELPA is committed to supporting LEA's with progress monitoring for students accessing Residential placement.

Recommended list of progress monitoring activities:
1. It is recommended that LEA's hold an IEP meeting 30 days following a change of student placement to a residential treatment center (including both in-state and out-of-state placements).
2. Riverside County SELPA will conduct student progress monitoring after 3 months of RTC placement either via phone or in person.
3. It is recommended that the LEA hold an IEP meeting 6 months following student placement in an RTC.
4. Based on student's progress or lack thereof, Riverside County SELPA will conduct a progress monitoring review after 9 months of RTC student placement either via phone or in person.
5. It is recommended that LEA's hold an IEP meeting 12 months following student placement in an RTC.
6. Riverside County SELPA will provide the LEA with a written follow up of student's educational progress accordingly based on the educational review.

When the IEP team has determined that student's FAPE include residential placement, the IEP team will need to document the parent visits in the team meeting comments.

Case Law to Consider

County of San Diego v. California Special Education Hearing office (9th cir. 1996) 93 F. 3d 1458, 1468 identified three possible tests for determining the appropriateness of residential placements:
> (1) Where the placement is supportive of the pupil's education;
> (2) Where medical, social or emotional problems that require residential placement are intertwined with educational problems; and

(3) When the placement is primarily to aid the student to benefit from special education.

Ashland School District v R.J. (9th Cir. 2009) 588 F. 3d 1004 and the Clovis Unified School District v. California Office of Administrative Hearings (9th Cir. 1990) 903 F. 2d 635) ruled that generally, a student requires a residential placement when necessary to meet the student's educational needs. In addition, the Individuals with Disabilities Act does not authorize residential care merely to enhance an otherwise sufficient educational program (Burke County Bd. Of educ. v. Denton (4th Cir. 1990) 895 F. 2d 973, 980, quoting Abrahamson v. Hershman (1st Cir. 1983) 701 F. 2d 223, 227. The Santa Monica-Malibu Unified School District v. student (2014) OAH Case NO. 2014100025 decision noted in resolving the question of whether a school district has offered a FAPE, the focus is on the adequacy of the school district's proposed program. (Gregory K. v. Longview School Dist. (9th Cir. 1987) 811 F.2d 1307, 1314.) A school district is not required to place a student in a program preferred by a parent, even if that program will result in greater educational benefit to the student. (Ibid.) For a school district's offer of special education services to a disabled pupil to constitute a FAPE under the IDEA, a school district's offer must be designed to meet the student's unique needs, comport with the student's IEP, and be reasonably calculated to provide the student with some educational benefit in the least restrictive environment. (Ibid.) Whether a student was offered or denied a FAPE is determined by looking to what was reasonable at the time the IEP was developed, not in hindsight. (Adams v. State of Oregon (9th Cir. 1999) 195 F.3d 1141, 1149, citing Fuhrman v. East Hanover Bd. of Education (3rd Cir. 1993) 993 F.2d 1031, 1041.)

For additional RTC/Travel information please review Appendix C.

Reporting Guidelines

The act of reporting whether a Child Protective Service (CPS) report, or a Behavior Emergency Report (BER) provides a knowledge base of concerns, which will ultimately lead to necessary actions in supporting the student. The various reports listed in this guidance are in alphabetical order and not in order of priority. This list is not exhaustive but a reminder of the importance of completing the various reports.

Behavior Emergency Report

A behavioral emergency is defined as the demonstration of a serious behavior problem:
  (1) Which has not previously been observed and for which a behavioral intervention plan has not been developed; or
  (2) For which a previously designed behavioral intervention is not effective. CCR 3001(c).
  (3) Serious behavior problem is defined as behaviors which are self-injurious, assaultive, or cause serious property damage and other severe behavior problems that are pervasive and maladaptive for which instructional/behavioral approaches specified in the student's IEP are found to be ineffective (CCR 2001 (aa))

Emergency Interventions may only be used to control unpredictable, spontaneous behavior that poses a clear and present danger of serious physical harm to the individual

or others and which cannot be immediately prevented by a response less restrictive than the temporary application of a technique used to contain the behavior. CCR 3002 (i) For each aforementioned occurrence, a Behavior Emergency Report (BER) is to be completed. See Appendix for Behavior Emergency Procedures.

In Patterson Joint Unified School District, Office of Administrative Hearing (OAH) noted, the district's failure to provide parents with timely BERs and to hold timely IEP meetings. This prevented parents from meaningfully participating in the student's educational decision-making process, which would include discussing with the district reasonable measures to permit the student to remain in class (Student v. Patterson Joint Unified School District, Patterson Joint Unified School District - Split Decision OAH Case No. 2009110397).

Child Protective Services Report

Any mandated reporter who has knowledge of and/or observes a child in his or her professional capacity or within the scope of his or her employment; whom he or she knows or reasonably suspects has been the victim of child abuse or neglect; shall report such suspected incident of abuse or neglect to a designated agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. (PC section 11166(a)).

No mandated reporter who reports a suspected incident of child abuse or neglect shall be held civilly or criminally liable for any report required or authorized by the Child Abuse and Neglect Reporting Act (CANRA). Any other person reporting a known or suspected incident of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by CANRA unless it can be proven the report was false and the person knew it was false or made the report with reckless disregard of its truth or falsity. (PC section 11172(a)).

Risk Assessments

Are for all students to determine the extent of possible threat the student is verbalizing and/or demonstrating. Specifically focusing on the student's level of intent, plan, and means of harming themselves or others. This assessment entails conducting interviews with the student and relevant stakeholders in determining next steps in minimizing the student's level of harm. It is critical for the assessor to maintain open communication with parents, caregivers and crises responders. In addition, if the student verbalizes intent (the design or purpose to commit an act), plan (a method for achieving an act), means (tools to complete the act) and access to harm a specified individual or group, the assessor will inform the individual or group of the student's verbalization as well as law enforcement. This level of disclosure is based on Civil Code § 43.92 also known as Tarasoff. In Tarasoff, the duty to protect is prompted when the student (or family member) communicates a serious threat of physical violence and the potential victims is reasonably identifiable. This results in the engagement of reasonable efforts to communicate such threats to the identifiable victim(s) and to a law enforcement agency.

Risk Assessment Report

1. **Suicide Prevention**

   Should a student report intent (the design or purpose to commit an act), plan (a method for achieving an act) and means (the tools to complete the act) of wanting to harm him/herself, the assessor will need to contact administration, law enforcement and parents. Risk factors and warning signs should be assessment when determining the course of action to ensure student safety. When contacting law enforcement inform dispatch of a possible welfare check and/or 5150 evaluation. It is recommended that LEA's access their policies and procedures when conducting such an assessment.

2. **Homicide Prevention (Tarasoff)**

   A duty to protect the victim(s) is prompted when the student (or family member) communicates a serious threat of physical violence and the potential victim(s) is reasonably identifiable. This results in the engagement of reasonable efforts to communicate such threats to the identifiable victim(s) and to a law enforcement agency.

Reporting of Out-of-State Nonpublic, Nonsectarian School/Agency Placement, Out-of-State Residential Treatment Center

When the IEP team has determined that the placement for a student will be out of state the LEA will need to complete and submit the Reporting of Out-of-State Nonpublic, Nonsectarian School/Agency Placement form within 15 days of the placement decision to the CDE.

For additional BER/CDE Reporting information please review Appendix D.

Community Based Mental and Behavioral Health Overview

Title 9 of the Rehabilitative and Development Services of California Code of Regulations 3410 in regards to Non-Supplant notes the following:

(1) Funds distributed under this Chapter shall not be used to provide mental health programs and/or services that were in existence on November 2, 2004, except to:
   a) Expand mental health services and/or program capacity beyond what was previously provided.
   b) Continue programs funded in Fiscal Year 2004-2005 with bridge funding, as defined in Section 3200.020.
(2) Funds distributed under this Chapter shall not be used to supplant state or county funds required to be used for services and/or supports that were in existence in Fiscal Year 2004-2005. The only exceptions to this limitation are:
   (a) The ten (10) percent of Realignment funds, described in Welfare and Institutions Code Section 17600.20, that the County may reallocate by transferring in or out of its mental health account.
(3) If the County reallocates any portion of the ten (10) percent of Realignment funds out of the mental health account, the County shall adhere to (1) above.
(4) County funds exceeding the amount required to be deposited into the mental health account in Fiscal Year 2004-2005, pursuant to Welfare and Institutions Code Section 17608.05.

(5) If the County elects to reduce funds exceeding the amount required to be deposited into the mental health account in Fiscal Year 2004-2005, the County shall adhere to (a) above.

(6) The County shall not use MHSA funds to pay the costs associated with inflation for programs and/or services that were in existence on November 2, 2004.

(7) The County shall not loan MHSA funds for any purpose that is not consistent with Welfare and Institutions Code Section 5891, and the MHSA regulations, California Code of Regulations, Title 9, Chapter 14.

Sections 5891 and 5892(a)(5), Welfare and Institutions Code.

LEA's are encouraged to establish on-going partnerships with community-based resources for enhancing and supporting students with community-based services that are not associated with the student's FAPE.

Community Based Mental and Behavioral Health Resource List

1. **Department of Developmental Services**
   a. The Department of Developmental Services is responsible for designing and coordinating a wide array of services for California residents with developmental disabilities. Regional centers help plan, access, coordinate and monitor these services and supports. A Person-Centered Planning (PCP) approach is used in making decisions regarding where a person with developmental disabilities will live and the kinds of services and supports that may be needed. In person-centered planning, everyone who uses regional center services has a planning team that includes the person utilizing the services, family members, regional center staff and anyone else who is asked to be there by the individual. The team joins together to make sure that the services that people are getting are supporting their choices in where they want to live, how and with whom they choose to spend the day, and hopes and dreams for the future (https://www.dds.ca.gov/RC/ProgramServices.cfm).

   b. Inland Regional Center
      i. Eligibility criteria for Regional Center support (https://www.inlandrc.org/eligibility/)

      ii. The Lanterman Act, a law passed in 1969, established Inland Regional Center, along with twenty other Regional Centers in the state of California. The Lanterman Act ensures that people with developmental disabilities receive supports and services to live the most independent and productive lives possible. The Lanterman Act defines which diagnoses make someone eligible for Regional Center services, what types of supports/programs will be provided, how program plans are developed. Lanterman Act: (https://www.dds.ca.gov/Statutes/docs/LantermanAct_2018.pdf).

2. **Department of Rehabilitation**
   a. Department of Rehabilitation (DOR) student services are activities that support student's age 16-21 who have an IEP or 504 plan in exploring and preparing for the world of work. Services are based on student interest. DOR Student Services include all of the activities listed on the Explore Your Options and Get Ready to Work pages (https://www.dor.ca.gov/Home/SSYouthServiceDistricts). To reach a DOR representative (http://www.dor.ca.gov/DOR-Locations/index.asp).

3. **Riverside County Department of Public Social Services**
   a. Independent Living Program (800) 303-0001 (http://dpss.co.riverside.ca.us/childrens-services-division/youth-and-community-resources/independent-living-program). See Appendix for Independent Living Program handout.

   b. First 5 Riverside, the Riverside County Children & Families Commission, is a division of the Riverside County Department of Public Social Services. The Commission is funded by tobacco taxes generated by Proposition 10 (California Children and Families Act), which passed in November 1998. The act created a system of programs that promote, support, and improve the early development of children from the prenatal stage to five years of age. (http://www.rccfc.org/), (800) 266-3880, first5@rccfc.org.

4. **Riverside County Probation**
   a. Youth Accountability Team (YAT) provides a collaborative and integrated multi-agency approach to rapid and effective intervention with at-risk youth and less serious juvenile offenders by providing necessary services to youth and their families. http://riverside.networkofcare.org/aging/services/agency.aspx?pid=YOUTHACCOUNTABILITYTEAM_38_1_0.

   b. Probation Approved Batterers Intervention Treatment Programs are designed to facilitate offender compliance with statutory requirements relating to the management of batterers cases. It is the goal of the Riverside County Superior Court that persons convicted of DV/CE crimes be rehabilitated and that, whenever reasonably possible, existing viable family ties be maintained and strengthened. Offenders are required to participate in and complete the Batterers Intervention Program (BIP). Participating departments and treatment providers collaborate to provide the best therapeutic practices available so that the twin goals of rehabilitation and strengthening of the family unit can be accomplished. Standards, guidelines, policies and procedures have been developed to support the ongoing efforts being made by the Court, Deputy Probation Officers, attorneys, and BIP providers.

5. **Riverside University Health System-Behavioral Health**
   (https://www.rcdmh.org/)
   a. The HELP line of Community Connect offers a confidential 24/7 Suicide/Crisis Intervention hotline service (951) 686-4357.

   b. CALL 211. Connecting People to vital resources (emergency food, food stamps, emergency shelter, counseling, transportation).

   c. CARES Line Provides information and referrals for Medi-Cal and Riverside County Health Plan beneficiaries seeking Mental Health Services. (800) 706-7500.

   d. Children's Mental Health Clinics provide services to children with severe emotional and behavioral problems. Services include psychiatric evaluations, medication services, individual and family therapy, and case management services. Staff works closely with schools to provide services to students who experience academic problems as a result of their severe emotional problems. Parent Partners offer support and advocacy services to parents whose children are receiving services at the clinic (https://www.rcdmh.org/ChildrenServices).

   e. Full Service Partnership programs provide intensive wellness and recovery based services for previously un-served or underserved individuals who have been identified with a serious mental health diagnosis and who are also homeless, at risk of homelessness, and/or have experienced numerous psychiatric hospitalizations or incarcerations related to their mental health disorder. Services include Adult Full Service Partnership programs for adult's ages 26-59 and Transition Age Youth (TAY) FSP programs for youth ages 16-18 and 18-25. All of RCDMH's FSP Programs require a direct referral by Riverside University Health staff (https://www.rcdmh.org/Children-Services/FSP).

Community based service listed in this guidance are in alphabetical order and are not exhaustive.

For additional Resource information please review Appendix E.

Approved: September 20, 2019

Appendix A

RTI ACTION NETWORK
A Program of the National Center
for Learning Disabilities

PRINT

Implementing a Combined RTI/PBS Model: Teacher Perceptions

By: Juli L. Pool, Ph.D., Evelyn S. Johnson, Ed.D., and Deborah R. Carter, Ph.D. | Published: May 27, 2010

Topics: Implementation Planning and Evaluation, Leadership

Schools are complex environments full of many personalities, teaching styles, and beliefs. Therefore, it should come as no surprise that one of our biggest hurdles in implementing a combined RTI/PBS model has been teacher perception of this project.

When we started the project, one of the first things we did was have the staff complete a school climate survey (Perkins 2006) to find out their perceptions about the learning environment, administration, student behavior, and so on. It was important to us to see how the teachers felt about their school and the daily working environment because we believe teacher morale and student achievement are impacted by the school climate. We learned that, in general, the teachers at Silver Sage Elementary have positive feelings about their school environment and high expectations of their students. They also seem to have no trouble vocalizing their opinions about how things are run in their own classroom, at their school, and in their district! We took their responses to the survey as an indication that they were willing and ready to make some changes in order to implement a comprehensive RTI and PBS model.

Our second step was to provide the staff with an overview presentation of our project before the school year started. We set out to describe the comprehensive model and continually referred to the relationship between the academic side and behavior side as "the model." After the overview presentation, we had the staff get into two groups, one containing a sampling of teachers across grade levels and the other with a combination of members of the two teams (RTI and school-wide PBS (SWPBS)). Focus groups were conducted with both of these groups. The discussion of the focus groups centered on the following questions:

1. What are some of Silver Sage's strengths with regards to school-wide implementation of RTI and PBS? What could be done that would help with implementation?

Recent Entries

RTI and MTSS work only when implemented with fidelity

Practical Advice for RTI-Based SLD Identification

A Middle School Principal's Perspective: Transitioning to a "New" School

Bigger than the Details: Topics to Build into Faculty Discussions

Getting the Best Return on Investment from MTSS/RTI Assessments

Recent Comments

Dec 10, 2015 12:04 PM
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Parents Are the Key

Nov 11, 2015 11:55 AM
Bigger than the Details: Topics to Build into Faculty Discussions

Nov 02, 2015 6:07 PM
Jared's Blog: Here Comes the Flood

Nov 02, 2015 6:03 PM
Jared's Blog: Here Comes the Flood

2. What are some areas that need to change and/or improve at Silver Sage in order for the model presented here to be successful?
3. In regards to collecting data and using the data to make decisions (utilizing a data-driven system) for academics and behavior in your classroom, what do you feel are your areas of strength? What changes need to be made in order to improve your use of a data-driven system in other areas?
4. What barriers do you foresee being encountered (by individuals and the school)?

The teachers were very responsive, had a *lot* to say, and seemed excited about the model and implementation. Most felt that the school was already implementing RTI for reading and were ready for the addition of math and SWPBS. Surprising to us, conducting the focus groups was not only informative, but also fun! It seemed everyone left "warm and fuzzy," amped for the upcoming school year, and beginning this project.

What probably isn't surprising is that after the first universal screening at the beginning of the school year, the warm, fuzzy feelings began to dissipate. We came to realize after several team meetings and another focus group session that the teachers really did not know what "the model" was and were having a hard time seeing the whole picture. The teachers tended to focus on how the PBS side was going, but not looking at the comprehensive model. (In fact, at the second focus group, we were asked what we meant by "the model!") In reflection, we realized that the teachers really didn't have a reference point at the overview presentation of RTI, or SWPBS, or for combining the two for that matter. This was all new to them.

In the Create Your Implementation Blueprint series by Susan Hall, the importance of the process of consensus building and fostering change is discussed. We didn't realize until after the team meeting to review the universal screening results that we didn't have buy-in from many of the teachers. And it only took a couple of outspoken naysayers to rock the boat further. A lot of the negative feelings had to do with the changes that teachers were being asked to make: more data to be collected, new screeners to be used (and more of them), and changes in practices and systems from what was done in the past. Not to mention the bi-weekly team meetings for academics and behavior and quarterly focus groups!

In order to keep abreast of teacher perceptions, we have had them complete a social validity survey at every focus group. In this survey, teachers are asked about their feelings concerning the system changes, data collection management, how the model is functioning in their classroom and the school, and so on. There are also open-ended questions where the teachers can address concerns about the model. Results from the first survey given at the first focus group were favorable — they were excited about the project and ready to see changes in student achievement. On the second survey, opinions and perceptions took a decidedly negative turn. One reason for this is that at the first completion, the project was still *talk*. By

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RTI Network Team

the second completion, changes were taking place, teachers were out of their comfort zone, and the project had become real. To add to the negative feelings, not enough time had passed for teachers to see any real changes in student achievement.

Talking about implementing a tiered system with the staff and actually trying to implement it based on the data was, and continues to be, a challenge. As Evelyn pointed out in the second blog, the teachers felt that there was something wrong with the screeners, not with the core curriculum or how it was being implemented. They also wanted Tier 2 interventions for math and behavior and wanted to get them into place for students right away.

Interestingly, after the universal screenings were analyzed and students were identified, there were many obstacles with setting the decision rules and following them. For almost every student that had been identified with a screener, there was a teacher explaining why they felt that particular student received that score. There was much resistance with actually identifying a student for a Tier 2 intervention!

Change can be difficult. Change without buy-in is even more difficult. Getting and maintaining teacher buy-in will continue to challenge us, as we imagine that it will ebb and flow along each stage in the process and every time teachers and staff are asked to change their perception or a change in the system is made.

In our next blog, we will further discuss the acceptability of the model, teacher perceptions, and the importance of social validity as we move into the second year of implementation. We welcome any questions, comments and suggestions. Please post your own experiences with teacher perception and buy-in for RTI and PBS implementation!

References

Perkins, B. K. (2006). American School Climate (ASC™) Survey—Teacher Version 2.5. New Haven, CT: Center for the Study of School Climate. Retrieved May 2010.

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Topics

Behavior Supports

Coaching

Data-based Decision Making

Diversity

Early Childhood Education

Family Involvement

High School

Higher Education

Implementation Planning and Evaluation

K-5

LD Identification

Leadership

Literacy

Mathematics

Middle School

Professional Development

Professional Preparation

Professional Roles

Progress Monitoring

Rural Education

Scheduling

School Transformation

Special Education

Tiered Instruction

Visit www.rtinetwork.org for more information on this topic.

Center for the Study of School Climate

School Cimate Surveys

Surveys

What is School Climate?

School Climate is the learning environment created through the interaction of human relationships, physical setting and psychological atmosphere. (Perkins, 2006)

Why is school climate important?

Perceptions about school climate impact teacher morale and student achievement. Positive school climate benefits students, teachers, and staff. Teachers are motivated to teach, students are motivated to learn (Bulach, 1994).

What is the relevance of school climate to "Race to the Top"?

The American Recovery and Reinvestment Act of 2009 (Recovery Act) was signed into law by President Obama on February 17th, 2009. It is an unprecedented effort to jumpstart our economy, create or save millions of jobs, and put a down payment on addressing long-neglected challenges so our country can thrive in the 21st century. The Act is an extraordinary response to a crisis unlike any since the Great Depression, and includes measures to modernize our nation's infrastructure, enhance energy independence, **expand educational opportunities**, preserve and improve affordable health care, provide tax relief, and protect those in greatest need. Through Race to the Top, the Department of Education is asking States to advance reforms around four specific areas:

Adopting standards and assessments that prepare students to succeed in college and the workplace and to compete in the global economy;

> Building data systems that measure student growth and success, and inform teachers and principals about how they can improve instruction;
> Recruiting, developing, rewarding, and retaining effective teachers and principals, especially where they are needed most; and
> Turning around our lowest-achieving schools.

 Awards in Race to the Top will go to States that are leading the way with ambitious yet achievable plans for implementing coherent, compelling, and comprehensive education reform. Race to the Top winners will help trail-blaze effective reforms and provide examples for States and local school districts throughout the country to follow as they too are hard at work on reforms that can transform our nation's schools for decades to come.

States can use Race to the Top funds to use the American School Climate survey and the Climate Improvement Process (CLIP) efforts to improve school climate. The Education Department has created a new priority in Race to the Top's Invitational Priority Number Six. The Education Department is "particularly interested" in applications in which a state's LEAs (Local Education Agencies) "create the conditions for reform and innovation … by providing schools with flexibility and autonomy in … creating school climates and cultures that remove obstacles to, and actively support, student engagement and achievement."* In discussing this new invitational priority, the education department noted, "We acknowledge that positive behavioral interventions and supports … are important to consider in ensuring that students have a safe and productive environment in which to learn."** States interested in including the Climate Improvement Process should include their plans in their Race to the Top applications under Invitational Priority Number Six.

The ASC™ survey Version 2.5 was used in a national study of over 40,000 students (Grades 4-12), approximately 4,000 teachers and approximately 300 administrators. National results are available for comparison and benchmarking. The ASC™ survey is currently available in five (5) languages; English, Spanish, Mandarin Chinese, Korean, and Haitian Creole. Districts may also arrange for an online administration. Reports from the online administration are available within 10 business days.

Surveys

[American School Climate (ASC™) Survey—Student Version 2.5](#)

This 25 question survey is designed to collect information on the views and perspectives of students (Grades 4-12) regarding their school learning climate, bullying and perceptions on race.

Back to Top

[American School Climate (ASC™) Survey—Teacher Version 2.5](#)

School Climate is the learning environment created through the interaction of human relationships, physical setting and psychological atmosphere. (Perkins, 2006)

Back to Top

American School Climate (ASC™) Survey—Administrator Version 2.5

This 25 question survey is designed to collect information on the views and perspectives of teachers regarding the school learning climate, bullying and attitudes on professional development.

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American School Climate (ASC™) Survey—Community Version 2.5

This 25 question survey is designed to collect information on the views and perspectives of community members regarding the school learning climate, bullying and perceptions on local school effectiveness.   Back to Top

Currently under revision, the next version of the survey is scheduled for use in the National School Climate Survey 2010 with over 100,000 participants. Results from that study are scheduled for release in the first half of 2011.

* US DEP'T OF EDUC., RACE TO THE TOP: APPLICATION FOR INITIAL FUNDING, 90-91 (2009).

** 74 Fed. Reg. 59688, 59707 (Nov. 18, 2009).

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School Climate Survey © 2011 - Designed and Hosted by KREOnline.net

AMERICAN SCHOOL CLIMATE SURVEY
STUDENT VERSION - 2006

This survey is designed to get your opinions concerning some aspects of school climate and your attitudes concerning your school, your community and yourself. Your input is very important. Your responses are strictly anonymous and you will not be asked to identify yourself at anytime during the survey. Please respond honestly and completely. At the end of the survey, please feel free to add any additional comments that you find appropriate and were unable to address in the survey. Thank you, in advance, for taking the time to respond.

DIRECTIONS:
- Indicate your response with a check mark. (✓)
- Make your marks dark.
- Erase changes completely.

BACKGROUND INFORMATION

1. GENDER
○ Male ○ Female

2. ETHNIC BACKGROUND
○ Black ○ White, Non-Hispanic ○ Hispanic ○ Native American ○ Asian

○ Other _____

3. HOME RESIDENCE (City & State)   **4. Age**

_____   _____

5. HOME LANGUAGE
○ English ○ Spanish ○ Portuguese ○ Cantonese ○ Mandarin ○ Thai

○ Arabic ○ Hindi ○ Korean ○ Japanese ○ Other _____

Following you will be asked a series of questions about your school. Please indicate how strongly you agree or disagree with each statement by filling in one of the five responses.

1. I feel safe at my school.
○ Strongly Disagree ○ Disagree ○ Not Sure ○ Agree ○ Strongly Agree

2. An adult in my family (or someone that is taking care of me) visits my school often.
○ Strongly Disagree ○ Disagree ○ Not Sure ○ Agree ○ Strongly Agree

3. I enjoy learning at my school.
○ Strongly Disagree ○ Disagree ○ Not Sure ○ Agree ○ Strongly Agree

4. Students at my school fight a lot.
○ Strongly Disagree ○ Disagree ○ Not Sure ○ Agree ○ Strongly Agree

5. I will continue my education at a community college or university.
○ Strongly Disagree ○ Disagree ○ Not Sure ○ Agree ○ Strongly Agree

6. Students at my school trust the teachers.
○ Strongly Disagree ○ Disagree ○ Not Sure ○ Agree ○ Strongly Agree

7. Teachers are able to stop someone from being a bully.
○ Strongly Disagree ○ Disagree ○ Not Sure ○ Agree ○ Strongly Agree

8. I am hopeful about the future of the United States.
○ Strongly Disagree ○ Disagree ○ Not Sure ○ Agree ○ Strongly Agree

9. **At my school, teachers respect the students.**
O Strongly Disagree   O Disagree   O Not Sure   O Agree   O Strongly Agree

10. **The noise in the school disrupts my learning.**
O Strongly Disagree   O Disagree   O Not Sure   O Agree   O Strongly Agree

11. **I wish that I were of a different race.**
O Strongly Disagree   O Disagree   O Not Sure   O Agree   O Strongly Agree

12. **My teachers make me feel good about myself.**
O Strongly Disagree   O Disagree   O Not Sure   O Agree   O Strongly Agree

13. **Some children carry guns or knives in my school.**
O Strongly Disagree   O Disagree   O Not Sure   O Agree   O Strongly Agree

14. **I believe that I will live beyond the age of 25 years.**
O Strongly Disagree   O Disagree   O Not Sure   O Agree   O Strongly Agree

15. **There are some children who I have seen bullied at least once per month.**
O Strongly Disagree   O Disagree   O Not Sure   O Agree   O Strongly Agree

16. **My teachers care whether I am successful or not.**
O Strongly Disagree   O Disagree   O Not Sure   O Agree   O Strongly Agree

17. **My parents are proud of me.**
O Strongly Disagree   O Disagree   O Not Sure   O Agree   O Strongly Agree

18. **At my school, teachers are fair to everyone.**
O Strongly Disagree   O Disagree   O Not Sure   O Agree   O Strongly Agree

19. **Students who are not of my race generally do better in school than I do.**
O Strongly Disagree   O Disagree   O Not Sure   O Agree   O Strongly Agree

20. **I am bullied during the school day at least once per month.**
O Strongly Disagree   O Disagree   O Not Sure   O Agree   O Strongly Agree

21. **If I work hard in school, I will be a successful adult.**
O Strongly Disagree   O Disagree   O Not Sure   O Agree   O Strongly Agree

22. **I look forward to coming to school most days.**
O Strongly Disagree   O Disagree   O Not Sure   O Agree   O Strongly Agree

23. **The children at my school live in my neighborhood.**
O Strongly Disagree   O Disagree   O Not Sure   O Agree   O Strongly Agree

24. **My parents want me to go to school.**
O Strongly Disagree   O Disagree   O Not Sure   O Agree   O Strongly Agree

25. **There are races of children whom are smarter than others.**
O Strongly Disagree   O Disagree   O Not Sure   O Agree   O Strongly Agree

COMMENTS:

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Integrating Academic and Behavior Supports Within an RtI Framework, Part 1: General Overview

by *Hank Bohanon, Ph.D., Steve Goodman, Ph.D.,* and *Kent McIntosh, Ph.D.*

Increasingly, schools are faced with challenges stemming from the intensity and scope of student needs in their settings. With each scientifically based response to these needs come separate data systems, treatment protocols, teams, and interventions. Because of this, a major consideration for schools is to ensure that teams work smarter, not just harder.

The purpose of this article series is to provide a framework for the integration of academic and behavior supports for each tier of intervention in a Response to Intervention (RtI) model. In this first article in the series, we include a rationale for combined academic and behavior supports. The second article involves a discussion of the universal academic and behavioral reform that is needed to arrive at an integrated model. The third article provides a description of supports for groups of students who do not respond to the core curriculum based on the nature of their needs. The fourth and final article includes an overview of how to identify strategies for intervention and how to establish progress monitoring for students with the most intensive needs.

Academic and Behavior RTI Systems

Over the past few years, there has been increasing interest in integrating academic and behavior supports into one system (Hawken, Vincent, & Schumann, 2008; Stewart, Benner, Martella, & Marchand-Martella, 2007). The recent focus on RtI provides an opportunity to effectively and efficiently combine academic and behavior systems into an integrated school-wide system of supports for students. There are well-documented RtI systems for addressing both academics (Simmons et al., 2002; Vaughn & Fuchs, 2003) and behavior (e.g., school-wide positive behavior support, or SWPBS; Horner, Sugai, Todd, & Lewis-Palmer, 2005). Both types of systems are similar in their focus on universal teaching of all students, provision of a continuum of supports provided to students who do not respond, and reliance on action planning guided by a representative team. They also share an emphasis on the problem-solving process (a decision-making

system for identifying and addressing challenges; Tilly, 2008) and the use of data for program development, progress monitoring, and evaluation, and both rely on evidence-based practices. **Figure 1** provides a brief illustration of the essential elements of both academic and behavior supports.

Figure 1: Integrated Functions Across All Three Tiers of Support

With these similarities in mind, there are several seemingly unanswered questions regarding the integration of these systems. For instance:

1. What are the process and outcome components of a well-designed, integrated model of academic and behavior supports (systems, practices, and data)?
2. What mechanisms in both systems exist for the common activities of universal behavioral screening and identifying trajectories for student success (universal supports; also referred to as Tier 1 supports and/or core instruction)?
3. What are the data and decision rules for determining which students need additional supports, and what is the nature of the supports needed based on function (e.g., cannot demonstrate the skill, will not demonstrate the skill)? Also, how are the most effective treatment combinations selected, and what are the most efficient methods for progress monitoring that integrate academic and behavioral data when needed (secondary supports)?
4. What are the most efficient and reliable ways to integrate intensive academic assessment and remediation, complex functional behavior assessment and behavioral intervention plans (including person-centered planning), and progress monitoring (tertiary supports)?
5. What are the current practices and future directions for integrating these models?

In this article we address these questions by presenting research on the benefits of integrating academic and behavior RtI systems (including a discussion of their similarities and differences) and by discussing implications for universal supports. We also identify the critical components of secondary intervention and discuss the role of tertiary supports.

Emerging Research Linking Academics and Behavior

There are several reasons why integrating academic and behavior supports (particularly in the area of reading) could lead to improved student outcomes. First, there is a documented connection between low academic skills and problem behavior, which may be evident as early as kindergarten but grows over time as students move from elementary to secondary school (Fleming, Harachi, Cortes, Abbott, & Catalano, 2004; Morrison, Anthony, Storino, & Dillon, 2001; Nelson, Benner, Lane, & Smith, 2004). Because of the importance of reading skills and social competence, students facing challenges in both areas are at an exponentially higher risk for negative school outcomes (McIntosh, Flannery, Sugai, Braun, & Cochrane, 2008; McKinney, 1989).

Second, there is evidence that problems in one area (reading and behavior) can predict future problems in other areas. Poor academic skills early in school predict a wide range of behavior problems, because students who have difficulty with reading may find problem behavior as an effective means of escaping or avoiding reading activities (McIntosh, Horner, Chard, Dickey, & Braun, 2008). Students may engage in problem behaviors because the academic activity may be too difficult, too easy, or not relevant to student needs or interests. McIntosh, Horner, Chard, Boland, and Good (2006) found that kindergarteners with phonological awareness skills, as measured through the Dynamic Indicators of Basic Early Literacy Skills Phoneme Segmentation Fluency subtest (Good & Kaminski, 2002), that indicated low risk for reading problems (at least 35 sounds) had an 18% chance of receiving two or more office discipline referrals (ODRs) in 5th grade. Students scoring in the some risk range (between 10 and 35 sounds) had a 25% chance of having multiple ODRs. Students with scores in the at risk range (below 10 points) had a 33% chance of multiple ODRs in 5th grade. Moreover, a replication study indicated that students who entered school with phonological awareness deficits but responded to kindergarten reading instruction were at dramatically decreased risk for future problem behavior (McIntosh, Sadler, & Brown, 2009). Similar results have also been found for the effects of early reading challenges on depression in middle school, as students with reading challenges were at increased risk for depression in later grades (Herman, Lambert, Reinke, & Ialongo, 2008).

Fortunately, school personnel can use this interaction between academic skills and behavioral issues to prevent problems in one area by intervening in the other. For example, reducing the number of incidents of problem behavior allows quality instruction to occur more often and with fewer distractions. Lassen, Steele, and Sailor (2006) reported the effects of implementing a behavior RtI system on high stakes achievement test results. In their study, implementation of universal behavior supports in middle school led to significantly improved performance on state assessments in both math and reading. These results are likely due to research showing that improving the social behavior of students results in

more minutes spent in academic instruction (Scott & Barrett, 2004). Though more time available for teaching is beneficial, it is important that instructors spend the time wisely, implementing evidence-based academic practices geared toward student need. Even by itself, high quality academic instruction can promote engagement and reduce problem behavior (Filter & Horner, 2009; Lee, Sugai, & Horner, 1999; Preciado, Horner, & Baker, 2009; Sanford, 2006).

In sum, providing behavior supports may be effective in improving academic outcomes, and providing academic supports is related to improved social behavior functioning. Given this interactive relationship between behavior and reading, an integrated system of supports may enhance students' success in both academics and behavior. Behavior supports should consider the student's academic skills deficits as well as the quality of academic supports. Successful academic interventions may be even more effective with the addition of behavior supports to provide organized and motivating classrooms. It has been shown that integrated academic and behavior RtI models produce larger gains in both outcomes than single models (Ialongo, Poduska, Werthamer, & Kellam, 2001; Lane & Menzies, 2003; McIntosh, Chard, Boland, & Horner, 2006; Stewart et al., 2007).

Logic for an Integrated Approach

There is increasing discussion about how best to integrate academic and behavior supports in a comprehensive model. Sugai (2009b) described how SWPBS shared common elements with academic RtI systems, including the effective use of teaming, accessing universal data components, progress monitoring, utilizing effective interventions, and relying on data decision rules. Additionally, Sugai (2009b) noted that both academic RtI and SWPBS systems share a three-tier, prevention focused model based on universal, secondary, and tertiary prevention. Finally, he stated that RtI can be utilized as "a framework and logic for organizing and increasing the efficiency with which evidence-based practices are selected, organized, integrated, implemented, and adapted" (Sugai, 2009b, para. 7).

Both academic and behavior RtI systems share a common focus on the school and community contexts of implementation, such as size, location, and neighborhood protective and risk factors (Simmons et al., 2002; Stollar, Poth, Curtis, & Cohen, 2006). Key components focus on the identification of a shared approach to intervention (in reading and behavior, for example) and creating a supportive environment where these elements can be embedded into the routines of the staff, school curriculum, and school policies. Academic and behavior RtI systems both share a systems approach to promote success for students (Algozzine & Algozzine, 2009).

Process and Outcome Components of an Integrated Model (Systems, Data, and Practices)

It is our belief that academic and behavior RtI models share similar underlying principles (McIntosh, Chard, et al., 2006). However, there may be unique characteristics of each model that must be addressed somewhat differently. This section provides a brief summary from two framework documents from both academic (Simmons et al., 2002) and behavior (Horner et al., 2005) RtI perspectives. For the purposes of this article, we will solidify these principles into a parsimonious framework advanced by Sugai and Horner (2002), including three overlapping features—systems, practices, and data—all designed with the purpose of achieving valued outcomes. Both academic and behavior RtI systems inherently contain elements of these components.

Systems

Systems (e.g., *teaming, visioning, empowering, communicating, institutionalizing*) are considered to be "policies, staffing patterns, budgets, team structures, administrative leadership, operating routines, staff training, and action plans that affect the behavior of adults in schools" (Horner et al., 2005, p. 359-390). As Simmons and colleagues (2002) stated, "knowledge of effective, research-based practice is necessary but insufficient" (p. 537-569) in terms of changing adult behavior. Systems are needed to support implementation and the ongoing use of effective teacher practices (Kratochwill & Shernoff, 2004; Sugai & Horner, 2002).

The academic RtI process often begins with universal screening (assessment of all students) for skill deficits through the use of research-validated criteria or norms. As such, individual student data drive the implementation of interventions following this universal screening process. The behavior RtI process is more likely to start with assessment of the school-wide climate and providing universal supports, and then identification of students who do not respond to the core behavior curriculum. In some cases, it may be necessary to obtain the commitment of resources, administrative support, teams, and priorities prior to organizing data. However, a basic level of data reflection may be critical prior to establishing priorities and commitments, particularly in high school settings (Bohanon et al., 2006). Both academic and behavior RtI systems involve a) auditing current levels of implementation based on self-assessment, implementation, and student performance data, b) using these data to develop action plans addressing system strengths and weaknesses, and c) ultimately identifying the RtI system as one of the top three priorities within the building (as identified by the school).

Practices

Academic and behavior RtI approaches focus on evidence-based practices. The selection of practices (e.g., planning and implementing interventions) should be based on the following:

1. A short list of critical priorities identified by a school, district, or provincial/state team
2. A limit of only one or two major adoptions at one time
3. Strategies that have been proven effective in addressing the desired outcomes
4. The ability to monitor progress of implementation to determine need for improvement (Horner et al., 2005).

Academic RtI systems identify goals, a core academic curriculum, and organizational structures (e.g., dedicated time for instruction, grouping, and scheduling) to enhance academic instruction. Behavior RtI systems identify core behavioral expectations, a process for behavioral instruction (e.g., time for teaching behaviors, instruction within settings, scheduling), and how acknowledgement of behaviors will occur. Behavior RtI systems also involve clarifying and communicating policies that support behavior expectations (e.g., differentiating between major and minor problem behaviors). Both systems identify critical features and treatment components prior to implementation of practices.

Data

Data should be collected and compiled in an ongoing manner and reported to all stakeholders on a regular basis to guide improvement (Horner et al., 2005). Both academic and behavior RtI systems a) identify a data system for monitoring the progress of student performance, b) commit resources for analyzing and interpreting data, c) communicate results and findings, d) adjust interventions based on the review of data, e) review universal (primary) and strategic (secondary) level data monthly, and f) review intensive (tertiary) level data as often as weekly (McIntosh, Reinke, & Herman, in press). In academic RtI systems, specific goals and targets for improvement are set and effectiveness is reviewed three times per year at universal screening dates. The behavior RtI process collects school-wide data (e.g., office discipline referrals) continuously and requires the regular review and presentation of data to guide frequent adjustments in the universal behavioral curriculum. In terms of integration, it may be useful to combine the review of academic and behavior data into a regular cycle of analysis and action planning. For each, both types of data may be reviewed after the fall, winter, and spring academic assessments, or school marking periods. The use of data-based reflection supports the idea that the systems use different measures but in similar processes and with similar goals (Stollar et al., 2008).

Promoting Sustainability through Branding Initiatives

Sustainability of any school systems appears to be an elusive yet important goal (Adelman & Taylor, 2003; Vaughn, Klingner, & Hughes, 2000). New processes are at a disadvantage when presented within existing structures (Fixsen, Blase, Horner, & Sugai, 2008), so to create lasting change, every

advantage is needed and potential supports need to be in place. Though consolidating multiple system efforts may seem like a threat to sustainability, integrating academic and behavior RtI systems represents a unique opportunity to enhance the sustainability of both systems.

Rather than viewing academic and behavior systems as separate entities, schools could look at their shared outcomes and combine efforts accordingly. Both academic and behavior RtI systems share a range of common outcomes, including maximizing time for instruction, enhancing student–teacher relationships, fostering school connectedness, and improving academic and social competency for all students (Walker & Shinn, 2002). Finding a balance between too few and too many systems is critical. Because academic and behavior RtI initiatives possess a shared vision (Kotter, 1995), there is an opportunity to address these outcomes together more effectively and efficiently than alone.

A key activity for integrating and sustaining systems is the braiding of initiatives. Braiding refers to building the practices of any new initiative into the fabric of existing programs and priorities within the school building and the school district (Adelman & Taylor, 2003; McLaughlin & Mitra, 2001). The process involves identifying how parallel systems, data, and practices may be combined into a coherent, unified set of daily responsibilities with a common language. Braiding (see **Figure 2**) will help provide a common focus for staff in improving student outcomes and in enhancing sustainability of initiatives (McIntosh, Horner, & Sugai, 2009).
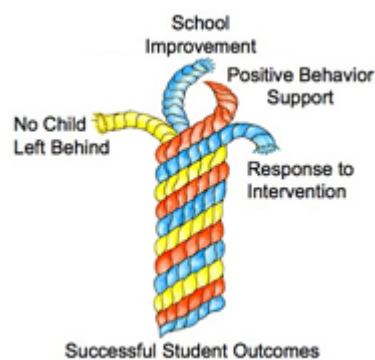
Figure 2: Braiding Academic and Behavior Supports

One clear example of the opportunity for braiding involves examining the structures of school teams. Typically, each system will develop its own school teams for completing activities (e.g., grade-level teams and academic problem-solving teams for academic RtI systems; school-wide, targeted, and individual behavior problem-solving teams for behavior RtI systems). When considered individually, this approach seems to make sense. But when considering that many teams all have to function within the same school, it is easy to see how school personnel can be overloaded with too many meetings. To allow for a functioning work environment, it is our belief that school personnel should strongly consider combining academic and behavior RtI teams at each tier. In this way, school teams can take

advantage of the benefits of considering both sets of data at the same time (Ervin, Schaughency, Goodman, McGlinchey, & Matthews, 2006), especially considering the research on the link between academic and behavior challenges. However, if combined, it is critical that teams consist of personnel with content knowledge in both areas, as the potential gain in efficiency may be outweighed by a potential loss in effectiveness (McIntosh et al., 2009; Stollar et al., 2006). At the very least, it is wise to identify which teams at each level can best be integrated to maximize efforts.

One suggestion for addressing the integration of teams and leadership is the use of team matrices (Sugai, 2009a). Using this process, school faculty identify current initiatives by their purpose, outcomes, intervention level, staff involvement, and connections with school improvement plans. If multiple teams serve the same function, administrators may consider combining teams. This process also allows staff to reflect on the distribution of their responsibilities and consider the amount of human capital any one person can commit. If the same people are on many teams, administrators should identify ways to distribute the leadership responsibilities across new staff members.

Establishing Priority for Integrating Systems

Kotter (1995), in his seminal work on systems change, identified a critical role for those wishing to improve school systems: establishing a sense of urgency for change through reviewing relevant data. This urgency is required on many levels. Though guiding implementation with a school-level focus is critical, district commitment and supports are essential for long-term success (Adelman & Taylor, 2003; Doolittle, 2006). In the early stages of implementation, this urgency is created through identifying shared priorities for change, from school staff to district administrators and other stakeholders (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). Both academic and behavior RtI systems begin their implementation processes with assessment of current practices and identification of changes that are likely to improve outcomes. The information presented in this article is intended to provide a clear argument for why integrating academic and behavior RtI systems could improve student outcomes. Another critical method for establishing urgency is to use local data to illustrate the subsequent effect of integration on student performance (Freeman et al., 2005). Establishing a compelling case from outcomes data may increase the probability of integrating practices for school teams. Moreover, successes, as demonstrated with academic and behavioral outcomes data, can provide the motivation to keep an integrated model in place.

References

Adelman, H. S., & Taylor, L. (2003). On sustainability of project innovations as systemic change. *Journal of Educational and Psychological Consultation, 14,* 1–25.

Algozzine, B., & Algozzine, K. M. (2009). Facilitating academic achievement through schoolwide

positive behavior support. In W. Sailor, G. Dunlap, G. Sugai, & R. H. Horner (Eds.), *Handbook of positive behavior support* (pp. 521–550). New York: Springer.

Bohanon, H., Fenning, P., Carney, K., Minnis, M., Anderson-Harris, S., Moroz, K., et al. (2006). School-wide application of urban high school positive behavior support: A case study. *Journal of Positive Behavior Interventions , 8,* 131–145.

Doolittle, J. H. (2006). *Sustainability of positive behavior supports in schools.* Unpublished doctoral dissertation, University of Oregon.

Ervin, R. A., Schaughency, E., Goodman, S. D., McGlinchey, M. T., & Matthews, A. (2006). Merging research and practice agendas to address reading and behavior school-wide. *School Psychology Review, 35,* 198–223.

Filter, K. J., & Horner, R. H. (2009, February 1). Function-based academic interventions for problem behavior. *Education and Treatment of Children, 32*(1), 1–19.

Fixsen, D. L., Blase, K. A., Horner, R. H., & Sugai, G. (2008). *Developing the capacity for scaling up the effective use of evidence-based programs in state departments of education.* Chapel Hill, NC: State Implementation of Scaling-up Evidence-based Practices (SISEP) Center.

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, E. (2005). *Implementation research: A synthesis of the literature* (FMHI Publication #231). Tampa: University of South Florida, Louis de la Parte Florida Metal Health Institute, The National Implementation Research Network.

Fleming, C. B., Harachi, T. W., Cortes, R. C., Abbott, R. D., & Catalano, R. F. (2004). Level and change in reading scores and attention problems during elementary school as predictors of problem behavior in middle school. *Journal of Emotional and Behavioral Disorders, 12,* 130–144.

Freeman, R., Smith, C., Zarcone, J., Kimbrough, P., Tieghi-Benet, M., Wickham, D., et al. (2005). Building a statewide plan for embedding positive behavior support in human service organizations. *Journal of Positive Behavior Interventions, 7,* 109–119.

Good, R. H., & Kaminski, R. A. (Eds.). (2002). *Dynamic Indicators of Basic Early Literacy Skills* (6th ed.). Eugene, OR: Institute for the Development of Education Achievement.

Hawken, L. S., Vincent, C. G., & Schumann, J. (2008). Response to intervention for social behavior. *Journal of Emotional and Behavioral Disorders, 16,* 213–225.

Herman, K. C., Lambert, S. F., Reinke, W. M., & Ialongo, N. S. (2008). Low academic competence in first grade as a risk factor for depressive cognitions and symptoms in middle school. *Journal of Counseling Psychology, 55,* 400–410.

Horner, R. H., Sugai, G., Todd, A. W., & Lewis-Palmer, T. (2005). School-wide positive behavior support. In L. Bambara & L. Kern (Eds.), *Individualized supports for students with problem behaviors: Designing positive behavior plans* (pp. 359–390). New York: Guilford Press.

Ialongo, N., Poduska, J., Werthamer, L., & Kellam, S. (2001). The distal impact of two first-grade preventive interventions on conduct problems and disorder in early adolescence. *Journal of Emotional and Behavioral Disorders, 9,* 146.

Kotter, J. (1995). Leading change: Why transformation efforts fail. *Harvard Business Review, 73,* 59–67.

Kratochwill, T. R., & Shernoff, E. S. (2004). Evidence-based practice: Promoting evidence-based interventions in school psychology. *School Psychology Review, 33,* 34–48.

Lane, K. L., & Menzies, H. M. (2003). A school-wide intervention with primary and secondary levels of support for elementary students: Outcomes and considerations. *Education and Treatment of Children, 26,* 431–451.

Lassen, S. R., Steele, M. M., & Sailor, W. (2006). The relationship of school-wide positive behavior support to academic achievement in an urban middle school. *Psychology in the Schools, 43,* 701–712.

Lee, Y., Sugai, G., & Horner, R. H. (1999). Using an instructional intervention to reduce problem and off-task behaviors. *Journal of Positive Behavior Interventions, 1,* 195–204.

McIntosh, K., Chard, D. J., Boland, J. B., & Horner, R. H. (2006). Demonstration of combined efforts in school-wide academic and behavioral systems and incidence of reading and behavior challenges in early elementary grades. *Journal of Positive Behavior Interventions, 8,* 146–154.

McIntosh, K., Flannery, K. B., Sugai, G., Braun, D., & Cochrane, K. L. (2008). Relationships between academics and problem behavior in the transition from middle school to high school. *Journal of Positive Behavior Interventions, 10,* 243–255.

McIntosh, K., Horner, R. H., Chard, D. J., Boland, J. B., & Good, R. H., III. (2006). The use of reading and behavior screening measures to predict nonresponse to school-wide positive behavior support: A longitudinal analysis. *School Psychology Review, 35,* 275–291.

McIntosh, K., Horner, R. H., Chard, D. J., Dickey, C. R., & Braun, D. H. (2008). Reading skills and function of problem behavior in typical school settings. *Journal of Special Education, 42,* 131–147.

McIntosh, K., Horner, R. H., & Sugai, G. (2009). Sustainability of systems-level evidence-based practices in schools: Current knowledge and future directions. In W. Sailor, G. Sugai, R. H. Horner, & G. Dunlap (Eds.), *Handbook of positive behavior support* (pp. 327–352). New York: Springer.

McIntosh, K., Reinke, W. M., & Herman, K. E. (in press). School-wide analysis of data for social behavior problems: Assessing outcomes, selecting targets for intervention, and identifying need for

support. In G. G. Peacock, R. A. Ervin, E. J. Daly, & K. W. Merrell (Eds.), *The practical handbook of school psychology.* New York: Guilford.

McIntosh, K., Sadler, C., & Brown, J. A. (2009). Kindergarten reading skill and response to instruction as risk factors for problem behavior. *Manuscript submitted for publication.*

McKinney, J. D. (1989). Longitudinal research on the behavioral characteristics of children with learning disabilities. *Journal of Learning Disabilities, 22,* 141–150.

McLaughlin, M. W., & Mitra, D. (2001). Theory-based change and change-based theory: Going deeper, going broader. *Journal of Educational Change, 2,* 301–323.

Morrison, G. M., Anthony, S., Storino, M., & Dillon, C. (2001). An examination of the disciplinary histories and the individual and educational characteristics of students who participate in an in-school suspension program. *Education and Treatment of Children, 24,* 276–293.

Nelson, J. R., Benner, G. J., Lane, K. L., & Smith, B. W. (2004). Academic achievement of K-12 students with emotional and behavioral disorders. *Exceptional Children, 71,* 59–73.

Preciado, J. A., Horner, R. H., & Baker, S. K. (2009). Using a function-based approach to decrease problem behaviors and increase academic engagement for Latino English Language Learners. *The Journal of Special Education, 42,* 227–240.

Sanford, A. (2006). *The effects of function-based literacy instruction on problem behavior and reading growth.* Unpublished doctoral dissertation, University of Oregon.

Scott, T. M., & Barrett, S. B. (2004). Using staff and student time engaged in disciplinary procedures to evaluate the impact of school-wide PBS. *Journal of Positive Behavior Interventions, 6,* 21–27.

Simmons, D. C., Kame'enui, E. J., Good, R. H., III, Harn, B. A., Cole, C., & Braun, D. (2002). Building, implementing, and sustaining a beginning reading model: Lessons learned school by school. In M. R. Shinn, H. M. Walker, & G. Stoner (Eds.), *Interventions for academic and behavioral problems II: Preventive and remedial approaches* (pp. 537-569). Bethesda, MD: National Association of School Psychologists.

Stewart, R. M., Benner, G. J., Martella, R. C., & Marchand-Martella, N. E. (2007). Three-tier models of reading and behavior: A research review. *Journal of Positive Interventions, 9,* 239–252.

Stollar, S. A., Poth, R. L., Curtis, M. J., & Cohen, R. M. (2006). Collaborative strategic planning as illustration of the principles of systems change. *School Psychology Review, 35,* 181–197.

Stollar, S. A., Schaeffer, K. R., Skelton, S. M., Stine, K. C., Lateer-Huhn, A., & Poth, R. L. (2008). Best practices in professional development: An integrated three-tier model of academic and behavior supports. In A. Thomas & J. P. Grimes (Eds.), *Best practices in school psychology V* (pp. 875–886). Bethesda, MD: National Association of School Psychologists.

Sugai, G. (2009a). *Reaching all students: RtI & SWPBS.* Retrieved August 6, 2009.

Sugai, G. (2009b). *School-wide positive behavior support and response to intervention.* Retrieved January 31, 2009.

Sugai, G., & Horner, R. H. (2002). The evolution of discipline practices: School-wide positive behavior supports. *Child and Family Behavior Therapy, 24,* 23–50.

Tilly, W. D. (2008). The evolution of school psychology to science-based practice: Problem-solving and the three-tiered model. In A. Thomas & J. P. Grimes (Eds.), *Best practices in school psychology V* (pp. 17–36). Bethesda, MD: National Association of School Psychologists.

Vaughn, S., & Fuchs, L. S. (2003). Redefining learning disabilities as inadequate response to instruction: The promise and potential problems. *Learning Disabilities Research & Practice, 18,* 137–146.

Vaughn, S., Klingner, J., & Hughes, M. (2000). Sustainability of research-based practices. *Exceptional Children, 66,* 163–171.

Walker, H., & Shinn, M. (2002). Structuring school-based interventions to achieve integrated primary, secondary, and tertiary prevention goals for safe and effective schools. In M. R. Shinn, H. M. Walker, & G. Stoner (Eds.), *Interventions for academic and behavior problems II: Preventative and remedial approaches.* (pp. 1–21). Bethesda, MD: National Association of School Psychologists.

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School-Wide Positive Behavior Support and Response to Intervention

by *George Sugai, Ph.D.* *University of Connecticut, Storrs OSEP Center on Positive Behavioral Interventions and Supports Center for Behavioral Education and Research*

Schools are complex environments where the collective skills, knowledge, and practices of a culture are taught, shaped, encouraged, and transmitted. Teachers are challenged to provide effective and explicit instruction that maximizes students' acquisition of concepts, skills, and information, and students are challenged to remain attentive, responsive, and engaged to benefit from these instructional opportunities. These formidable goals are enriched and complicated by learners with diverse learning histories, unique strengths and limitations, and defining cultural influences. In addition, schools, families, and students continually must adapt to maximize benefits from the school experience.

In recent years, achieving these goals has required that schools a) increase instructional accountability and justification, b) improve the alignment between assessment information and intervention development, c) enhance use of limited resources and time, d) make decisions with accurate and relevant information, e) initiate important instructional decisions earlier and in a more timely manner, f) engage in regular and comprehensive screening for successful and at-risk learners, g) provide effective and relevant support for students who do not respond to core curricula, and g) enhance fidelity of instructional implementation (Sugai, 2007).

In response, a general problem-solving framework, Response to Intervention (RTI), has evolved to address these need statements. Although not new or limited to special education, RTI initially appeared as policy in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004), and it has conceptual and empirical foundations in, for example, applied behavior analysis, curriculum-based measurement, precision teaching, pre-referral intervention, teacher assistance teaming, diagnostic prescriptive teaching, data-based decision making, early universal screening and intervention, behavioral and instructional consultation, and team-based problem solving (Sugai, 2007). RTI has been described as an approach for establishing and redesigning teaching and learning environments so that

ADDITIONAL ARTICLES

Integrating Academic and Behavior Supports Within an RtI Framework, Part 1: General Overview

Integrating Academic and Behavior Supports Within an RtI Framework, Part 2: Universal Supports

Integrating Academic and Behavior Supports Within an RtI Framework, Part 3: Secondary Supports

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they are effective, efficient, relevant, and durable for all students, families, and educators (Sugai, 2007). Specifically, RTI is shaped by six defining characteristics (Brown-Chidsey & Steege, 2005; Christ, Burns, & Ysseldyke, 2005; Fuchs & Deshler, 2007; Fuchs & Fuchs, 2007; Fuchs, Mock, Morgan, & Young, 2003; Gresham, 2005; Gresham et al., 2005; Kame'enui, 2007; National Association of State Directors of Special Education, 2006; Severson, Walker, Hope-Doolittle, Kratochwill, & Gresham, 2007):

1. ***Universal screening:*** Learner performance and progress should be reviewed on a regular basis and in a systematic manner to identify students who are a) making adequate progress, b) at some risk of failure if not provided extra assistance, or c) at high risk of failure if not provided specialized supports.

2. ***Data-based decision making and problem solving:*** Information that directly reflects student learning based on measurable and relevant learning criteria and outcomes should be used to guide decisions regarding instructional effectiveness, student responsiveness, and intervention adaptations and modifications.

3. ***Continuous progress monitoring:*** Student progress should be assessed on a frequent and regular basis to identify adequate or inadequate growth trends and support timely instructional decisions.

4. ***Student performance:*** Priority should be given to using actual student performance on the instructional curriculum to guide decisions regarding teaching effectiveness and learning progress.

5. ***Continuum of evidence-based interventions:*** An integrated and linked curriculum should be available such that:
   a. A core curriculum is provided for all students;
   b. A modification of this core is arranged for students who are identified as nonresponsive, and
   c. A specialized and intensive curriculum is developed for students whose performance is deemed nonresponsive to the modified core. Elements of this continuum must have empirical evidence to support efficacy (intervention is linked to outcome), effectiveness (intervention outcomes are achievable and replicable in applied settings), relevant (intervention can be implemented by natural implementers and with high fidelity), and durable (intervention implementation is sustainable and student outcomes are durable).

6. ***Implementation fidelity:*** Team-based structures and procedures are in place to ensure and coordinate appropriate adoption and accurate and sustained implementation of the full continuum of intervention practices.

Although most RTI implementation efforts have focused on academic curriculum and instructional practices (e.g., early literacy and numeracy), applications of the RTI framework also are represented in the implementation of School-wide Positive Behavior Support (SWPBS) practices and systems (Sugai et al., 2000). A comparison of RTI applications in early literacy and social behavior reveals similarities within core RTI characteristics (see Figure 1).

RtI Application Examples

	EARLY READING/LITERACY	**SOCIAL BEHAVIOR**
TEAM	General educator, special educator, reading specialist, Title I, school psychologist, etc.	General educator, special educator, behavior specialist, Title I, school psychologist, etc.
UNIVERSAL SCREENING	Curriculum based measurement	SSBD, record review, gating
PROGRESS MONITORING	Curriculum based measurement	ODR, suspensions, behavior incidents, precision teaching
EFFECTIVE INTERVENTIONS	5-specific reading skills: phonemic awareness, phonics, fluency, vocabulary, comprehension	Direct social skills instruction, positive reinforcement, token economy, active supervision, behavioral contracting, group contingency management, function-based support, self-management
DECISION MAKING RULES	Core, strategic, intensive	Primary, secondary, tertiary tiers

Figure 1: Comparison of RTI in Literacy and Social Behavior

SOURCE: Sugai, G., (August 1, 2007). School-wide positive behavior support and responsiveness-to-intervention. Keynote presentation to and paper for the Southern Maryland PBIS Summer Regional Conference. Waldorf, MD. Reprinted with permission.

A particularly important feature of SWPBS and RTI is an emphasis on prevention (see Figure 2), which has its roots in public health and disease control and occurs at three levels:

1. Primary tier prevention: All students are exposed to a core social behavior curriculum to prevent the development of problem behavior and to identify students whose behaviors are not responsive to that core.
2. Secondary tier prevention: Supplemental social behavior support is added to reduce the current number and intensity of problem behavior.
3. Tertiary tier prevention: Individualized and intensive behavior support is developed to reduce complications, intensity, and/or severity of existing problem behavior.

This three-tiered prevention logic has direct application to both academic and social behavior supports (Kame'enui, 2007; Lane et al., 2007; O'Shaughnessy, Lane, Gresham, & Beebe-Frankenberger, 2003; Sadler & Sugai, in press).
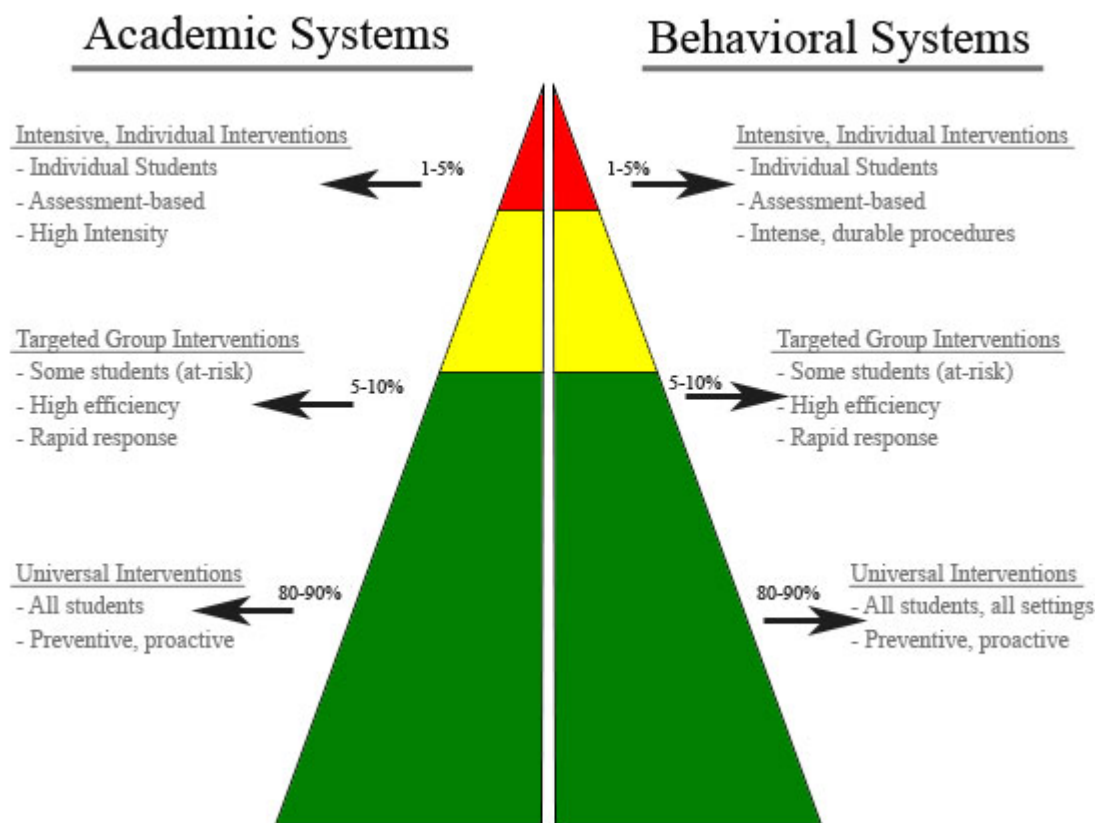
Figure 2: Integration of Academic and Social Behavior Three-Tiered Continuum of Behavior Support
SOURCE: Sugai, G. (June 23, 2001). School climate and discipline: School-wide positive behavior support. Keynote presentation to and paper for the National Summit on Shared Implementation of IDEA. Washington, DC. Reprinted with permission.

Although conceptualized as a three-tiered framework, this continuum of evidence-based practices of RTI and SWPBS applications is best represented as a blended integration that has relevance and application across the range of teaching and learning environments that exist in schools and communities. In Figure 3, examples of specific school-based behavioral interventions are organized in the traditional three-tiered framework but also are aligned along this integrated curriculum. If done properly, each practice should have decision rules for determining movement up and down the continuum based on student performance. The specialized nature of interventions and breadth of the continuum will vary by developmental level (e.g., early childhood/preschool, elementary, middle, high school), environmental constraints (e.g., small vs. large school), alternative programming (e.g., correctional school, hospital setting), and so on. For example, an intensive program for students with significant emotional and behavioral disorders might have a structured level system and token economy for all students that involves hourly social behavior progress monitoring and feedback associated with school-wide social skills (primary tier); a peer- or adult-based individualized behavioral contracting system with continuous prompting, monitoring, and feedback (secondary tier); and

cognitive-behavioral counseling sessions every morning that are linked to psychopharmacological and person-centered process planning (tertiary tier).
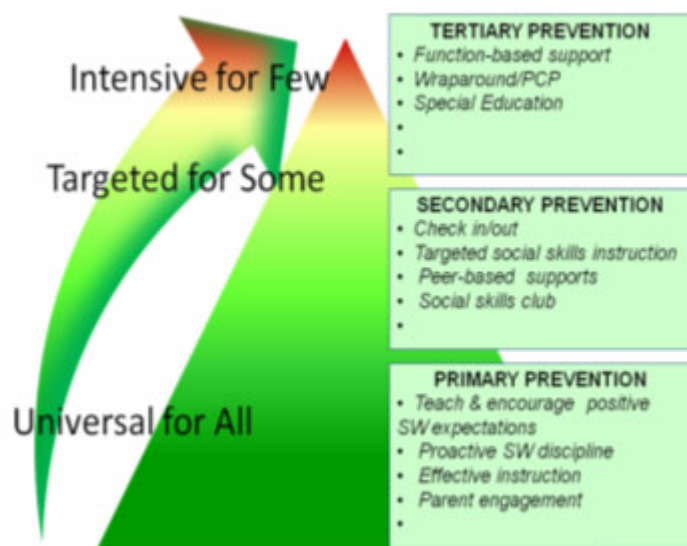
Figure 3: Integrated Continuum of Positive Behavior Support With Intervention Examples

SOURCE: Sugai, G. (2007, December). Responsiveness-to-intervention: Lessons learned and to be learned. Keynote presentation at and paper for the RTI Summit, U.S. Department of Education, Washington, D.C. Reprinted with permission.

Although applications of the RTI logic and SWPBS approach seem straightforward, research (Christ et al., 2005; Fairbanks, Sugai, Guardino, & Lathrop, 2007; Fuchs & Deshler, 2007; Gresham, 2005; Klingner & Edwards, 2006; Sandomierski, Kincaid, & Algozzine, 2007) has shown that school personnel need to continually rethink their practices in a number of areas.

In conclusion, RTI is a good framework and logic for organizing and increasing the efficiency with which evidence-based practices are selected, organized, integrated, implemented, and adapted. Examples and applications of the RTI logic are being developed, demonstrated, and tested in a number of academic content areas and in social behavior supports. As represented in SWPBS, RTI gives priority to the continuous monitoring of important student performance indicators in response to high-fidelity implementation of evidence-based practices. Timely screening and data-based decisions are encouraged so that more effective and efficient interventions can be provided for students whose behaviors are not responsive to core practices and interventions. Preventing the development and lessening the intensity of problem behavior must be a high priority of instructors seeking to maximize student learning and the impact of effective interventions. If done wisely in the context of other initiatives and interventions across classroom and nonclassroom settings, the possibility of improving student academic and social behavior outcomes can become a

reality for all students.

1. How curriculum adoptions and instructional design decisions are made;
2. How special and general educators work together to address the needs of all students;
3. What assessment tools and procedures are used to make reliable and valid instructional decisions;
4. How high fidelity of implementation of best practices is assessed, evaluated, and supported;
5. What communications among students, teachers, and families look like;
6. How resources are organized to respond effectively and efficiently with students who do not achieve the desired oucomes in response to the intervention;
7. What criteria are used to determine whether a practice is evidence based;
8. How the practices and systems align with the social, cultural, and educational vision and values of students, family members, and school staff.

References

Brown-Chidsey, R., & Steege, M. W. (2005). *Response to intervention: Principles and strategies for effective practice*. New York: Guildford Press.

Christ, T. J., Burns, M. K., & Ysseldyke, J. E. (2005). Conceptual confusion within response-to-intervention vernacular: Clarifying meaningful differences. *Communique*, 34(3), 1–8.

Fairbanks, S., Sugai, G., Guardino, D., & Lathrop, M. (2007). Response to intervention: Examining classroom behavior support in second grade. *Exceptional Children*, 73, 288–310.

Fuchs, D., & Deshler, D. D. (2007). What we need to know about responsiveness to intervention (and shouldn't be afraid to ask). *Learning Disabilities Research & Practice*, 22, 129–136.

Fuchs, D., & Fuchs, L. S. (Eds.). (2007). Responsiveness to intervention [Special issue]. *Teaching Exceptional Children*, 39(5).

Fuchs, D., Mock, D., Morgan, P. L., & Young, C. L. (2003). Responsiveness-to-intervention: Definitions, evidence, and implications for the learning disabilities construct. *Learning Disabilities Research & Practice*, 18(3), 157–171.

Gresham, R. M. (2005). Response to intervention: An alternative means of identifying students as emotionally disturbed. *Education and Treatment of Children*, 28, 328–344.

Gresham, F. M., Reschly, D. J., Tilly, W. D., Fletcher, J., Burns, M., Prasse, D., et al. (2005). A response to intervention perspective. *The School Psychologist*, 59(1), 26–33.

Individuals with Disabilities Education Improvement Act of 2004, Pub. L. No. 108-446, § 1400 et seq.
Kame'enui, E. J. (2007). A new paradigm: Responsiveness to intervention. *Teaching Exceptional Children*, 39(5), 6–7.

Klingner, J. K., & Edwards, P. A. (2006). Cultural considerations with response to intervention models. *Reading Research Quarterly*, 41, 108–117.

Lane, K. L., Rogers, L. A., Parks, R. J., Weisenbach, J. L., Mau, A. C., Merwin, M. T., & Bergman, W. A. (2007). Function-based interventions for students who are nonresponsive to primary and secondary prevention efforts: Illustrations at the elementary and middle school levels. *Journal of Emotional and Behavioral Disorders*, 3, 169–184.

National Association of State Directors of Special Education. (2006, May). *Myths about response to intervention (RtI) implementation*. Retrieved May 2007, from http://www.nasdse.org/Portals/0/Documents/Download%20Publications/Myths%20about%20RtI.pdf.

O'Shaughnessy, T. E., Lane, K. L., Gresham, F. M., & Beebe-Frankenberger, M. E. (2003). Children placed at risk for learning and behavioral difficulties: Implementing a school-wide system of early identification and intervention. *Remedial and Special Education*, 24(1), 27–35.

Sadler, C., & Sugai, G. (in press). Effective behavior and instructional support: A district model for early identification and prevention of reading and behavior problems. *Journal of Positive Behavior Interventions*.

Sandomierski, T., Kincaid, D., & Algozzine, B. (2007). Response to intervention and positive behavior support: Brothers from different mothers or sisters with different misters? *Positive Behavioral Interventions and Supports Newsletter*, 4(2), 1–4.

Severson, H. H., Walker, H. M., Hope-Doolittle, J., Kratochwill, T. R., & Gresham, F. M. (2007). Proactive, early screening to detect behaviorally at-risk students: Issues, approaches, emerging innovations, and professional practices. *Journal of School Psychology*, 45, 193–223.

Sugai, G. (2007, December). *Responsiveness-to-intervention: Lessons learned and to be learned*. Keynote presentation at and paper for the RTI Summit, U.S. Department of Education, Washington, DC.

Sugai, G., Horner, R. H., Dunlap, G., Hieneman, M., Lewis, T. J., Nelson, C. M., et al. (2000). Applying positive behavior support and functional assessment in schools. *Journal of Positive Behavior Interventions*, 2, 131–143.

Visit www.rtinetwork.org for more information on this topic.

Student Assessment

Using Student Achievement Data to Support Instructional Decision Making

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About This White Paper

The content of this issue of Best Practices for Better Schools™ is excerpted with permission from Doing What Works (DWW), a website sponsored by the U.S. Department of Education. The goal of DWW is to create an online library of resources to help principals and other educators implement research-based instructional practice. DWW is led by the Department's Office of Planning, Evaluation & Policy Development (OPEPD), which relies on the Institute of Education Sciences (and occasionally other entities that adhere to standards similar to those of IES) to evaluate and recommend practices that are supported by rigorous research. Much of the DWW content is based on information from IES' What Works Clearinghouse (WWC), which evaluates research on practices and interventions to let the education community know what is likely to work.

NAESP was the only national education association awarded a grant to widely disseminate highlights of best-practice content from the DWW website. Readers are encouraged to visit the website to view all of the resources related to this best practice and to share this online resource with colleagues, teachers, and other educators. No additional permission is required.

NAESP cares about the environment. This white paper is available from NAESP as an online document only. NAESP members and other readers are encouraged to share this document with colleagues.

Deborah Bongiorno, *Editor*
Donna Sicklesmith-Anderson, *Designer*
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Using Student Achievement Data to Support Instructional Decision Making

PRINCIPALS KNOW that student achievement data offers invaluable support for making good decisions about instruction. But how that data are used is critical. This white paper outlines five recommendations to help principals put student achievement data to the best possible use:

• Make data part of the ongoing cycle of instructional improvement;

• Teach students to examine their own data and set learning goals;

• Establish a clear vision for schoolwide data use;

• Provide supports that foster a data-driven culture within the school;

• Develop and maintain a districtwide data system.

Summaries of these practices follow.

Make data part of an ongoing cycle of instructional improvement.

To help all students achieve, teachers need to systematically and routinely use data to guide instructional decisions and meet students' learning needs. Data use is an ongoing cycle of collecting multiple data sources, interpreting data to formulate hypotheses about strategies to raise student achievement and implementing instructional changes to test hypotheses.

Collaboration among teachers in each step of the data-based inquiry process can maximize the benefits of data use by helping teachers share effective practices, adopt collective expectations for students' performance, gain a deeper understanding of students' needs, and develop effective strategies to better serve students.

ACTIONS

Collect and prepare a variety of data about student learning.

To gain a deeper understanding of students' learning needs, teachers need to collect data from multiple sources, such as annual state assessments, interim district and school assessments, classroom performance data, and other relevant data. A districtwide data system allows teachers to aggregate data by classroom, content areas, or assignment type to identify patterns in performance.

Interpret data and develop hypotheses about how to improve student learning.

Interpreting data allows teachers to identify the strengths and weaknesses of an entire class as well as individual students. As they examine the data, teachers can develop hypotheses about factors that affect students' learning and ways to improve instruction to help all students achieve. It is important for teachers to slow down and ask why during this phase of the cycle of instructional improvement.

Teachers can use students' data analysis to identify factors that may motivate student performance and then adjust their instruction to better meet students' needs.

Modify instruction to test hypotheses and increase student learning.

After forming hypotheses about students' learning needs, teachers can examine current instruction and test the hypotheses by implementing instructional changes they believe are likely to raise student achievement. Drawing from the data, teachers need to determine whether to continue the instructional improvement in its current form, modify or extend the approach, or try a different approach.

WHAT PRINCIPALS SAY

Principals can see how these actions are implemented in schools by viewing these web-based interviews with teachers and specialists:

What Do You See in These Data?

Prepare, Inquire, Act

Helping Struggling Students by Using the SAT Process

Intervening Early Using Data From Multiple Assessments

Start With the Data

Supporting Data Use Through Teacher Collaboration Time (Part 1)

Supporting Data Use Through Teacher Collaboration Time (Part 2)

Using the Three-Week Assessment Cycle

TOOLS

A variety of tools and templates, including an instructional integrity checklist and collaborative conference protocol, are available through Doing What Works to help principals and teachers implement this best practice in their school. Each tool is a downloadable document that principals can adapt to serve their particular needs.

Teach students to examine their own data and set learning goals.

Teachers should provide explicit instruction to elementary and secondary students on regularly using achievement data to monitor their own performance and establish learning goals. Teachers can use students' data analysis to identify factors that may motivate student performance and then adjust their instruction to better meet students' needs.

ACTIONS

Explain expectations and assessment criteria.
Students can better interpret their achievement data and set learning goals when they have a clear understanding of performance expectations and assessment criteria. Teachers need to explicitly articulate the content knowledge and skills students are expected to achieve throughout the school year; the goals for individual lessons, assignments, and performance tests; and the criteria used to assess performance toward those goals.

Provide feedback to students that is timely, specific, well formatted, and constructive.
Teachers can provide students with feedback that helps them understand their strengths and weaknesses and identifies specific areas for improvement. Effective tools and strategies include student-developed assessment rubrics and peer reviews.

Provide tools that help students learn from feedback.
Students need time and tools to help them analyze the data, diagnose their own errors, and learn from feedback. Tools such as teacher- and student-generated graphs and reflective questions guide students' data analysis and help them make data-based decisions to improve their performance. Students can keep learning logs in individual folders (hard copy portfolios or e-versions)

with a variety of formats for self-monitoring and tracking progress.

Use students' data to guide instructional changes.

Teachers need to collect and review students' learning goals and analyses to identify content areas and skills that need to be reinforced and factors that may motivate student learning. For example, teachers can organize small-group instruction around the subsets of goals students prioritized for themselves, or can reteach concepts that a majority of students identified as their weaknesses.

WHAT PRINCIPALS SAY

Principals can see how these actions are implemented in schools by viewing these web-based interviews with teachers and specialists:

Helping Students Gain Ownership Over Their Learning

Engaging Students in Data Use Through Student Portfolios

Clear Expectations for Students

Data Boards Help Students Set Learning Goals (Part 1)

Data Boards Help Students Set Learning Goals (Part 2)

Taking Ownership

Go Back and Reflect

TOOLS

A variety of tools and templates, including student goal-setting worksheets, student surveys and research plans, are available through Doing What Works to help principals and teachers implement this best practice in their school. Each tool is a downloadable document that principals can adapt to serve their particular needs.

Establish a clear vision for schoolwide data use.

A strong culture of data use is critical to ensuring routine, consistent, and effective data-based decision making. Principals can form a data team to serve as advisors on data use throughout the school. The data team can represent a range of stakeholders such as an administrator, two to three teachers across different grade levels or content areas, one to two classroom support professionals (such as a coach or special education teacher), and a district-level staff member who works with data.

A data team comprising an assortment of stakeholders can solicit input from, and work with, the entire school community. A data team might write the school plan describing how the school will use data to support schoolwide goals, and defining key concepts critical to teaching and learning (e.g., achievement, data, evidence, collaboration). However, a data team does not hold staff accountable for using data, supervise the data-related activities, or provide expert advice. Rather, the team can provide leadership through modeling the use of data.

ACTIONS

Establish a schoolwide data team that sets the tone for ongoing data use.

The data team's role is to clarify the school's data use vision, model using data to make instructional decisions, and encourage other staff to use data to improve instruction.

Define critical teaching and learning concepts.

The data team can start by developing a shared vocabulary for critical education concepts, particularly data use. The data team may want to define critical concepts such as learning, data, evidence, achievement, or collaboration.

A data team can hold monthly meetings to monitor a school's progress in executing the data use plan and ensure that the school is using data effectively and consistently.

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Develop a written plan that articulates activities, roles, and responsibilities.

While developing a written plan that ties data use to a school's goals, the data team can ensure the goals are attainable, measurable, and relevant. The written plan needs to be actionable and include critical elements such as specific data use activities, staff roles and responsibilities, and timelines. This could be a component incorporated into the school's strategic plan for student achievement, or any other existing plans for various funding sources such as Title I, literacy, etc.

Provide ongoing data leadership.

In its leadership role, the data team usually provides resources, support, and encouragement to school staff. Team members can also participate in grade- and subject-level meetings to facilitate staff collaboration in data use. The data team can hold monthly meetings to monitor the school's progress in executing the data use plan and ensure that the school is using data effectively and consistently.

WHAT PRINCIPALS SAY

Principals can see how these actions are implemented in schools by viewing these web-based interviews with teachers and specialists:

[Collaborative Structures for Data Use](#)

[Establishing a Common Understanding](#)

[You Can't Hide From Data](#)

[Earning Trust](#)

[Carrying Out the Vision](#)

Provide supports that foster a data-driven culture within the school.

Providing leadership through data facilitators or other instructional leaders, and ongoing professional development, helps teachers, principals, and other school staff members obtain a thorough understanding of their roles and responsibilities in using data. Leadership, professional development, and time for collaboration do not establish the culture of data use; rather, they provide the supports needed to build a culture that fosters data use to guide instructional decision making.

ACTIONS

Designate a school-based facilitator who meets and collaborates with teacher teams in discussing data and solving problems.

A data facilitator can provide leadership for data analysis, train and encourage school staff to use data consistently and systematically, and serve as the leader of the data team. However, data interpretation and analysis is not solely the responsibility of data facilitators; teachers need to improve their data literacy knowledge and engage in effective ongoing assessment of student learning, collective analysis, and problem solving.

Dedicate structured time for staff collaboration.

During a dedicated and structured time, teachers and school staff can collaboratively analyze and interpret students' achievement data and identify instructional changes. To help facilitate the collaborative meetings during the structured time, participants usually focus their discussions on a specific and timely topic, follow the cycle of inquiry, and are prepared to enact a data-based action plan to carry out instructional modifications.

Provide targeted professional development regularly.

Professional development can help familiarize staff with components of the data system, data culture, and data use, with a particular focus on how teachers can apply

Professional development can help familiarize staff with components of the data system, data culture, and data use.

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data to their daily work to improve instructional planning, teaching, and learning.

WHAT PRINCIPALS SAY

Principals can see how these actions are implemented in schools by viewing these web-based interviews with teachers and specialists:

Supporting Teachers in Understanding and Using Data

Supporting a Culture of Data Use

Data Afternoons

Visualizing Data in the Progress Pad

It's Not Something That's Static

Breaking It Down

TOOLS

The following tools and templates are designed to help principals and teachers implement these best practices in their school. Each tool is a downloadable document that principals can adapt to serve their particular needs.

Professional Development and Training Expectations: Sample material list outlining professional development topics and participation.

Classroom Instructional Plan: Planning template for instructional changes.

Develop and maintain a districtwide data system.

To meet the needs of a wide range of audiences, a district data system advisory council comprising a variety of stakeholders should be involved in determining the district's requirements and selecting and implementing the new system. Districts and schools need to secure financial and human resources to develop data protection safeguards and ensure that data are timely,

relevant, and useful to educators.

ACTIONS

Involve a variety of stakeholders in selecting a data system.
The advisory council members can solicit feedback from their respective groups and meet frequently to discuss user concerns and ways to improve the system.

Clearly articulate system requirements relative to user needs.
By working with representatives of school data teams, the district advisory council can align their suggested system requirements to school-level needs. To ensure that the system remains effective as user needs evolve, requirements need to be reviewed and revised at least annually.

Plan and stage the implementation of the data system.
To guide data system implementation, the advisory council and district leaders can develop a written plan outlining the staged implementation process, professional development sessions, strategies to identify and solve problems, and anticipated needs for maintenance and enhancements. During early implementation, arranging staged rollouts or pilot tests allows staff to adjust to the new system and provides time to modify the system in response to user feedback.

WHAT PRINCIPALS SAY

Principals can see how these actions are implemented in schools by viewing these web-based interviews with teachers and specialists:

What Makes a High-Quality Districtwide Data System

Immediate Feedback

District Supports for Data Use

School leaders can develop a written plan outlining the staged implementation process, professional development sessions, strategies to identify and solve problems.

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TOOLS

The following tools and templates are designed to help principals and teachers implement these best practices in their school. Each tool is a downloadable document that principals can adapt to serve their particular needs.

Stakeholder Perspectives on Data System Use: Sample overview of how stakeholders participate and access a districtwide data system.

Protocols to Support Data Use: Four meeting protocols to guide staff as they collaborate to systematically use data.

Conclusion

Good data make for good decisions. How student achievement data are collected and implemented will determine how well that data support the instructional decision making by principals and teachers. The guidelines are clear: data must be made part of the ongoing cycle of instructional improvement; students must be taught to examine their own data and set their own learning goals; principals must establish a clear vision for schoolwide data use; schools need to foster a data-driven culture; and school districts must develop and maintain districtwide data systems.

SITE PROFILES

Thompson Elementary School (TX): A supportive culture of trust is the centerpiece of Thompson's data cycle.

MacArthur Ninth Grade School (TX): MacArthur's three- and six-week assessments regularly check students' skill mastery.

River Ridge Elementary School (KY): River Ridge staff and its Student Assistance Team collaborate on data-based intervention plans.

Shotwell Middle School (TX): Shotwell's principal and administrative team have high expectations for staff data use.

Jacob Hiatt Magnet School (MA): Even the youngest students at Jacob Hiatt are involved in data review and analysis.

Related Links

Doing What Works: Preschool Language and Literacy: Review the unabridged content related to this best practice.

3-D Data-Driven Decision Making Center: An initiative to help K-12 technology leaders build a data culture.

Achieving With Data: How High-Performing School Systems Use Data to Improve Instruction for Elementary Students (PDF)

Assessment for Learning: Classroom Assessment to Improve Student Achievement and Well-Being (PDF)

Data-Driven Decision Making: Vision to Know and Do (PDF)

Data Quality Campaign: A national collaborative effort to improve availability of education data.

Data Use Drives School and District Improvement (PDF)

Issue Brief: Using Data—The Math's Not the Hard Part (PDF)

The Ohio Success Website: Information on Ohio's achievement and graduation tests

Rennie Center for Education Research and Policy: Data-Driven Teaching—Tools and Trends

State Education Technology Directors Association (SETDA): Data-Driven Decision Making

[Student Self-Evaluation: What Research Says and What Practice Shows](#)

U.S. Department of Education:

    [Implementing Data-Informed Decision Making in Schools](#)

    [Use of Education Data at the Local Level: From Accountability to Instructional Improvement](#)

    [Use of Education Data at the Local Level From Accountability to Instructional Improvement (PDF)](#)

    [School Performance: A Brief Guide to Building Systems for Data-Driven Instruction](#)

Culturally Responsive Teaching Matters!

by Elizabeth B. Kozleski

Equity Matters: In Learning, for Life.
www.equityallianceatasu.org

What Is Culturally Responsive Teaching?

In 2000, Professor Geneva Gay wrote that culturally responsive teaching connects students' cultural knowledge, prior experiences, and performance styles to academic knowledge and intellectual tools in ways that legitimize what students already know. By embracing the sociocultural realities and histories of students through what is taught and how, culturally responsive teachers negotiate classrooms cultures with their students that reflect the communities where students develop and grow. This is no small matter because it requires that teachers transcend their own cultural biases and preferences to establish and develop patterns for learning and communicating that engage and sustain student participation and achievement.

Part of the tradition of teaching is that teachers have the role of shepherding the next generation through a set of passages so that they can attain adulthood with a full complement of the knowledge, skills, and

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dispositions necessary to be contributing citizens. When the cultural heritages and assumptions about what is valued, expected, and taught compete with other compelling realities, teachers take on a facilitator role while they relinquish their status as knowledge brokers. Becoming culturally responsive means that teachers as well as students have to negotiate new standards and norms that acknowledge the differences and the similarities among and between individuals and groups.

Teachers play a critical role in mediating the social and academic curriculum. While acknowledging what students already know, they connect it to frameworks and models for thinking and organizing knowledge that are embedded within disciplines such as literacy, mathematics, social studies, and the sciences. Culturally responsive teachers realize that mastering academic knowledge involves understanding that content maps can provide multiple avenues to understand and access information. History offers a particular example. U.S. students might study the expansion of the American West through the eyes of the pioneers and the politicians who supported the westward expansion. Yet, that same time frame could be studied through the perspectives of indigenous peoples who experienced a cataclysmic end to their ways of living that forced them off the lands that had belonged to their ancestors for centuries. Considering how to approach curriculum and incorporating multiple paradigms in the ways that curriculum are presented and experienced is an important part of culturally responsive teaching.

Equally important is the way that instruction is facilitated. When classrooms are organized into communities that are designed to encourage academic and cultural excellence, students learn to facilitate their own learning as well as that of their fellow students. This kind of classroom requires careful planning and explicit teaching around social interactions so that students learn to assume leadership for learning, feel comfortable exploring differences of opinion, and accept that they may need help from their classmates in order to be successful. Along the way, students learn to see the classroom and their interactions from more than one perspective so that they can identify potential difficulties that come from assumptions of privilege, the distribution of power (who gets to make the rules), and the assessment of performance and competence.

Key Terms

Curriculum: An educational term that describes the range of courses from which students choose what subject matters to study, and a sequence of study that includes specific approaches to teaching, learner roles, products, and behaviors, and the assessments used to guide and evaluate learning.

Indigenous Peoples: Defines individuals and groups of individuals whose culture and language existed prior to the current government and dominant culture of a territory or nation. Indigenous peoples, like American Indians, have maintained at least in part their distinct linguistic, cultural, and social organizational features. As a result, they are distinct to some degree from the surrounding populations and dominant culture of the current nation/state.

Mediation: Refers to the process of adjusting and balancing between two potentially confusing or competing ideas, programs, viewpoints, or perspectives.

Nondominant Culture: In classrooms, organizations, and communities, there are multiple cultures present with distinct rules for social interaction. Therefore cultures can be either dominant, the "norm" in a given context, or non dominant.

Paradigm: A way of thinking about and examining the world as well as a way of developing knowledge that is built on a set of theories, laws, and generalizations.

Power: The capacity to influence achieving specific outcomes or goals for a group or an individual. Power is defined through interpersonal relationships and transactions.

Privilege: The idea that an individual or group of individuals might experience unearned and un-asked for rights and statuses that are unavailable to other groups or individuals.

Sociocultural: Refers to the social and cultural aspects of human interaction and participation.

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Why Should Culturally Responsive Teaching Be the Norm?

The achievement gap in the US often separates groups of students by drawing differences between White, middle class students and their peers who may be American Indian, African-American, Asian American and/or Latino/a. There are many harmful effects of looking at performance in terms of gaps particularly because the gaps that are noticed privilege some kinds of knowledge over others. While the path to college is based on banking particular kinds of knowledge and using it to demonstrate competence, we cannot forget that practical and indigenous ways of knowing offer great insight and have ecological and social significance.

Culturally responsive teaching helps to bridge different ways of knowing and engages students from non-dominant cultures in demonstrating their proficiencies in language usage, grammar, mathematical knowledge and other tools they use to navigate their everyday lives. Further, by understanding the features of this knowledge, students from non-dominant cultures can learn how to translate the logical structures of their knowledge and map them onto the school curriculum.

By bringing alternative ways of knowing and communicating into schools, the curriculum as well as the students benefit. Culturally responsive teaching creates these bridges and in doing so, offers the possibility for transformational knowledge that leads to socially responsible action.

What are Non-Examples of Culturally Responsive Teaching?

Colorblind Motivational Models: Many classroom management approaches suggest a set of processes to follow to establish and maintain order in the classroom. Because these approaches assume that children have had similar histories and cultural modeling, approaches to behavior management can be color and culture blind. For instance, one approach may take the form of reminding students what the rules are in direct (i.e., Please take your seats now) or indirect (I heard the bell. Let's see who remembers what to do) comments. When students fail to respond, teachers are told to warn students by telling them what to do and what the consequences of non compliance are. In step three, teachers give out infraction slips, and then, in step four, are sent to the office. Even when teachers invest time in teaching the rules before they put these kinds of systems in place, the rigidity of the system makes it difficult for students who need many experiences to be able to predict what may be expected and then act accordingly. And, because of the nature of the system and individual psychological and cultural patterns, the very system itself can create resistance and avoidance.

Another model that lacks cultural responsivity reminds teachers to "catch students being good." Teachers are asked to acknowledge and reinforce students who are following classroom norms and rules. Often, a token economy is used so that students can collect "being good" tokens through the day, week, month, or quarter and cash them in periodically for high preference activities that the students themselves may have identified. For instance, students could get time in the library to work independently, opportunities to check out and use DVDs on key topics, go out to lunch with a favorite teacher, get to be at the front of the recess line, or any other assorted activities intended to be rewards. The system itself can create lots of cognitive dissonance for students who are confused about why adults would spend time setting up these kinds of reward structures when they are more familiar with approaches that teach through example, modeling, and story. It could be that students familiar with other approaches to living in a civil community assume that the systems are for other students. All kinds of misinterpretations can occur with little conversation. And, students may act on their own assumptions and appear to teachers as if they are being oppositional or defiant.

Culturally Responsive Behavior Management Systems

Viewing behavioral systems from a culturally responsive perspective means asking questions about what rules are being set, by whom, and for what purpose. Making sure that students are developing internal systems that guide their judgments about creating and sustaining inclusive communities is at least as important as policing student behavior. Students need mental models that help them manage their own emotions, control impulses, look at issues from other people's perspectives, and clarify their own interests. As they engage in developing these processes, students construct their own identities and roles within their communities.

Students and families need to be involved in setting behavioral and community norms for their schools so that expectations in schools build on and extend the positive and community oriented values and beliefs of community leaders and families. Teachers and other educators may be surprised about the kinds of standards that communities set for themselves and expect from schools and have to be willing to negotiate those norms that may or may not reflect the dominant, middle class standards that many teachers uncritically apply in their classrooms

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What Are Key Features Of Culturally Responsive Teaching?

Communicate high expectations. Make sure that you let each student know that you expect them to engage, perform, and achieve at high level, rather than making excuses in your own mind for some students who don't participate at optimal levels at times.

Actively engage your students in learning. Coach your students to question, consult original material, connect content to their own lives, write to learn, read broadly, build models, test hypotheses, and make time to build relationships with them so that the disappointments that come from trying and not quite succeeding don't cause them to quit learning.

Facilitate learning. Build students' capacity to handle new material, solve complex problems, and develop new skills by scaffolding their learning from what they already know through a series of increasingly complex experiences that shift the locus of control from the teacher to the learner.

Understand the assets and capabilities that students' families bring to their parenting. Understand the cultures represented in your classroom by getting to know your students. Visit the neighborhoods where they live. Listen to them talk about their lives. Understand what and whom they care about. Consistently engage in real conversation and dialogue with your students. For example, if you have English language learners in your class, go to lunch with them.

Try to understand their reality by actively listening to them and the sense that they are making of the curriculum. Use small group, personalized instruction to help students develop their academic language skills.

Anchor your curriculum in the everyday lives of your students. Connect their knowledge and skills to content knowledge. Spend time on helping students learn the content. Use real life, authentic texts. Engage students in inquiry about things that matter to them.

Select participation structures for learning that reflect students' ways of knowing and doing. Put yourself in situations where you're not dominant, where you're a noticeable minority or in a group where you don't know the norms and unspoken rules. Recognize what that feels like and sit with the discomfort. Ask yourself these questions: What did I do to make myself more comfortable? What did I do to be effective or survive in that situation? What did others do that either helped or hindered my effectiveness? What would have helped me in that situation? Use the answers to these questions help you to structure how you include students.

Share control of the classroom with your students. Challenge yourself to see yourself in the opposite situation of which you identify. For example, if you see yourself in the non-dominant culture as a woman, in which situations can you see yourself as the dominant culture? Stretch yourself to expand your own self-definition. To help you see life from a different perspective, consciously read books or watch movies about groups other than your own. In addition, explore your own privileges and the impact those have on the organization and the people in it.

Engage in reflective thinking and writing. Teachers must reflect on their actions and interactions as they try to discern the personal motivations that govern their behaviors. Understanding the factors that contribute to certain behaviors (e.g., racism, ethnocentrism) is the first step toward changing these behaviors. This process is facilitated by autobiographical and reflective writing, usually in a journal.

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Explore personal and family histories. Teachers need to explore their early experiences and familial events that have contributed to their understanding of themselves as racial or nonracial beings. As part of this process, teachers can conduct informal interviews of family members (e.g., parents, grandparents) about their beliefs and experiences regarding different groups in society. The information shared can enlighten teachers about the roots of their own views. When teachers come to terms with the historical shaping of their own values, they can better relate to their colleagues and students who bring different histories and expectations.

Acknowledge membership in different groups. Teachers must recognize and acknowledge their affiliation with various groups in society, and the advantages and disadvantages of belonging to each group. For example, for White female teachers, membership in the White middle-class group affords certain privileges in society; at the same time being a female presents many challenges in a male-dominated world. Moreover, teachers need to assess how belonging to one group influences how one relates to and views other groups.

Learn about the history and experiences of diverse groups. It is important that teachers learn about the lives and experiences of other groups in order to understand how different historical experiences have shaped attitudes and perspectives of various groups. Further, by learning about other groups, teachers begin to see differences between their own values and those of other groups. To learn about the histories of diverse groups, particularly from their perspectives, teachers can read literature written by those particular groups as well as personally interact with members of those groups.

Visit students' families and communities. It is important that teachers get to know their students' families and communities by actually going into the students' home environments. This allows teachers to relate to their students as more than just "bodies" in the classroom but also as social and cultural beings connected to a complex social and cultural network. Moreover, by becoming familiar with students' home lives, teachers gain insight into the influences on the students' attitudes and behaviors. Additionally, teachers can use the families and communities as resources (e.g., classroom helpers or speakers) that will contribute to the educational growth of the students.

Visit or read about successful teachers in diverse settings. Teachers need to learn about successful approaches to educating children from diverse backgrounds. By actually visiting classrooms of successful teachers of children from diverse backgrounds and/or reading authentic accounts of such success, teachers can gain exemplary models for developing their own skills.

Develop an appreciation of diversity. To be effective in a diverse classroom, teachers must have an appreciation of diversity. They must view difference as the "norm" in society and reject notions that any one group is more competent than another. This entails developing respect for differences, and the willingness to teach from this perspective. Moreover, there must be an acknowledgment that the teachers' views of the world are not the only views.

Participate in reforming the institution. The educational system has historically fostered the achievement of one segment of the school population by establishing culturally biased standards and values. The monocultural values of schools have promoted biases in curriculum development and instructional practices that have been detrimental to the achievement of students from culturally and linguistically diverse backgrounds. Teachers need to participate in reforming the educational system so that it becomes inclusive. As the direct link between the institution and the students, teachers are in a pivotal position to facilitate change. By continuing a traditional "conform-or-fail" approach to instruction, teachers perpetuate a monocultural institution. By questioning traditional policies and practices, and by becoming culturally responsive in instruction, teachers work toward changing the institution.
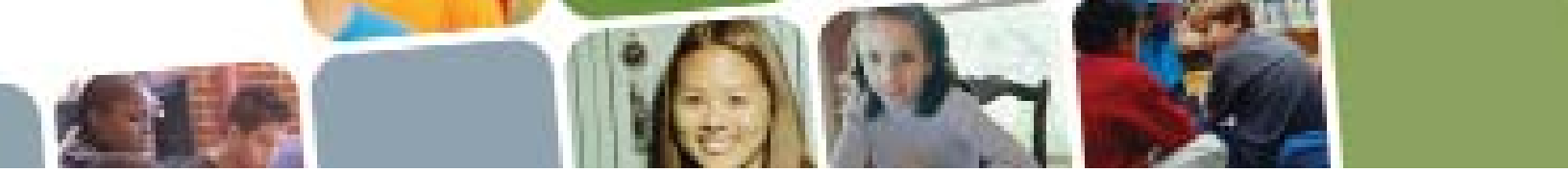
Where Can I Go to Get More Information?

Visit these three websites to get more information about becoming culturally responsive. For a small booklet on becoming culturally responsive, visit the NIUSI-*LeadScape* project at http://www.urbanschools.org/pdf/cultural.identity.LETTER.pdf?v_document_name=Cultural%20Identity%20and%20Teaching. To engage colleagues in learning more about culturally responsive literacy, check out this module produced by NCCRESt on culturally responsive literacy: http://www.nccrest.org/professional/culturally_responsive_literacy.html. To learn more about current issues in education that relate to culturally responsive education, subscribe to our Equity Matters newsletter http://www.equityalliancea-tasu.org/ea/equity-matters-newsletter.

Disclaimer

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References

Cartledge, G.& Kourea, L. (2008). Culturally responsive classrooms for culturally diverse students with and at risk for disabilities. *Exceptional Children*, 74, 351-371.

Delpit, L. (1995). *Other people's children.* New York: New Press.

Garza, R. (2009). Latino and White high school students' perceptions of caring behaviors: Are we culturally responsive to our students? *Urban Education,* 44, 297-321.

Gay, G. (2000). *Culturally Responsive Teaching: Theory, Practice, & Research.* New York: Teachers College Press.

Harris-Murri, N., King, K., Rostenberg, D. (2006). Reducing disproportionate minority representation in Special Education programs for students with emotional disturbances: Toward a culturally responsive response to intervention model. *Education & Treatment of Children,* 29, 4, 779-799.

Ladson-Billings, G. (1994). *The dreamkeepers: Successful teachers of African American children.* San Francisco: Jossey-Bass.

Ladson-Billings, G. (1995). Toward a theory of culturally relevant pedagogy. *American Educational Research Journal,* 32(3), 465-491.

Lee, C. D. (2007). *Culture, literacy, and learning: Taking bloom in the midst of the whirlwind.* New York: Teachers College Press.

Utley, C. A., Kozleski, E. B., Smith, A., Draper, I. (2002). Positive behavioral support: A proactive strategy for minimizing discipline and behavior problems in urban, multicultural youth. *Journal of Positive Behavior Supports,* 4, 196-207*.*

EQUITY ALLIANCE

Universal Design for Learning (UDL): Fact Sheet

UDL is...

✓ A way to optimize teaching to effectively instruct a diverse group of learners.

✓ Based on insights from the science of how people learn.

✓ Flexible in how students access material, engage with it and show what they know.

UDL is *not...*

⊗ A curriculum or technology platform.

⊗ One method of teaching all students. A variety of methods are used to give all students an equal opportunity to succeed.

⊗ An "us" vs. "them" resource. UDL benefits all kids, not just those who struggle.

UDL's three core principles help optimize lesson plans for all learners

1. **Representation:** Provide information in more than one format—like audio, video and hands-on learning—to help students access material in ways best suited to their learning strengths.

2. **Action and expression:** Offer flexibility in how kids interact with the material and show what they've learned, such as choosing to take a test, give an oral report or do a group project.

3. **Engagement:** Look for different ways to motivate students and sustain their interest, like letting them make choices and giving them assignments that feel relevant to their lives.

Teacher training in UDL can help schools work on...

Providing **more than one way** to interact with material and express knowledge	Using **technology platforms** and other materials that align with UDL principles	Making assessments accessible to all and providing **timely interventions**	Maintaining **high expectations** for kids with IEPs and English language learners

Spotlight: Transitioning to UDL

UDL involves educators learning new skills and collaborating. Here are some ways New Hampshire's D.J. Bakie Elementary School started transitioning to UDL in 2009:

● Made time for teachers to work together to identify which skills they want to target

● Piloted different presentation formats and different options to demonstrate learning

● Enabled teachers to meet regularly to help evaluate and refine these approaches

BLUEPRINTS PROGRAMS
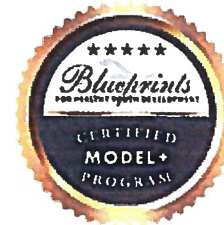
Below is a list of ALL Blueprints Model and Promising programs. You may limit the number of programs shown by selecting two or more. To find specific programs matching the needs of your community or targeted population, please use our **Program Selector** that will assist in finding a program that is right for you.

82 PROGRAMS MATCHED YOUR SEARCH.

To sort the list, click on the underlined Program or Rating column headings.

PROGRAM▲	RATING▶	BENEFITS AND COSTS	IMPACT	SUMMARY
A STOP SMOKING IN SCHOOLS TRIAL (ASSIST)	Promising (European)	BENEFITS MINUS COSTS	Tobacco	A peer support program to reduce the uptake of smoking among young adolescents.
ACHIEVEMENT MENTORING	Promising		Academic Performance, Delinquency and Criminal Behavior, Employment, Illicit Drug Use, Truancy - School Attendance	A middle school, two-year intervention that uses small group meetings designed to reduce adolescent drug abuse and school failure among high-risk adolescents by enhancing school attendance, promptness, achievement, and discipline.
ADOLESCENT COPING WITH DEPRESSION	Promising	BENEFITS MINUS COSTS	Depression	A 16-session group depression treatment program teaching teens how to deal with depression and ways to manage depression.
ATHLETES TRAINING AND LEARNING TO AVOID STEROIDS (ATLAS)	Promising	BENEFITS MINUS COSTS	Alcohol, Illicit Drug Use, Physical Health and Well-Being	A drug prevention and health promotion program that deters substance use among high school adolescents in school sponsored athletics by educating youth on the harms of anabolic steroids, alcohol, and other drug use and by promoting sports nutrition and exercise.
BE PROUD! BE RESPONSIBLE!	Promising	BENEFITS MINUS COSTS	Sexual Risk Behaviors, STIs	A six-session group intervention to reduce risky sexual behavior (unprotected sex) leading to potential HIV/STD contraction among adolescents. It teaches self-efficacy and skills that help to avoid risky sexual behavior.
BIG BROTHERS BIG SISTERS OF AMERICA	Promising		Alcohol, Antisocial-aggressive Behavior, Close Relationships with Parents, Close Relationships with Peers, Illicit Drug Use, Positive Social/Prosocial Behavior, Truancy - School Attendance	A community mentoring program which matches a volunteer adult mentor to an at-risk child or adolescent to delay or reduce antisocial behaviors; improve academic success, attitudes and behaviors, peer and family relationships; strengthen self-concept; and provide social and cultural enrichment.
BLUES PROGRAM	Model		Depression, Illicit Drug Use	A six-week group intervention focused on reducing negative cognitions and increasing engagement in pleasant activities in an effort to prevent the onset and persistence of depression in at-risk high school youth with depressive symptoms.
BODY PROJECT	Model	BENEFITS MINUS COSTS	Mental Health - Other, Physical Health and Well-Being	A four-session group intervention to prevent the onset of eating disorders such as anorexia, bulimia and binge eating among female high school and college students with body image concerns.
BRIEF ALCOHOL SCREENING AND INTERVENTION FOR COLLEGE STUDENTS (BASICS)	Model		Alcohol	A brief motivational intervention for high-risk college students that uses alcohol screening and feedback to reduce problem drinking, excessive drinking, and binge drinking by enhancing motivation to change, promoting healthier choices, reviewing myths and facts about alcohol, and teaching coping skills to moderate drinking.
BRIGHT BODIES WEIGHT MANAGEMENT	Promising		Chronic Health Problems, Obesity,	A childhood obesity program that teaches inner-city kids,

PROGRAM			Physical Health and Well-Being	teens & their families about healthy weight management and how to prevent the health risks of childhood obesity with the use of nutrition education, behavior modification and exercise.
CAREER ACADEMIES	Promising		Employment, Truancy - School Attendance	Provides small learning communities within high schools, combining academic and technical career curricula, and offering workplace opportunities through partnership with local employers to enhance school engagement and performance and provide students with the credentials and skills needed to make successful transitions to post-secondary education and, eventually, a career.
CHILD FIRST	Promising		Child Maltreatment, Early Cognitive Development, Externalizing	A two-generation home visitation program which works to heal and protect young children and their families from the devastating effects of chronic stress and trauma. It provides psychotherapeutic services and intensive care coordination, while building adult reflective and executive capacity, to prevent or diminish serious emotional disturbance, developmental and learning disabilities, and abuse and neglect among young children.
COGNITIVE BEHAVIORAL INTERVENTION FOR TRAUMA IN SCHOOLS (CBITS)	Promising		Depression, Post Traumatic Stress Disorder	A 10-session group intervention provided by mental health professionals to reduce children's post-traumatic stress disorder (PTSD), depression and anxiety resulting from exposure to violence. Also included are 1-3 individual child sessions, 2 optional parent sessions, and a teacher educational session.
COMMUNITIES THAT CARE	Promising		Alcohol, Delinquency and Criminal Behavior, Tobacco, Violence	A prevention system designed to reduce levels of adolescent delinquency and substance use through the selection and use of effective preventive interventions tailored to a community's specific profile of risk and protection.
COPING POWER	Promising		Academic Performance, Alcohol, Antisocial-aggressive Behavior, Delinquency and Criminal Behavior, Illicit Drug Use	A 16-month preventive group intervention for at-risk children in late elementary to early middle school years that includes a parent and child focus to prevent substance abuse and reduce aggressive attitudes and behaviors and, in a universal version of the program, among all school children.
EAAA (ENHANCED ASSESS, ACKNOWLEDGE, ACT) SEXUAL ASSAULT RESISTANCE EDUCATION	Promising		Sexual Violence, Violent Victimization	A four-unit program to help first-year college women resist acquaintance sexual assault by providing them with information and resistance training.
EARLY LITERACY AND LEARNING MODEL	Promising		Early Cognitive Development, Preschool Communication/Language Development	A literacy-focused curriculum and support system designed for preschool children ages 3, 4, and 5 years old. The program is designed to enhance existing classroom curricula by specifically focusing on improving children's early literacy skills and knowledge.
EFFEKT	Promising		Alcohol, Delinquency and Criminal Behavior	A program to reduce teenage alcohol use primarily by providing information to parents delivered through the schools.
EISENHOWER QUANTUM OPPORTUNITIES PROGRAM	Promising		Academic Performance, Dropout/High School Graduation, Post Secondary Education	A youth development program providing education, service, and development activities to improve academic skills and increase high school completion and post-secondary attainment of high-risk youth from socioeconomically disadvantaged families and impoverished neighborhoods.
FAMILIAS UNIDAS™	Promising		Externalizing, Illicit Drug Use, Sexual Risk Behaviors	A family-based intervention to promote protection against, and reduce risk for, behavior problems, illicit drug use, alcohol use, cigarette use, and unsafe sexual behavior in Hispanic youth and adolescents.
FAMILY CHECK-UP - TODDLER	Promising		Conduct Problems, Externalizing, Internalizing, Reciprocal Parent-Child Warmth	The toddler version of the Family Check-Up (FCU) aims to prevent conduct problems among at-risk toddlers by improving the quality of parenting and increasing and maintaining parents' use of Positive Behavior Support.
FAMILY FOUNDATIONS	Promising		Antisocial-aggressive Behavior, Anxiety, Conduct Problems, Depression, Externalizing, Internalizing, Prosocial with Peers	A universal prevention program to improve mother, child, and birth outcomes through promoting coparenting quality among couples who are expecting their first child.
FRACTION FACE-OFF!	Promising		Academic Performance	A 12-week math tutoring program to improve the understanding of fractions for at-risk 4th graders through increased instruction on measurement interpretation of fractions.
FUNCTIONAL FAMILY THERAPY (FFT)	Model		Delinquency and Criminal Behavior, Illicit Drug Use	A short-term family therapy intervention and juvenile diversion program helping at-risk children and delinquent

				youth to overcome adolescent behavior problems, conduct disorder, substance abuse and delinquency. Therapists work with families to assess family behaviors that maintain delinquent behavior, modify dysfunctional family communication, train family members to negotiate effectively, set clear rules about privileges and responsibilities, and generalize changes to community contexts and relationships.
GENERATIONPMTO	Model		Antisocial-aggressive Behavior, Anxiety, Conduct Problems, Delinquency and Criminal Behavior, Externalizing, Illicit Drug Use, Internalizing, Mental Health - Other	A group- or individual-based parent training program that teaches effective family management strategies and parenting skills, including skill encouragement, setting limits/positive discipline, monitoring, problem solving, and positive involvement, in order to reduce antisocial and behavior problems in children.
GOOD BEHAVIOR GAME	Promising		Alcohol, Antisocial-aggressive Behavior, Illicit Drug Use, Internalizing, Mental Health - Other, Suicide/Suicidal Thoughts, Tobacco	A classroom behavior management game providing a strategy to help elementary teachers reduce aggressive, disruptive behavior and other behavioral problems in children, particularly highly aggressive children, while creating a positive and effective learning environment.
GROUP TEEN TRIPLE P - LEVEL 4	Promising		Close Relationships with Parents, Conduct Problems	An 8-week group-based parent-training program designed to improve parenting skills, manage family problems, and enhance positive family relationships, ultimately to prevent problem behavior among youth.
GUIDING GOOD CHOICES	Promising		Alcohol, Delinquency and Criminal Behavior, Depression, Illicit Drug Use	A family competency training program to enhance parenting behaviors and skills, to enhance effective child management behaviors and parent-child interactions and bonding, to teach children skills to resist peer influence, and to reduce adolescent problem behaviors.
HEAD START REDI	Promising		Antisocial-aggressive Behavior, Emotional Regulation, Positive Social/Prosocial Behavior, Preschool Communication/Language Development, School Readiness	An enrichment intervention integrated into the existing framework of Head Start programs using the High/Scope or Creative Curriculum.
HIGHSCOPE PRESCHOOL	Promising		Academic Performance, Adult Crime, Delinquency and Criminal Behavior, Dropout/High School Graduation, Early Cognitive Development, Employment, Post Secondary Education, Preschool Communication/Language Development, School Readiness	A preschool program that builds cognitive skills and attitudes for school success by increasing opportunities for active learning. In the long term, it aims to prevent adolescent delinquency and school dropout among "high risk" children and improve their lives as adults.
HIPTEENS	Promising		Sexual Risk Behaviors, Teen Pregnancy	A sexual risk reduction intervention for high school girls that enhances knowledge, increases motivation, and teaches behavioral skills needed to reduce pregnancy, HIV and STI risk.
INCREDIBLE YEARS - TEACHER CLASSROOM MANAGEMENT	Promising		Conduct Problems, Emotional Regulation, Prosocial with Peers	A teacher classroom management program that provides teachers of children ages 3-8 years with classroom management strategies (positive and proactive teaching techniques, positive teacher-student relationships, and supportive teacher-parent relationships) to manage difficult and inappropriate child behavior problems, while promoting social, emotional and academic competence
INCREDIBLE YEARS® - CHILD TREATMENT	Promising		Antisocial-aggressive Behavior, Conduct Problems, Positive Social/Prosocial Behavior, Prosocial with Peers	A child treatment program used by counselors and therapists in a small group setting to treat children ages 3-8 years with conduct problems, ADHD, and internalizing problems by enhancing social competence, positive peer interactions, conflict management strategies, emotional literacy, and anger management. The small group treatment program is delivered in 18-22 weekly 2-hour sessions.
INCREDIBLE YEARS® - PARENT	Promising		Antisocial-aggressive Behavior, Close Relationships with Parents, Conduct Problems, Depression, Externalizing, Internalizing, Positive Social/Prosocial Behavior	A group-based parenting program that strengthens parent competencies to promote young children's social, emotional, and academic competence and prevent the development of conduct problems, delivered in weekly group sessions for 3-5 months.
INSHAPE PREVENTION PLUS WELLNESS	Promising		Alcohol, Illicit Drug Use	A brief prevention program to improve physical, mental and spiritual well-being of college students, ages 18-21, by connecting positive health habits and images with avoiding risky alcohol, tobacco, marijuana and other drug use
INTERPERSONAL PSYCHOTHERAPY - ADOLESCENT SKILLS TRAINING	Promising		Depression, Physical Health and Well-Being	An 8-week in-school program designed to reduce and prevent depressive symptoms in adolescents by improving communication skills and interpersonal relationships.

Program	Rating		Outcomes	Description
KEEP SAFE	Promising	BENEFITS MINUS COSTS	Illicit Drug Use, Positive Social/Prosocial Behavior, Sexual Risk Behaviors, Tobacco	A six-session group-based intervention, facilitated by paraprofessionals, for youth in foster care as they transition to middle school to prevent internalizing and externalizing problems that may lead to more serious longer term outcomes such as delinquency, substance use, and high-risk sexual behavior. Foster parents also attend a six-session program.
KIVA ANTIBULLYING PROGRAM	Promising (European)	BENEFITS MINUS COSTS	Anxiety, Bullying, Violent Victimization	An antibullying program for grades 2-6, primarily implemented in Europe, which includes universal actions (20 hours of student lessons) to prevent the occurrence of bullying and indicated actions to intervene in individual bullying cases.
LIFESKILLS TRAINING (LST)	Model Plus		Alcohol, Delinquency and Criminal Behavior, Illicit Drug Use, Sexual Risk Behaviors, STIs, Tobacco, Violence	A classroom-based, 3-year, middle school substance abuse prevention program to prevent teenage drug and alcohol abuse, adolescent tobacco use, violence and other risk behaviors. The life skills curriculum teaches students self-management skills, social skills, and drug awareness and resistance skills.
MARYLAND IGNITION INTERLOCK LICENSE RESTRICTION (POLICY)	Model	BENEFITS MINUS COSTS	Adult Crime	A statewide license restriction program for drivers with multiple alcohol-related traffic offenses to reduce alcohol-impaired driving recidivism.
MULTISYSTEMIC THERAPY - PROBLEM SEXUAL BEHAVIOR (MST-PSB)	Model		Academic Performance, Adult Crime, Delinquency and Criminal Behavior, Illicit Drug Use, Mental Health - Other, Prosocial with Peers, Sexual Risk Behaviors, Sexual Violence	A juvenile sex offender treatment program to reduce criminal and antisocial behavior, especially problem sexual behavior, by providing intensive family therapy services in the youth's natural environment over a 5-7 month period.
MULTISYSTEMIC THERAPY® (MST®)	Model Plus		Close Relationships with Parents, Conduct Problems, Delinquency and Criminal Behavior, Externalizing, Illicit Drug Use, Internalizing, Mental Health - Other, Positive Social/Prosocial Behavior, Prosocial with Peers, Violence	A juvenile crime prevention program to enhance parenting skills and provide intensive family therapy to troubled teens and delinquent teens that empower youth to cope with the family, peer, school, and neighborhood problems they encounter - in ways that promote prosocial behavior while decreasing youth violence and other antisocial behaviors.
NEW BEGINNINGS (FOR CHILDREN OF DIVORCE)	Model	BENEFITS MINUS COST	Antisocial-aggressive Behavior, Close Relationships with Parents, Externalizing, Internalizing, Mental Health - Other, Reciprocal Parent-Child Warmth, Sexual Risk Behaviors	A 10-session group program, with two individual sessions, for divorced mothers and their children to promote resilience in children after parental divorce.
NUFFIELD EARLY LANGUAGE INTERVENTION	Promising (European)	BENEFITS MINUS COSTS	Preschool Communication/Language Development, School Readiness	An oral language program to improve children's vocabulary, narrative skills, active listening, and confidence in independent speaking. Staff and teaching assistants work with children having language problems for 10 weeks in nursery school (ages 3-4) and 20 weeks in primary school (age 5).
NUMBER ROCKETS	Promising	BENEFITS MINUS COSTS	Academic Performance	A small group tutoring mathematics competency program for at-risk first grade students that includes computation, concepts, applications, and word problems.
NURSE-FAMILY PARTNERSHIP	Model		Child Maltreatment, Delinquency and Criminal Behavior, Early Cognitive Development, Internalizing, Mental Health - Other, Physical Health and Well-Being, Preschool Communication/Language Development, Reciprocal Parent-Child Warmth	A nurse home visiting program for first-time pregnant mothers that sends nurses to work one-on-one with the pregnant women to improve prenatal and child rearing practices through the child's second birthday.
OLWEUS BULLYING PREVENTION PROGRAM	Promising	BENEFITS MINUS COSTS	Bullying, Delinquency and Criminal Behavior, Prosocial with Peers, Truancy - School Attendance, Violent Victimization	A bullying prevention program that includes schoolwide, classroom, individual, and community strategies that create a safe and positive school climate, improve peer relations, and increase awareness of and reduce the opportunities and rewards for bullying behavior. This anti-bullying program offers activities designed for use in elementary, middle, junior and high schools.
OPEN COURT READING	Promising	BENEFITS MINUS COSTS	Academic Performance	A program that provides elementary grade children with a positive and effective early academic experience and strong, research-based foundation in learning to read by using a set curriculum, training teachers in diagnostics and assessment, and emphasizing professional development in order to reach all learners and prevent struggling readers later.
PARENT-CHILD INTERACTION THERAPY	Promising		Antisocial-aggressive Behavior,	A 12 week treatment for young children with emotional

			Child Maltreatment, Conduct Problems	and behavioral problems, with one-half hour parent-child sessions, that places emphasis on improving the parent-child relationship, teaching effective parenting skills, and encouraging effective discipline.
PARENTCORPS	Model		Academic Performance, Externalizing, Internalizing	A family-centered intervention that is delivered as an enhancement to pre-kindergarten programs serving children living in low-income neighborhoods. It helps the important adults in young children's lives — parents and teachers — build a strong early foundation that gives children living under stressful conditions the greatest opportunity for healthy development.
PEER ASSISTED LEARNING STRATEGIES	Promising		Academic Performance	A classwide peer tutoring program for elementary school students to improve reading and mathematics skills of students through guided peer-assisted learning strategies.
PLANET HEALTH	Promising		Obesity	A two-year school-based health behavior intervention designed to reduce obesity among students in grades 6-8 by increasing energy expenditure while promoting key dietary behaviors. The program has only shown impacts on obesity outcomes for girls.
POSITIVE ACTION	Model		Academic Performance, Alcohol, Anxiety, Bullying, Delinquency and Criminal Behavior, Depression, Emotional Regulation, Illicit Drug Use, Positive Social/Prosocial Behavior, Sexual Risk Behaviors, Tobacco, Truancy - School Attendance, Violence	A school-based social emotional learning program for students in elementary and middle schools to increase positive behavior, reduce negative behavior, and improve social and emotional learning and school climate. The classroom-based curriculum teaches understanding and management of self and how to interact with others through positive behavior, with school climate programs used to reinforce the classroom concepts school-wide.
POSITIVE FAMILY SUPPORT	Promising		Alcohol, Depression, Sexual Risk Behaviors, Tobacco	A family-based, 3-tiered intervention that targets adolescent problem behavior at the universal, selected, and indicated levels. Goals are to reduce problem behavior and risk for substance abuse and depression, improve family management practices and communication skills as well as adolescents' self-regulation skills and prosocial behaviors.
POSITIVE PREVENTION PLUS	Promising		Sexual Risk Behaviors	A comprehensive school-based sexual health education and teen pregnancy prevention curriculum to improve high school students' communication and negotiation skills that will help them communicate assertively, abstain from sexual intercourse, and use birth control effectively.
PROJECT NORTHLAND	Promising		Alcohol	Provides classroom curricula, peer leadership, youth-driven extra-curricular activities, parent involvement programs, and community activism to reduce teen alcohol use, improve parent-child communication about alcohol use, increase students' self-efficacy to resist alcohol and understanding of alcohol use norms, and reduce students' ease of access to alcohol in their communities.
PROJECT TOWARDS NO DRUG ABUSE	Model		Alcohol, Illicit Drug Use, Tobacco, Violent Victimization	A classroom-based high school substance abuse program to promote drug awareness and prevent teen drinking, smoking, marijuana, and other hard drug use. The TND curriculum teaches students skills in self-control, communication, resource acquisition, and decision-making.
PROMOTING ALTERNATIVE THINKING STRATEGIES (PATHS)	Model		Antisocial-aggressive Behavior, Delinquency and Criminal Behavior, Externalizing	A classroom-based social emotional learning program for elementary students to reduce aggression and behavior problems in children. The PATHS curriculum teaches skills in five conceptual domains: self-control, emotional understanding, positive self-esteem, relationships, and interpersonal problem solving.
PROMOTING FIRST RELATIONSHIPS®	Promising		Reciprocal Parent-Child Warmth	Trains service providers in the use of effective strategies for promoting secure and healthy relationships between caregivers and young children birth to three years of age.
PROMOTING HEALTH AMONG TEENS! (ABSTINENCE ONLY)	Promising		Sexual Risk Behaviors	An 8-hour abstinence-based education program to reduce risky sexual behavior for African American youth by providing information on sexual risks and helping teens build negotiation, refusal, and problem solving skills for practicing abstinence.
PROMOTING HEALTH AMONG TEENS! (COMPREHENSIVE)	Promising		Sexual Risk Behaviors	A 12-hour pregnancy prevention program to reduce risky sexual behavior for African American teens through various types of sex education, including HIV/sexually transmitted infections (STI) and pregnancy prevention, safer sex, and abstinence education.
PROSPER	Promising		Alcohol, Close Relationships with Parents, Conduct Problems,	As a delivery system rather than substantive program, PROSPER attempts to foster implementation of evidence-based youth and family interventions, complete with

			Delinquency and Criminal Behavior, Illicit Drug Use, Tobacco	ongoing needs assessments, monitoring of implementation quality and partnership functions, and evaluation of intervention outcomes to prevent onset and reduce use of alcohol, tobacco, and other drugs and problem behaviors.
QUICK READS	Promising	BENEFITS MINUS COSTS	Academic Performance	Aims to improve the reading fluency and comprehension of elementary students by utilizing grade-level, high-frequency words that reflect appropriate phonics and syllable patterns.
RAISING HEALTHY CHILDREN	Promising	BENEFITS MINUS COSTS	Academic Performance, Alcohol, Antisocial-aggressive Behavior, Illicit Drug Use, Prosocial with Peers	A preventive intervention with teacher, parent, and child components, designed to promote positive youth development by enhancing protective factors, reducing identified risk factors, and preventing problem behaviors and academic failure.
READING RECOVERY	Promising	BENEFITS MINUS COSTS	Academic Performance	A one-to-one tutoring intervention to reduce the number of first-grade students who have extreme difficulty learning to read and write and to reduce the cost of these learners to educational systems.
REDUCING THE RISK	Promising	BENEFITS MINUS COSTS	Sexual Risk Behaviors	A 16-session curriculum to reduce risky sexual behavior by teaching adolescents about reproductive anatomy, risk behaviors and consequences, abstinence, and the use of condoms and birth control to prevent HIV, sexually transmitted infections (STIs), and pregnancy.
SAFE DATES	Promising	BENEFITS MINUS COSTS	Sexual Violence, Violence, Violent Victimization	A ten-session dating abuse prevention program to raise students' awareness of what constitutes healthy and abusive dating relationships, as well as the causes and consequences of dating abuse. It helps change adolescent norms about dating violence, equips students with skills and resources to develop healthy dating relationships, positive communication, anger management, and conflict resolution.
SPORT PREVENTION PLUS WELLNESS	Promising		Alcohol, Illicit Drug Use, Physical Health and Well-Being, Tobacco	A health promotion program that highlights the positive image benefits of an active lifestyle to reduce the use of alcohol, tobacco and drug use by high school students in addition to improving their overall physical health.
SRA EARLY INTERVENTIONS IN READING	Promising	BENEFITS MINUS COSTS	Academic Performance	A supplement to regular reading instruction delivered to elementary school children with Intellectual Disability to develop reading and writing skills that should enable greater academic achievement later in school
STEPS TO RESPECT	Promising	BENEFITS MINUS COSTS	Bullying, Prosocial with Peers	A 12-14 week anti-bullying curriculum, plus a grade appropriate literature unit, delivered to third to sixth grade students to reduce bullying and destructive bystander behaviors, increase prosocial beliefs related to bullying, and increase social-emotional skills
STORY TALK - INTERACTIVE BOOK READING PROGRAM	Promising	BENEFITS MINUS COSTS	Early Cognitive Development, Preschool Communication/Language Development	A reading strategy intended to promote the development of language and literacy skills in young children from low-income families.
STRENGTHENING FAMILIES 10-14	Promising		Alcohol, Antisocial-aggressive Behavior, Close Relationships with Parents, Illicit Drug Use, Internalizing, Tobacco	A 7-session group parenting and youth skills program that includes separate weekly parent effectiveness training and child skills-building, followed by a family session to promote good parenting skills and positive family relationships, proven to reduce aggressive and hostile behavior, substance abuse in adolescence, and improve family relationships.
STRONG AFRICAN AMERICAN FAMILIES - TEEN	Promising	BENEFITS MINUS COSTS	Alcohol, Conduct Problems, Depression, Illicit Drug Use, Sexual Risk Behaviors	A family-centered group preventive intervention for black teens living in rural communities entering high school to prevent conduct problems, substance use, and depressive symptoms, and promote protective sexual behavior efficacy.
STRONG AFRICAN AMERICAN FAMILIES PROGRAM	Promising	BENEFITS MINUS COSTS	Alcohol, Close Relationships with Parents, Delinquency and Criminal Behavior, Truancy - School Attendance	A 7-week interactive educational program for African American parents and their early adolescent children that includes separate weekly parent and child skills-building followed by a family session to reduce adolescent substance use, conduct problems, and sexual involvement.
SUCCESS FOR ALL	Promising	BENEFITS MINUS COSTS	Academic Performance, Preschool Communication/Language Development	A schoolwide reform initiative in which specific instructional processes, curriculum enhancements, and improved support resources for families and staff come together to ensure that every student acquires adequate basic language skills in pre-K through 2nd grade and that they build on these basic skills throughout the rest of elementary school.
TARGETED READING INTERVENTION	Promising		Academic Performance, Preschool	Individualized instruction by classroom teachers takes the

			Communication/Language Development	form of 15-minute sessions for a struggling reader in kindergarten and first grade until the child makes rapid progress in reading and then the teacher works with another struggling reader
TEACHING KIDS TO COPE	Promising		Depression	A 10-session group intervention designed to reduce depression and stress by enhancing the coping skills among high school adolescents.
TREATMENT FOSTER CARE OREGON	Model		Delinquency and Criminal Behavior Illicit Drug Use, Teen Pregnancy, Tobacco, Violence	A therapeutic foster care program that serves as an alternative to residential treatment by placing chronic delinquents in foster homes in the community with the goals of reuniting the families, reducing delinquency and teen violence, and increasing prosocial behavior and participation in prosocial activities. The program includes behavioral parent training and support for foster parents, family therapy for biological parents, skills training and supportive therapy for youth, and school-based behavioral interventions and academic support.
TRIPLE P SYSTEM	Promis ng		Child Maltreatment, Mental Health - Other	A public health approach to reach all parents in a community to enhance parental competence and prevent or alter dysfunctional parenting practices, thereby reducing family risk factors both for child maltreatment and for children's behavioral and emotional problems.
WHOLE NUMBER FOUNDATIONS LEVEL K	Promising		Academic Performance	A 50-session small group mathematics intervention delivered as a pull-out program offered during the regular school day to help strengthen whole number concepts and operations skills in students at risk for developing long-term mathematics difficulties.
WYMAN'S TEEN OUTREACH PROGRAM®	Promising		Academic Performance Sexual Risk Behaviors, Teen Pregnancy	A nine month program that engages high school students in a minimum of 20 hours of community service learning annually and weekly meetings using TOP's Changing Scenes curriculum, with a goal of reducing rates of teen pregnancy, course failure, and academic suspension
YOUTH VILLAGES YVLIFESET	Promising		Employment, Intimate Partner Violence, Mental Health - Other	A community-based program that assists young people with histories of foster care or juvenile justice involvement in making a successful transition to adulthood by providing intensive, individualized, and clinically focused case management, support, and counseling.

Restorative Practices:
Fostering Healthy Relationships & Promoting Positive Discipline in Schools
A Guide for Educators

MARCH 2014

ADVANCEMENT PROJECT

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I. Background

Humans are born to learn, but we don't learn in isolation. We learn based on positive relationships and interactions with peers and in environments like schools that foster opportunities for students and staff to learn and grow together.[1] Educators recognize this reality and keep the social and emotional health of their students a deliberate and central focus of learning. As educators partner with districts to move away from zero tolerance discipline policies and ramp up efforts to strengthen safe and supportive schools, address conflict, improve school climate, and build a positive school culture that students are connected to, many campuses are looking to implement alternative, restorative approaches.

There remains confusion in the education field over what restorative practices are and how they can help create safe learning environments through community building and redressing damage.[2] This toolkit was developed to illustrate how restorative strategies can be seamlessly integrated into the classroom, curriculum, and culture of schools. It defines what restorative practices are, explains why they are a transformational tool for fostering healthy relationships in schools and shows how they can be useful processes for students, educators, and learning communities.

This toolkit is intended for all educators who support the growth and health of students in schools. It is an introduction for those new to the concepts and will help support and enhance the work of teachers already implementing these practices in their classrooms. The toolkit includes digestible models, frameworks, and action steps for school-wide implementation, accompanied by guiding questions to support reflection for practitioners looking to make restorative methods part of the fabric of daily life in schools. It also recognizes the significant role all education professionals play in maintaining a school community that models respectful, trusting, and caring relationships.

II. What Are Restorative Practices?

Address and discuss the needs of the school community

Build healthy relationships between educators and students

Restorative Practices

Resolve conflict, hold individuals and groups accountable

Reduce, prevent, and improve harmful behavior

Repair harm and restore positive relationships

Restorative practices are processes that proactively build healthy relationships and a sense of community to prevent and address conflict and wrongdoing.[3] Restorative practices are increasingly being applied in individual schools and school districts to address youth behavior, rule violations, and to improve school climate and culture.[4] Restorative practices can improve relationships between students, between students and educators, and even between educators, whose behavior often serves as a role model for students. They allow each member of the school community to develop and implement a school's adopted core values.

Restorative practices allow individuals who may have committed harm to take full responsibility for their behavior by addressing the individual(s) affected by the behavior. Taking responsibility requires understanding

> "While conflicts of which I've been part often began with raised voices and closed ears, through restorative approaches they have ended in smiles, handshakes, and hugs. This seems ultimately more healthful for interpersonal relationships and overall school culture than traditional, reactionary disciplinary measures."
> — Allison, High School Math Teacher

how the behavior affected others, acknowledging that the behavior was harmful to others, taking action to repair the harm, and making changes necessary to avoid such behavior in the future.

Restorative practices also represent a mindset that can help guide adult and youth behavior and relationship management in schools, not another program. They are

not intended to replace current initiatives and evidence-based programs like Positive Behavior Interventions and Supports (PBIS) or social and emotional learning models that assist in building a foundation and culture of caring. Programs and initiatives like PBIS complement restorative practices.[5] Restorative practices work when they are implemented school wide and integrated into the fabric of the school community. When the whole school is infused with restorative strategies, it becomes easier to address issues faster and respond in a thoughtful way because the caring and supportive culture is already present.[6]

Types of Restorative Practices

Restorative Justice

Restorative justice is an evidence-based practice effectively used to reduce suspensions, expulsions, and disciplinary referrals. Restorative justice focuses on righting a wrong committed and repairing harm done. The goal is to place value on relationships and focus on repairing relationships that have been injured. The victim and the wrongdoer have the opportunity to share with one another how they were harmed, as victims, or how they will work to resolve the harm caused, as wrongdoers.

Community conferencing

Community conferencing is a practice that provides students and educators with effective ways to prevent and respond to school conflict.[7] Community conferencing involves the participation of each person affected by the behavior and allows all stakeholders to contribute to the conflict resolution process.

Community service

Community service allows for individuals to restore a harm they may have committed to the school community by providing a meaningful service that contributes to their individual improvement.

Peer juries

Peer juries allow students, who have broken a school rule, and trained student jurors to collectively discuss why the rule was broken, who was affected, and how the referred student can repair the harm caused.[8]

Circle process

A circle is a versatile restorative practice that can be used proactively, to develop relationships and build community,

> "Instead of learning from our behavior, schools just force us out without real conversations and interventions. Suspensions don't work, summonses don't work, arrests don't work. Keep us in the classroom, keep us accountable, and build relationships. That works."
> **— Savannah, age 15**

or reactively, to respond to wrongdoing, conflicts, and problems. Circles can be used as a tool to teach social skills such as listening, respect, and problem solving. Circles provide people an opportunity to speak and listen to one another in a safe atmosphere and allow educators and students to be heard and offer their own perspectives.[9] Circles can also be used to celebrate students, begin and end the day, and discuss difficult issues.[10]

Preventative and post-conflict resolution programs

Conflict resolution programs provide students with problem-solving and self-control skills.[11] These programs teach young people how to manage potential conflict, defuse situations, assuage hurt feelings, and reduce any inclination to retaliate after a conflict. Conflict resolution programs walk students through their emotions in the presence of one another and guide them through a team process of addressing the issues that gave rise to the conflict in the first instance. Because conflict resolution addresses and works to resolve the root causes of conflict, it helps prevent future incidents from occurring.

Peer mediation

One method of resolving conflict with student voice is through peer mediation. "Peer mediation is a demonstrably effective youth leadership model" that trains students to help other students resolve differences.[12] "Peer mediation recognizes that students can utilize conflict resolution practices and social skills to play a leadership role in increasing peace and reducing violence in their school."[13] Peer mediation has been shown to reduce discipline referrals, violence rates, and suspension rates.[12]

Informal restorative practices

Informal restorative practices are small ways educators and other school personnel can influence a positive environment. Examples include the use of *affective statements*, which communicate people's feelings, and *affective questions*, which cause people to reflect on how

their behavior has affected others;[15] proactive engagement with students and families; mentor relationships; community service; and lunchtime table talks.

Social-emotional learning (SEL)

Social-emotional learning teaches skills such as "recognizing and managing emotions, developing caring and concern for others, establishing positive relationships, making responsible decisions, and handling challenging situations constructively and ethically. These are the skills that allow children and adults to calm themselves when angry, make friends, resolve conflicts respectfully, and make ethical and safe choices." [16]

III. Why Restorative Practices?

Within many communities, schools have deemphasized traditional school-based disciplinary interventions, while greatly expanding the use of zero-tolerance disciplinary approaches that exclude students from their schools through out-of-school suspensions, expulsions, and referrals to alternative schools or programs.[17] While the original intent of these policies and practices was to address serious threats to school safety, the reality is that the vast majority of these extreme punishments are imposed for non-violent behaviors such as classroom disruptions, skipping school, displays of disrespect, and dress code violations.

Research shows that removing youth from their learning environment for extended periods of time is not an effective way to manage student behavior. The American Psychological Association (APA) Zero Tolerance Task Force, after evaluating school disciplinary policies for 10 years, concluded that zero-tolerance policies fail to do what they were designed to do: they do not make schools safer. In fact, the APA found that zero-tolerance policies may make schools less safe, because schools with higher rates of suspension and expulsion "appear to have less satisfactory ratings of school climate, to have less satisfactory school governance structures, and to spend a disproportionate amount of time on disciplinary matters."[18] Zero-tolerance as an approach hurts the relationship between teachers and students and doesn't help students address their issues. Individual students, and the overall classroom, wind up worse off than before.

These harsh disciplinary approaches have also created a school-to-prison pipeline, endangering educational opportunities and making dropout and incarceration far more likely for millions of children and youth across the country. The effects of these policies include:

Academic Difficulties

Students who are not in class are, of course, not doing much learning. Thus, students subjected to harsh disciplinary measures that exclude them from school tend to fall behind academically.[19]

Truancy

Students who face harsh discipline often feel alienated from their schools, resulting in more absenteeism.[20]

Acting Out

Students punished by zero-tolerance measures often fall behind their peers due to lost learning time. As a result, they often become frustrated or embarrassed and proceed to disrupt class.[21]

Psychological Trauma and Mental Health Consequences

Unjust disciplinary consequences are frequently traumatizing for young people, leading to public humiliation, diminished self-worth, and distrust of school officials.[22] They also often trigger a cycle of disengagement from schools, where students become less trusting and more resentful of their teachers, losing the "connectedness" that is such a critical component of academic success.[23] As youth become more alienated, they also become more likely to engage in risky behaviors, violence, and alcohol and substance abuse.[24]

Dropping Out or Being Pushed Out of School

Zero-tolerance discipline sends a clear message to students that they are not valued. Unfortunately, that message has gotten through to far too many students who have been pushed out of school by unnecessarily severe disciplinary measures.[25]

Students succeed, and behavior improves, when young people are in challenging and engaging classrooms and welcoming, nurturing schools. Restorative practices offer an evidence-based, positive way forward for ending the out-of-school suspension crisis, which affects an

estimated 3.3 million students who are suspended and miss school time each year. Out-of-school suspensions have a disproportionate impact on students of color and students with disabilities.[26] According to the U.S. Department of Education's Civil Rights Data Collection (CRDC), "African-American students without disabilities are more than three times as likely as their white peers without disabilities to be expelled or suspended for the same behavior."[27]

Restorative practices can serve as an alternative to suspensions and expulsions and be used to improve school climate, foster healthy relationships between educators and students, decrease disciplinary disparities,

> Last year I started and completed my training as a peer mediator, and I'm proud to say that I'm part of the change that has begun to happen in my school.
> — Benia, age 17

engage students and families, support social-emotional learning, and promote accountability and two-way communication. When the culture and climate of the school is improved, students become more engaged, which results in improved attendance, fewer classroom disruptions, higher academic performance, and increased graduation rates.[28]

A Tale of Two Schools

Carlos had a heated argument with his parents before leaving for school, so he's running late. Let's see the difference that restorative policies and practices can make.

Zero-tolerance education system

Restorative practices-based education system

Carlos arrives at school.

He is greeted by metal detectors and a police search.

Teachers and administrators welcome him and his fellow students as they enter.

Carlos is late to first period class.

His teacher scolds him in front of the class. Carlos talks back, and is given a detention.

His teacher waits until after class to speak with Carlos to learn more, and sets up a meeting with his school counselor.

Carlos gets into a minor altercation in the cafeteria.

A school police officer detains and arrests both students.

Student peer mediators and support staff intervene, have the students sit down together, and de-escalate the situation.

Later that afternoon...

Carlos is held in a juvenile detention facility all afternoon, missing school. He now has an arrest record and is facing suspension.

Carlos and the other student agree to help clean the cafeteria during a free period. Carlos meets with his counselor and parents after school to help resolve the conflict at home.

IV. Implementing Restorative Practices in Schools
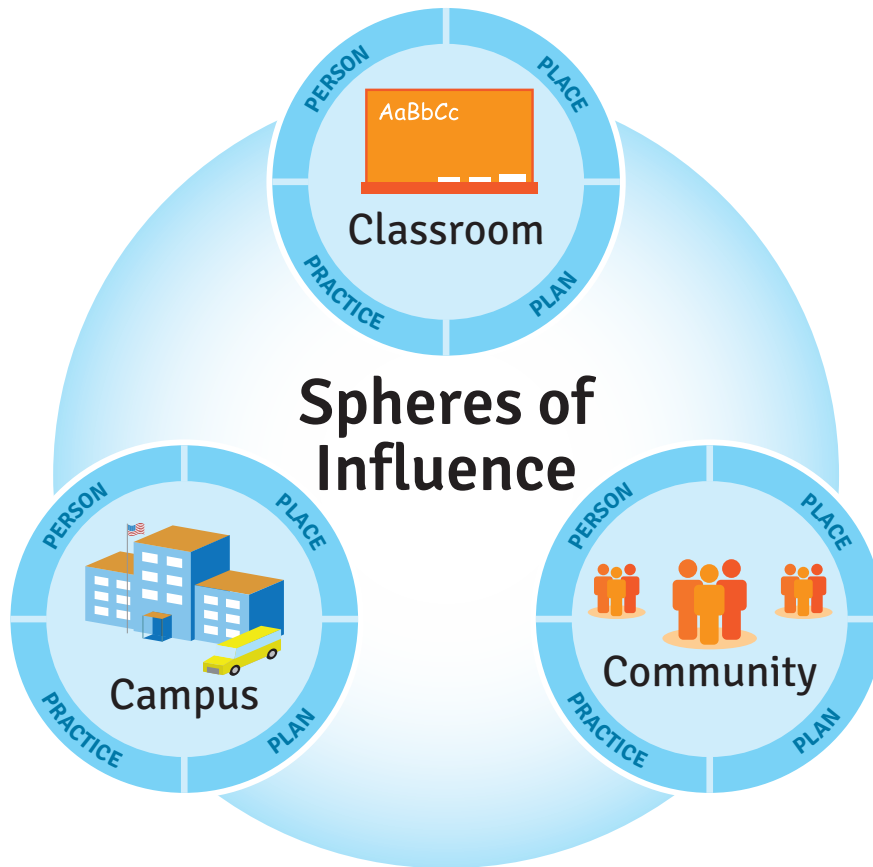
Every staff member of a school campus has a sphere of influence — a network of people and places where one can influence decisions, policies, and practices through one's interaction with colleagues, students, families, and community members. The "Four Ps" referred to in this toolkit provide a framework for thinking about, reflecting on, and promoting restorative practices in your sphere of influence, be that in the classroom, on the school campus, or in the community. Questions have been developed to link the Four Ps to the most common places where restorative approaches can be used. Instead of prescribing specific actions, these questions have been developed to assist practitioners in thinking through how each of the Four Ps are currently supporting restorative practices in their own school.

The "Four Ps"

1. **Person:** The way each individual (teacher, principal, counselor, support staff) interacts with others in the school community and how that interaction has an impact on relationships

2. **Place:** The environmental conditions and factors that affect how individuals interact with one another

3. **Practice:** Opportunities for educators to prevent conflict, resolve challenges, and create chances for relationship growth

4. **Plan:** A school community's plan for making restorative practices a regular part of school culture

CLASSROOM

AaBbCc
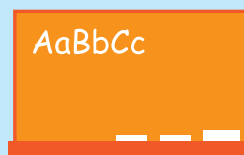
The classroom is where most students spend the bulk of the school day in formal learning environments, interacting with peers and educators. Educators have an opportunity to model restorative strategies for students while in the classroom.

Person: How do I interact with my students? How do I interact with my colleagues, even when we disagree? If I have a conflict with one of my students, how do I respond? If I see a conflict arising between students in the classroom, how do I respond?

Place: What am I doing to make sure students feel welcome? How are students engaging with each other? How does the classroom design impact how students communicate with each other and with me?

Practice: What is the process for resolving conflict or disagreement in the classroom? How are students made aware of the process? Did the students help develop the process? What type of input do students have in finding ways to address conflict?

Plan: How is the classroom prevention and conflict resolution strategy linked to the school's plan for developing positive solutions or resolutions when a disagreement arises? If it isn't, how can it be better linked to influence the climate of the classroom?

Example: Circles can be used to teach subjects like history and government, address conflict, and build trust in a classroom.

CAMPUS
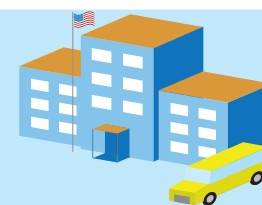
Staff and student interaction and learning don't just happen in the classroom — it happens on school buses, in cafeterias, on the playground, and in school counselor offices. Restorative practices can be used throughout the school campus by all staff to create and maintain a safe physical space, a supportive school climate, an academically and developmentally appropriate environment, and healthy relationships between students, peers, and staff.

Person: What am I doing to ensure that students feel welcomed and valued by their peers and other school staff? What steps can be taken to make sure the school is a safe space and accessible place, regardless of the setting (e.g. school bus, classroom, cafeteria, afterschool, and athletic field)?

Place: Are students, staff, and community members (e.g. parents and caretakers) actively engaged in school activities? How would an outsider describe the school climate if they walked onto the campus?

Practice: What is the process to teach pro-social behavior and build positive relationships between staff and students within the school? What is the school-wide process for preventing and addressing conflict or disagreement? Are students and staff part of the process? What type of input do students and staff have in finding ways to address conflict?

Plan: How are pro-social behaviors taught and used as preventative techniques? How apparent is the conflict prevention and resolution strategy to students and staff? How is it linked to classroom practice?

Example: School wide assemblies can bring the school community together to discuss important topics.

COMMUNITY

In many places, schools cater to the distinct needs of students and families. As part of that role, schools often are a bridge for caretakers and families to service providers, higher education institutions, faith-based partners, business, health, and academic partners. The ways in which schools interact with the surrounding community can have a significant influence on whether restorative practices become not just part of the culture of schools, but also the wider community.

Person: How does the school welcome members of the community? How does the school ensure that it is a culturally respectful and responsive place, regardless of the setting, for students and adults (e.g. classroom, cafeteria, afterschool, and athletics)?

Place: How are parents, caretakers, and community members engaged in school activities and connected to the school? How would members of the community describe their relationship with the school? What type of outreach is done to build connections between the school and community members? Are community members asked how they would like to be engaged? Do school personnel participate in community events?

Practice: How are restorative practices modeled by youth and adults in the community? What type of input can the community provide to address conflict inside and outside of school and in the community? Are community members/organizations utilized as resources in the school's efforts to address conflict or disagreement?

Plan: How does the school partner with community stakeholders to build relationships, prevent conflict, and promote peaceful resolutions to conflict? How do youth and adults address conflict within the school and community? Is it consistent?

Example: Parental and community involvement, mentoring, and volunteer opportunities can support and assist students with resolving conflict.

V. Action Steps for Practitioners to Support Restorative Practices

What can I do to start using restorative practices in my classroom?

1. Reflect on possible strategies you can use in your classroom to both prevent and address problems. How can you interact with students differently? Which practices could you lead in your classroom? Identify and involve additional stakeholders (e.g. parents, counselors) you would need to bring in to support your students and help them work through issues.

2. Talk with other educators about whether and how they use restorative practices in their classrooms.

3. Ask other educators familiar with restorative practices to observe you in the classroom and offer feedback.

4. Seek out professional development opportunities focused on restorative practices.

> "I have also learned that "preparing" for a restorative approach doesn't really work. You can't study the questions and answers like you would for a test. I have found that being honest and in the moment with the student is more authentic. "
>
> **— Beth, High School English Teacher**

How can I help my school or district adopt restorative practices?

1. Talk with other educators and administrators at your school or in your district about different types of restorative practices. Do they understand the need for and benefit of restorative practices? What would it take to train and support educators in implementing them?

2. Establish a team of students, parents, educators, and community members who can assess the school or district's current approach to school climate, discipline, and restorative practices.

3. Dedicate time within the school day, like an advisory period, to practice restorative techniques. Adopting restorative practices is a thoughtful process that takes time.[29]

4. Seek input from a range of community stakeholders, including parents and students, both in the development and implementation of restorative practices. For example, give a presentation at a school board meeting or convene an evening workshop for teachers and parents.

5. Ensure school and district policies and practices are aligned with a restorative philosophy.

6. Collect and examine data, both at the beginning of the process and throughout, to assess what's working and where, replicate successes, uncover classrooms and schools in need of improvement, and monitor implementation.

7. Offer ongoing training and professional development opportunities to build capacity throughout the school and district.

> One of my favorite stories is something that happened this year — two 9th grade girls had been having difficulty with each other. I used a restorative approach with them and got them to focus on what they have in common, where their strengths are as individuals, and how they could move forward. After the meeting, we had an event at school where they both worked side by side with me in scooping ice cream for their peers and now are great friends who hang out on the weekends.
>
> **— Carol, High School Attendance & Behavior Dean**

8. Allocate funding for restorative practices at the school and district level. Although costs vary for each school, implementation is easier when school districts, county agencies, and states devote financial resources and personnel to implement and maintain restorative practices at school sites. Districts have partnered with community-based organizations, that may provide training at little or no cost to the school or district, utilized Title I funding, and reallocated existing resources to implement restorative practices.[30]

How can I advocate for restorative practices on a larger scale?

1. Share this guide with fellow educators.

2. Share your story and highlight the benefits these practices have had on your classroom and school and any challenges you encountered when implementing them.

3. Connect with statewide and national groups working on school discipline reform. Add your voice to the movement for positive discipline policies and practices.

VI. Examples of districts and schools that employ restorative practices

Baltimore Public Schools, Maryland

The school district reformed their school discipline code to reflect an institutional approach towards restorative practices by dividing inappropriate behavior into four levels and ensuring that many low-level offenses can never result in an out-of-school suspension. In the years following the reform, suspensions decreased and the school district saw an increase in graduation rates for African American students, and graduation rates overall.

Boston Public Schools, Massachusetts

Since 2012, numerous schools in the Boston Public school system have used restorative circles, conflict resolution, and mediation trainings in partnership with youth and community groups as positive alternatives to school suspensions.

Chicago Public Schools, Illinois

Using predominantly peace circles, victim-offender mediation, family group conferencing and peer juries, the Chicago public school system has seen a significant decrease in 'misconduct reports' over the last six years. In fact, the system-wide peer jury program helped prevent over 2,000 suspension days per year.

Cleveland Metropolitan School District, Ohio

Over the past several years, schools and educators in Cleveland have emphasized social and emotional learning strategies as a form of restorative practice to reduce suspensions. The 'Human Ware' Initiative promotes student safety, support, and social and emotional development by using instructional planning centers to replace in-school suspension. Educators at the centers work with children, helping them cool down during difficult times and consider positive responses to problems.

Denver Public Schools, Colorado

The Denver Public Schools Restorative Justice (RJ) Project was implemented to positively and effectively address the growing number of out-of-school suspensions, which reached 15,000 in 2004. In addition to focusing on culture and climate, restorative circles are used as the primary form of restorative practice.

Madison Public Schools, Wisconsin

The Young Women's Christian Association of Madison uses the circle process to teach restorative justice curriculum to middle and high school students in eight public schools in the area. After completing the curriculum, students become Circle Keepers in their schools for their peers, staff, and educators.

Minneapolis Public Schools, Minnesota

Since 2008, Minneapolis Public Schools has offered restorative practices as a service for students recommended for expulsion, in partnership with community organizations such as the Legal Rights Center of Minneapolis.

New Orleans, Louisiana

The Center for Restorative Approaches, as part of Neighborhood Housing Services, partners with local schools to provide restorative training and professional development to teachers and staff, as well as providing direct services through dialogue. The discipline team regularly uses restorative practices (restorative communication, accountability plans, circles, and conferences) to intervene in student conflicts. These practices are an alternative to suspension, in-school suspension, and expulsion, and are a tool for re-entry after suspension and as a behavior intervention strategy.

New York City Public Schools, New York

"Fairness Committees" have emerged all over New York City as a strategy to complement the district's model code, which addresses the importance of school climate along with safe and supportive learning conditions. These restorative committees involve community partners and parents, and specialized training for building the capacity of youth and educators.

Oakland Public Schools, California

The district launched a system-wide restorative justice initiative to institute restorative justice as a proactive approach to student behavior. The initiative includes professional development for administrators and school staff, redesign of district discipline structures and practices, and the promotion of alternatives to suspension at every school.

Peoria Public Schools, Illinois

Schools are preventing altercations, improving school climate, and using peer juries as part of the Balanced and Restorative Justice Program to address and mediate conflict in schools.

"For the past 3 years, we have been using restorative justice and guidance interventions to deal with conflict so that we can reduce suspensions and arrests at our school. School staff, students, teachers, and deans are being trained in using restorative circles and other restorative practices. Parents are also being trained in using restorative justice to deal with conflict at home with their children. Students and school safety officers are meeting to share perspectives on safety issues and to build relationships. It works, I see it!"

— Neissa, age 17

Endnotes

1. Smilkstein, R. (2011). We're born to learn: using the brain's natural learning process to create today's curriculum. Corwin, Volume 2nd, Thousand Oaks, Calif

2. Riestenberg, N. (2012). Circle in the square: Building community and repairing harm. St. Paul, MN: Living Justice Press. http://www.ojjdp.gov/pubs/implementing/accountability.html

3. http://www.iirp.edu/what-is-restorative-practices.php

4. Schiff, M. (2013, January). *Dignity, Disparity & Desistance: Effective Restorative Justice Strategies to Plug the School-to-Prison Pipeline*. Center for Civil Rights Remedies National Conference. Closing the School to Research Gap: Research to Remedies Conference. Washington, DC.

5. Alameda County Health Care Services Agency, Restorative Justice: A Working Guide For Our Schools, 7. 2011. http://healthyschoolsandcommunities.org/Docs/ Restorative-Justice-Paper.pdf

6. *Id.*

7. http://www.communityconferencing.org/index.php/programs/schools/

8. http://www.alternativesyouth.org/restorative_justice/peer-jury

9. Pranis, K. (2005). *The Little Book of Circle Processes*. Intercourse, PA: Good Books.

10. http://www.alternativesyouth.org/restorative_justice/talking-circles

11. National Education Association. (n.d.). Retrieved from http://www.nea.org/tools/15828.htm.

12. Education Systems Reform. (n.d.). *Middle School Peer Mediation*. Retrieved March 26, 2013, from http://esrnational.org/professional-services/middle-school/prevention/peer-mediation/.

13. *Id.*

14. *Id.*

15. McCold, P., & Wachtel, T. (2001). Restorative justice in everyday life. In J. Braithwaite & H. Strang (Eds.), *Restorative Justice and Civil Society* (pp. 114-129). Cambridge, UK: Cambridge University Press.

16. Collaborative for Academic, Social, and Emotional Learning. (n.d.). *What is SEL?*. Retrieved March 26, 2013, from http://casel.org/why-it-matters/what-is-sel/ ("SEL is also a framework for school improvement. Teaching SEL skills helps create and maintain safe, caring learning environments. Educators receive ongoing professional development in SEL. And families and schools work together to promote children's social, emotional, and academic success.").

17. Advancement Project, *Test, Punish, and Pushout*, (2010). Retrieved at http://b.3cdn.net/advancement/d05cb2181a4545db07_r2im6caqe.pdf

18. American Psychological Association Zero Tolerance Task Force, *Are Zero Tolerance Policies Effective in the Schools?: An Evidentiary Review and Recommendations*, American Psychologist, 63 at 854 (Dec. 2008), available at http://www.apa.org/pubs/info/reports/zero-tolerance.pdf.

19. Justice Center: The Council of State Governments, Breaking Schools' Rules: A Statewide Study on How School Discipline Relates to Students' Success and Juvenile Justice Involvement (July 2011). Retrieved at http://justicecenter.csg.org/resources/juveniles.

20. Studies have shown a relationship between school climate, student absenteeism and the rate of student suspension." Center for Social and Emotional Education and National School Board Association, *School Climate Guide for District Policymakers and School Leaders* 3 (2009). Retreived at http://www.schoolclimate.org/climate/documents/dg/district-guide-csee.pdf (citing: Cohen, J,. McCabe, E.M, Michelli, N.M & Pickeral, T., *School Climate: Research, Policy, Teacher Education and Practice*, Teachers College Record, Volume 111: Issue 1: 180-213 (2009), http://www.tcrecord.org/Content.asp?ContentId=15220).

21. American Psychological Association, *Are Zero Tolerance Policies Effective in Schools?* 853-4 (December 2008). Retrieved at http://www.apa.org/pubs/info/reports/zero-tolerance.pdf

22. Advancement Project, *Test, Punish, and Pushout*, (2010). Retrieved at http://b.3cdn.net/advancement/d05cb2181a4545db07_r2im6caqe.pdf

23. Blum, Robert W., Rhinehart, Peggy Mann, *Reducing the Risk: Connections That Make a Difference in the Lives of Youth* 21-24 (1997). Retrieved at http://www.eric.ed.gov/PDFS/ED412459.pdf.

24. *Id.*

25. *Test, Punish, and Pushout*; American Psychological Association; Justice Center.

26. Losen, D., & Gillespie, J. (2012). Opportunities Suspended: The Disparate Impact of Disciplinary Exclusion from School. UCLA Civil Rights Project. Retrieved at http://civilrightsproject.ucla.edu/resources/projects/center-for-civil-rights-remedies/school-to-prison-folder/federal-reports/upcoming-ccrr-research/losen-gillespie-opportunity-suspended-ccrr-2012.pdf

27. http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201401-title-vi.html

28. McMorris, Barbara J.; Beckman, Kara J.; Shea, Glynis; Eggert, Rachel C.; A Pilot Program Evaluation of the Family and Restorative Conference Program, 2. (May 24, 2013). Retreived at http://www.legalrightscenter.org/RCP%20 Evaluation.Interim_Report_24May2013.pdf

29. Alameda County Health Care Services Agency, Restorative Justice: A Working Guide For Our Schools. (2011). Retrieved at: http://healthyschoolsandcommunities.org/Docs/ Restorative-Justice-Paper.pdf

30. *Id.*

Restorative Practices: Fostering Healthy Relationships & Promoting Positive Discipline in Schools

A Guide for Educators

MARCH 2014

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Evidence-Based Practices for Classroom and Behavior Management: Tier 2 and Tier 3 Strategies

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Innovation Configuration for Evidence-Based Practices for Classroom and Behavior Management: Tier 2 and Tier 3 Strategies

This paper features an innovation configuration (IC) matrix that can guide teacher preparation professionals in the development of appropriate content for evidence-based practices (EBPs) for behavior management. This matrix appears in Appendix A.

An IC is a tool that identifies and describes the major components of a practice or innovation. With the implementation of any innovation comes a continuum of configurations of implementation from non-use to the ideal. ICs are organized around two dimensions: essential components and degree of implementation (Hall & Hord, 1987; Roy & Hord, 2004). Essential components of the IC—along with descriptors and examples to guide application of the criteria to course work, standards, and classroom practices—are listed in the rows of the far left column of the matrix. Several levels of implementation are defined in the top row of the matrix. For example, no mention of the essential component is the lowest level of implementation and would receive a score of zero. Increasing levels of implementation receive progressively higher scores.

ICs have been used in the development and implementation of educational innovations for at least 30 years (Hall & Hord, 2001; Hall, Loucks, Rutherford, & Newton, 1975; Hord, Rutherford, Huling-Austin, & Hall, 1987; Roy & Hord, 2004). Experts studying educational change in a national research center originally developed these tools, which are used for professional development (PD) in the Concerns-Based Adoption Model (CBAM). The tools have also been used for program evaluation (Hall & Hord, 2001; Roy & Hord, 2004).

Use of this tool to evaluate course syllabi can help teacher preparation leaders ensure that they emphasize proactive, preventative approaches instead of exclusive reliance on behavior reduction strategies. The IC included in Appendix A is designed for teacher preparation programs, although it can be modified as an observation tool for PD purposes.

The Collaboration for Effective Educator, Development, Accountability, and Reform (CEEDAR) Center ICs are extensions of the seven ICs originally created by the National Comprehensive Center for Teacher Quality (NCCTQ). NCCTQ professionals wrote the above description.

Behavior management is a critical skill that all teachers, particularly special education teachers, must employ to be successful. One framework for conceptualizing behavior management is Multi-Tiered System of Supports (MTSS). With MTSS, all students receive prevention strategies delivered at the school-wide and classroom levels (e.g., classroom management) while some students receive secondary (i.e., targeted) and tertiary (i.e., intensive) interventions to address school-based academic and behavioral concerns (Fuchs & Fuchs, 2006; Sugai & Horner, 2009). The behavioral MTSS framework is typically defined as School-Wide Positive Behavior Support (SWPBS); in this framework, all prevention and intervention strategies focus on (a) identifying socially appropriate replacement behavior, (b) explicitly teaching the replacement behavior, (c) using a continuum of consequence strategies to minimize reinforcement of a problem behavior, and (d) continually using data to assess progress (Sugai & Horner, 2002). The SWPBS framework has promising evidence of effectiveness, including positive student- and school-level impacts on academic achievement and behavior (Bradshaw, Leaf, Thornton, & Leaf, 2009; Horner et al., 2009).

SWPBS comprises three tiers of prevention and intervention: (a) primary, (b) secondary, and (c) tertiary. The primary level (i.e., Tier 1) is designed to support all students and includes the establishment of positively stated school-wide behavioral expectation (e.g., Be Safe, Be Respectful, Be Responsible) that are explicitly taught across settings (e.g., cafeteria, classroom, playground) and reinforced by a school-wide reinforcement system (e.g., token economy). Primary prevention at the classroom level includes efficient and effective classroom management practices, including high classroom structure, increased specific and contingent praise, prompting for expectations, and increased opportunities to respond (OTR; Scott, Anderson, & Alter, 2012). Primary prevention focuses on consistent monitoring of student behavior and

team-based decision making. Typically, school professionals assess implementation effectiveness and identification of students in need of additional intervention support using office discipline referrals (ODRs). Research suggests that (a) ODRs can be a reliable predictor of persistent behavior problems, and (b) students exhibiting two or more ODRs by October could benefit from additional intervention (McIntosh, Frank, & Spaulding, 2010).

Additional interventions are delivered at the secondary and tertiary levels based on (a) data indicating that students are at risk for continued behavior problems and (b) the topography and intensity of the behavior. Secondary interventions (defined below) are typically delivered for persistent school-wide and classroom problem behaviors that are low in intensity (e.g., off-task, non-compliant, disruptive behaviors). Tertiary interventions (defined below) are individualized interventions targeting the function of student behavior. Tertiary interventions are typically delivered based on (a) non-responsiveness to secondary interventions and (b) intensity of behavior (e.g., self-injurious behavior, severe aggression).

The task of delivering secondary (i.e., Tier 2) and tertiary (i.e., Tier 3) interventions often falls to special education teachers because they have the specialized instructional knowledge and training to effectively implement the strategies with fidelity (Simonsen et al., 2010). Therefore, special education teachers should be fluent with the critical features of evidence-based secondary and tertiary interventions.

The purpose of this IC was to describe the critical features of evidence-based secondary and tertiary interventions. First, the critical features and extent of support for evidence-based secondary interventions are described. Then, the evidence base for functional behavior assessment (FBA) interventions, the recommended approach for tertiary intervention development, is described.

Secondary interventions are programs or strategies delivered at the individual or small-group levels to address the needs of students who do not respond to primary prevention at the school-wide or classroom levels (Hawken, Adolphson, MacLeod, & Schumann, 2009). Identification of students for secondary interventions should be based on data, such as frequency of ODRs, or teacher referral with supporting evidence of non-response to primary prevention. To date, two literature reviews have identified targeted interventions delivered within an MTSS framework. Mitchell, Stormont, and Gage (2011) identified 13 studies of targeted interventions published between 2002 and 2009; the interventions were delivered to students who did not respond to primary prevention. The studies were grouped into three broad categories: (a) a standardized mentoring program, (b) social skills instructional groups, and (c) academic instructional groups. Bruhn, Lane, and Hirsch (2014) updated the review of secondary interventions and identified 28 studies examining the behavioral, social, and academic effects of targeted interventions on students identified as non-responsive to primary prevention. Bruhn and colleagues again identified the same three primary categories of group-based secondary interventions that Mitchell and colleagues (2011) identified.

Unlike prior reviews, the review for this IC restricted secondary interventions to replicable programs with clear and available implementation guidelines (e.g., manuals) that targeted social or behavioral outcomes. This approach excluded all of the social skills and academic interventions that Mitchell and colleagues (2011) and Bruhn and colleagues (2014) identified. Also, this review included secondary interventions recommended by the National Technical Assistance Center for Positive Behavior Supports (pbis.org), which also offers implementation guidelines. This approach was taken to ensure access to implementation guidelines for pre-service teacher preparation programs and inclusion of programs recommended

by a nationally recognized technical assistance (TA) center. Based on these criteria, three standardized secondary interventions were identified: (a) Check In/Check Out (CICO); (b) Check, Connect, and Expect (CCE); and (c) First Step to Success (FS).

Check In/Check Out

Practice defined. CICO, also known as the Behavior Education Program (BEP), is a secondary intervention for students at risk for developing severe problem behaviors (Crone, Hawken, & Horner, 2010). Students in CICO begin and end the day with an adult mentor who ensures that each student is prepared for the school day, sets daily goals with the student, and provides praise and tangible rewards when the student achieves goals. Additionally, the student checks in with teachers at the end of each class period (or another specified interval) to receive feedback and a rating on a daily progress report (DPR) about how well he or she met behavioral expectations. Because CICO is not resource intensive, it can be quickly implemented with groups of students in need of more support than the universal system offers. CICO's efficiency, practicality, and effectiveness make it a valuable intervention strategy with which teacher educators can equip their teacher candidates.

Research summary. CICO has a limited but developing evidence base, including several single-subject studies and two quasi-experiments. Two studies illustrate some of the important findings regarding CICO. Simonsen, Myers, and Briere (2011) conducted a quasi-experiment with 42 students with frequent behavior problems (27 treatment, 15 control) in an urban middle school that was already implementing the primary tier of SWPBS with high fidelity. Students who participated in CICO exhibited greater reductions in off-task behaviors than their comparison peers. Further, although teachers rated CICO's effectiveness only slightly better than typical practice, they found BEP easier to implement.

McIntosh, Campbell, Carter, and Dickey (2009) also conducted a quasi-experiment, implementing CICO for 34 elementary school students. In this study, teachers used the Functional Assessment Checklist for Teachers and Staff (FACTS) to formulate a hypothesized function for each participating student's problem behavior. Similar to previous findings (March & Horner, 2002), CICO's effectiveness interacted with the problem behavior's hypothesized function. Essentially, students assumed to have attention-maintained behavior ($n = 18$) displayed significant improvements in problem behavior, pro-social behavior, and ODRs while students assumed to have escape-maintained behavior ($n = 16$) did not exhibit such improvements. In light of this finding, behavioral function may be an important consideration while determining which students would benefit most from this secondary intervention.

In addition to these findings, several studies have demonstrated similar CICO effectiveness when implemented by district personnel with typical school resources and less researcher involvement (e.g., Filter et al., 2007; Todd, Campbell, Meyer, & Horner, 2008). In these studies, school professionals implemented the critical components of CICO with fidelity and elicited positive responses from their students, indicating that CICO is a feasible secondary intervention for school professionals to incorporate.

Implications for application. CICO involves several daily steps.

Step 1. Each morning, participating students meet with their adult mentors for a few minutes. Mentors encourage the students, review their previous day's performance, remind the students of their behavioral goals, and give the students their DPRs.

Step 2. Students give the DPRs to their teachers at the start of each class period. At the end of the period, teachers meet with the students to provide feedback and rate the students' behaviors using the DPRs.

Step 3. At the end of the day, students meet with their mentor teachers for a few minutes to receive reinforcement and determine if they met their daily point goals.

Step 4. The students take home copies of their DPRs to check in with their parents and obtain signatures.

In addition to these steps, a CICO team meets regularly to analyze DPR data to ensure that students are making adequate progress and determine any needed changes to the intervention.

Check, Connect, and Expect

Practice defined. CCE is a Tier 2 intervention program designed to improve the social behaviors of students who are at risk for school failure and prevent them from developing emotional and behavioral disabilities (Cheney et al., 2009). A coach—often a trained paraprofessional—works with identified students, meeting with them at the beginning and end of the school day to provide support and reinforcement. During the day, students carry a behavioral report card that allows their teachers to provide frequent, positive feedback. When necessary, the coach meets with individuals or small groups of students to provide behavioral instruction (e.g., social skills).

Coaches and teachers have found CCE to be easy to learn and use, and they appreciate the program and have seen positive results with the majority of students who participate. Because CCE is practical for teachers and effective for students, the program is a valuable Tier 2 intervention to disseminate to pre-service teachers.

Research summary. Although built upon other practices with an array of empirical evidence, including Check and Connect (Sinclair, Christenson, Evelo, & Hurley, 1998); BEP (Crone et al., 2010); and DPRs (Davies & McLaughlin, 1989), CCE is a practice with limited evidence. A randomized controlled trial has provided some evidence of the program's

effectiveness (Cheney et al., 2009). Cheney and colleagues (2009) implemented CCE for 2 years in 18 urban elementary schools that were matched and randomly assigned to treatment or comparison conditions. During the CCE program, 207 students (121 treatment, 86 comparison) in Grades 1-3 were identified using the Systematic Screening for Behavior Disorders (SSBD). Sixty percent of the treatment students graduated from CCE, demonstrating improved social skills and making more significant decreases in problem behaviors than their non-graduating and comparison peers.

Implications for application. CCE has several essential components, including (a) a well-trained coach implementing the program; (b) an emphasis on positive interactions and relationships among the coach, students, and teachers; (c) systematic, data-based monitoring of students' behavioral performance; (d) problem solving and social-skills instruction; (e) frequent, positive reinforcement from the coach and teachers when students achieve goals; and (f) involvement of parents through the daily report card.

In the CCE program, a trained coach provides support for a group of 20 to 25 students within a school. The coach meets with students for 2 to 3 min each morning to (a) ensure that they are prepared for class, (b) review their daily goals, and (c) give them their DPRs. The DPR includes several clearly defined, school-wide behavioral expectations. Teachers use the DPR to rate the students on a 4-point Likert scale for each expectation at intervals (e.g., class periods) throughout the day. Teachers review the DPR with the students at the end of each interval, using this opportunity to provide positive and corrective feedback and encouragement. At the end of the day, students meet again with the coach to review their overall DPR score, receive reinforcement, and set goals for the next day. Students take the DPR home to receive a signature and planned reinforcement from their parents. The coach regularly analyzes the DPR data to

determine how to best support students and meets with students who are having difficulty reaching their daily goals to provide 15-min problem-solving and social-skills instruction. Students who successfully meet their goals for 8 weeks progress into a self-monitoring stage before graduating from the program.

First Step to Success

  Practice defined. FS is an early intervention program that aims to give at-risk students a strong beginning to their education, strengthening their engagement and involving their parents in a collaborative relationship with their schools (Walker et al., 1998). FS targets students in Grades K-3 who enter school with patterns of challenging behaviors. The program comprises three core components: (a) universal screening, (b) classroom intervention, and (c) in-home parent training. One feature of the program is that it harnesses the influence of three key social agents who can have the greatest impact on a child's development. Parents, teachers, and peers all have clear roles in the intervention process to support social and academic success for an at-risk child.

  Early intervention efforts are critical for the success of students who begin school already at risk for chronic behavior problems. FS leverages important relationships for students, equipping parents, teachers, and peers to make a positive impact. Pre-service teachers, in particular, may benefit from understanding the advantages of early intervention and may learn about how they can participate in FS to improve the social and academic outcomes of their students.

  Research summary. There is an extensive evidence base supporting the benefits of FS, including single-subject studies, quasi-experimental designs, and multiple randomized controlled trials (e.g., Diken, Cavkeytar, Batu, Bozkurt, & Kurtyilmaz, 2010; Walker et al., 1998; Walker et al., 2009) that have shown positive effects on students' behaviors, social skills, and academic

engagement. Walker, Severson, and colleagues (2014) provided a thorough review of the studies completed to date.

One large-scale national effectiveness study of FS was conducted across five states and 48 schools (Sumi et al., 2013). The schools were randomly assigned to intervention or control conditions (142 intervention students, 144 comparison students). Other than providing initial training, the researchers had limited involvement in implementing FS. Although implementation fidelity was somewhat lower than in previous studies in which researchers were more heavily involved, students in the intervention group still exhibited significant gains in their pro-social behaviors and academic engagement and decreases in their problem behaviors compared to their peers in the control group. Further, both teachers and parents were satisfied with the program and student outcomes.

Implications for application. Implementation of FS includes screening, intervention, and parent training. Initially, schools must conduct a universal screening of kindergarten students using one of the multiple screening options to identify students with emerging anti-social behaviors. Next, a behavioral coach coordinates classroom interventions. During the first 5 program days, the coach implements the program in the classroom before handing it off and providing support to the primary teacher for the next 25 program days. The student receives points and praise for appropriate behavior on a frequent interval during instruction (e.g., every 30 s) along with group and home contingencies. If the student receives enough points, the whole class receives a reward, and the student receives a reinforcer at home, leveraging peer and parent influence. When the student successfully completes 20 program days, the contingencies are faded for the final 10 days. Additionally, during 6 weeks of the program, the coach provides weekly, in-home instruction to the parents about fostering various school success skills,

including communication and sharing in school, cooperation, limit setting, problem solving, friendship making, and confidence building. In addition to teaching these skills, the in-home component emphasizes establishing a strong, positive relationship between the school and parents.

Tertiary Interventions

Tertiary interventions are intensive interventions designed to meet the individual needs of students who are non-responsive to primary prevention and secondary interventions. Two critical features of tertiary interventions are that they are individualized, meaning that they are designed to meet the unique needs of the student within a particular setting (e.g., large group math instruction), and (b) the intervention addresses the function of the behavior.

Unlike primary prevention strategies (e.g., classroom management) and secondary interventions, tertiary interventions are directly based on an assessment, not a prescribed strategy or program. As such, the interventions described below are assessment-to-intervention processes resulting in an intervention tailored to the unique needs of the student and the context. First, the critical features of FBA-based interventions, the most widely advocated approach to tertiary intervention development, are described (Scott, Anderson, Mancil, & Alter, 2009). In addition, Prevent-Teach-Reinforce (PTR), an evidence-based, structured functional assessment process with available implementation guidelines, is reviewed.

Functional Behavior Assessment Interventions

Practice defined. FBA is a systematic process for gathering information to identify the function of a serious behavior or behavior that has been non-responsive to prior prevention and intervention efforts (Cooper, Heron, & Heward, 2007; O'Neil, Albin, Storey, Horner, & Sprague, 2015). Typically, FBA is conducted by an expert well versed in applied behavior analysis (ABA; e.g., behavioral specialist, school psychologist, trained special education teacher). FBA

is an assessment process that leads to the development of a behavior intervention plan (BIP); FBA is not an intervention (Cooper et al., 2007).

At its core, FBA assesses the relationship between behavior and the environment. Specifically, FBA attempts to identify the function, or purpose, of the behavior. The function of a behavior is the type and source of reinforcement that is maintaining the occurrence and recurrence of the problem behavior (Cooper et al., 2007). There are two primary functions of problem behavior: (a) to get something or (b) escape something (Umbreit, Ferro, Liaupsin, & Lane, 2007). For example, a student may become verbally aggressive with his or her teacher to escape an academic task demand or because he or she wants the social attention. The goal of FBA is the development of a BIP, based on the function of the behavior, to reduce the occurrence of a challenging behavior and increase the occurrence of an alternative, or replacement, behavior that results in the same or similar outcomes (Conroy & Stichter, 2003). The logic of FBA is based on principles of ABA—specifically, the functional relationships between antecedent stimuli, a behavior, and its maintaining consequence (Lewis, Lewis-Palmer, Newcomer, & Stichter, 2004). FBA is an assessment procedure for identifying both antecedent stimuli
(i.e., environmental triggers) and maintaining consequences to develop interventions to reduce or increase the likelihood that a target behavior occurs and teach a new alternative behavior for access to the desired consequence.

Research summary. FBA has been well researched for more than 30 years, resulting in a large body of empirical research. However, most of the evidence is based on single-subject research. Three meta-analyses have been conducted synthesizing the FBA-based intervention empirical literature. Carr and colleagues (1999) synthesized FBA-based interventions for

individuals with developmental disabilities. Their review included studies published between 1985 and 1996 and identified 109 single-subject research studies conducted with individuals with cognitive impairment and/or autism. The 109 studies included 230 participants, with the majority exhibiting self-injurious behaviors. Overall, the authors found an effect size of 3.0, with stronger effects found for individuals with higher IQs.

Goh and Bambara (2010) conducted a meta-analysis of FBA-based interventions in school settings. They identified 83 single-subject studies with 145 participants with and without disabilities, including autism, cognitive impairment, and emotional and/or behavioral disorders. Overall, they found an effect size of 88% based on percentage of non-overlapping data points. The results were consistent across student characteristics, including disability status.

Gage, Lewis, and Stichter (2012) conducted a meta-analysis of FBA-based interventions conducted in schools with students receiving special education services for emotional and/or behavioral disorders or related disabilities (e.g., attention deficit hyperactivity disorder [ADHD]). Sixty-eight single-subject studies were identified, and a total of 148 students were included. Students exhibited some problem behaviors, including off-task behavior, classroom disruptions, physical aggression, and verbal aggression. Overall, the meta-analysis found an effect size of 2.98. More specifically, FBA-based interventions reduced problem behaviors by an average of 70.5%.

Implications for application. Although there is some variation, FBA generally consists of seven steps (Alberto & Troutman, 2012; Sugai, Lewis-Palmer, & Hagan-Burke, 2000). First, information is collected via interviews, rating scales, and archival reviews. This initial information is used to develop summary statements about the behavior and the environment. The summary statement is a summary and hypothesis that includes four components:

(a) definition of the problem behavior, (b) triggering antecedent, (c) maintaining consequences, and (d) setting events. Next, formal direct observations are conducted to confirm the hypotheses in the summary statements. Then, competing pathways are developed to identify (a) a desired replacement behavior (i.e., behavioral objective); (b) an alternative replacement behavior that functions like the problem behavior; and (c) the consequences available in the environment. Then, based on the competing pathways summary, an individualized BIP (also called behavior support plan or positive behavior support plan) is developed. The BIP must include procedures for teaching the desired behavior and alternative replacement behavior and procedures for manipulating antecedents and consequences. Once the BIP is developed, clear procedures for full implementation of the plan should be developed. Last, the BIP should be monitored, including the fidelity of implementation of the procedures and student behavior, to evaluate the effectiveness of the behavior support plan to address the problem behavior.

Many different behavior management interventions can be used in BIPs. One such intervention is behavior contracting (Bowman-Perrott, Burke, de Marin, Zhang, & Davis, 2015), which involves (a) clearly stated behavioral expectations, (b) clear reward for meeting expectation, and (c) consequences for not meeting the expectation. Another intervention that can be used in BIPs is the use of differential reinforcement of alternative behavior; with this intervention, one behavior is placed on extinction, and another behavior is reinforced (Vollmer & Iwata, 1992). It is beyond the scope of this review to describe the myriad interventions that can be used in BIPs. Nonetheless, the key is that the intervention is directly tied to the function of the behavior.

Prevent-Teach-Reinforce

Practice defined. PTR is a standardized, collaborative model for providing intensive, tertiary support for students with chronic challenging behaviors (Dunlap et al., 2010). School

personnel have tended to use reactive and punitive behavior support strategies, which are ineffective and may reinforce problem behaviors; however, PTR includes a step-by-step process to guide a team of teachers through the development of positive, function-based interventions. The team assesses the function of the problem behavior and then develops individualized BIPs that include manipulating behavioral antecedents (i.e., Prevent); teaching replacement behavior (i.e., Teach); and arranging consequences (i.e., Reinforce) to improve the probability that students will successfully improve their behavior.

Although schools are complex environments that present teachers with many challenges, PTR is a manualized method that improves the likelihood that school professionals will develop effective behavior supports for the students who need them most. As such, knowledge of PTR implementation is a valuable skill that pre-service teachers can bring with them into any school.

Research summary. PTR is a relatively new model for tertiary behavior support; therefore, it currently has a limited evidence base. To date, two studies—one randomized controlled trial (Iovannone et al., 2009) and one single-subject study (Strain, Wilson, & Dunlap, 2011)—have been published, demonstrating the model's effectiveness with students with challenging behavior in Grades K-8. Iovannone and colleagues (2009) worked with 65 schools across five school districts and two states, identifying 231 students (126 treatment, 105 comparison) with significant problem behaviors. After 2½ months in the PTR treatment, students had significantly less problem behavior and improved social skills and academic engagement compared to their control-group peers. Strain and colleagues (2011) studied the effects of the PTR model on three elementary school students with autism who were selected from the randomized controlled trial. Each of the students exhibited rapid improvements with reduced problem behavior and increased task engagement.

Implications for application. Researchers have created a manual (Dunlap et al., 2010) to guide school teams through the process of implementing PTR. PTR involves five sequential steps: (a) teaming, (b) goal setting, (c) assessment, (d) intervention, and (e) evaluation.

Step 1. Initially, schools form teams that include the target student's primary teachers, a behavioral consultant, and other involved parties (e.g., administrators, parents, counselors). Team members should understand the PTR process and agree upon their individual responsibilities.

Step 2. The team clearly defines social, behavioral, and academic goals for the student, including targets for reduction (i.e., problem behaviors) and instruction (i.e., pro-social or pro-academic behaviors). They also establish a feasible method for daily measurement of the student's progress.

Step 3. Each team member participates in an assessment (i.e., a form of FBA) for each identified problem behavior. A 20-question checklist attends to antecedent variables, function and replacement variables, and consequence variables related to the problem behavior.

Step 4. After synthesizing the results of their assessments, team members develop a BIP using menus of strategies that target each PTR core components (i.e., Prevent, Teach, and Reinforce). The behavioral consultant provides training and support to help the primary teacher implement the planned strategies.

Step 5. Team members use data obtained from daily measurement to determine the effectiveness of the intervention plan and make changes as needed to ensure student success.

Conclusion

The goals of this IC were to (a) identify empirically supported intervention strategies at the secondary (i.e., Tier 2) and tertiary (i.e., Tier 3) levels within an MTSS framework and (b) provide an overview of the critical features of each identified intervention. The interventions

all met at least limited evidence-based standards to be included. Overall, three secondary interventions and two tertiary assessment-to-intervention strategies were discussed. All five interventions have established empirical evidence of effectiveness and available implementation guidelines.

Although the interventions included in this IC represent the best available approaches for addressing social and behavioral non-response within an MTSS framework, there are other approaches that are described and evaluated in the professional literature that were excluded due to limited research support or lack of utility for teachers. For example, cognitive-behavioral interventions were excluded because no available research describes school-based implementation within an MTSS framework, and community or school-based mental health experts, not general or special education teachers, often implement these interventions. Interventions with limited evidence bases, such as restorative justice and exclusionary discipline strategies (e.g., alternative placements), were also excluded.

Teachers, particularly special education teachers, must efficiently and effectively address school-wide or classroom behavior problems to ensure student engagement and safety. Using an MTSS framework for identifying students in need of intervention and implementing interventions along a continuum of intensity can increase the likelihood that all students are successful and increase efficiency of intervention delivery. The strategies described are not exhaustive, but they are EBPs that teachers can implement to reduce problem behaviors and increase student performance.

References

Alberto, P. A., & Troutman, A. C. (2012). *Applied behavior analysis for teachers* (9th ed.). Upper Saddle River, NJ: Pearson.

Bowman-Perrott, L., Burke, M., de Marin, S., Zhang, N., & Davis, H. (2015). A meta-analysis of single-case research on behavior contracts: Effects on behavioral and academic outcomes among children and youth. *Behavior Modification*. Advanced online publication. doi:10.1177/0145445514551383

Bradshaw, C. P., Leaf, C. W., Thornton, L. A., & Leaf, P. J. (2009). Altering school climate through school-wide positive behavioral interventions and supports: Findings from a group-randomized effectiveness trial. *Prevention Science*, *10*, 100-115. doi:10.1007/s11121-008-0114-9

Bruhn, A. L., Lane, K. L., & Hirsch, S. E. (2014). A review of Tier 2 interventions conducted within multitiered models of behavioral prevention. *Journal of Emotional and Behavioral Disorders*, *22*, 171-189. doi:10.1177/1063426613476092

Campbell, A., & Anderson, C. M. (2008). Enhancing effects of check-in/check-out with function-based support. *Behavioral Disorders*, *33*, 233-245.

Carr, E. G., Horner, R. H., Turnbull, A. P., Marquis, J. G., McLaughlin, D. M., McAtee, M. L., . . . Braddock, D. E. (1999). *Positive behavior support with people with developmental disabilities: A research synthesis*. Washington, DC: American Association on Mental Retardation.

Cheney, D., Lynass, L., Flower, A., Waugh, M., Iwaszuk, W., & Hawken, L. (2010). The Check, Connect, and Expect program: A targeted, Tier Two intervention in the school-wide positive behavior support model. *Preventing School Failure*, *54*, 152-158.

Cheney, D. A., Stage, S. A., Hawken, L. S., Lynass, L., Mielenz, C., & Waugh, M. (2009). A 2-year outcome study of the Check, Connect, and Expect intervention for students at risk for severe behavior problems. *Journal of Emotional and Behavioral Disorders*, *17*, 226-243. doi:10.1177/1063426609339186

Conroy, M. A., & Stichter, J. P. (2003). The application of antecedents in the functional assessment process: Existing research, issues, and recommendations. *The Journal of Special Education*, *37*, 15-25. doi:10.1177/00224669030370010201

Cooper, J. O., Heron, T. E., & Heward, W. L. (2007). *Applied behavior analysis* (2nd ed.). Upper Saddle River, NJ: Pearson.

Crone, D. A., Hawken, L. S., & Horner, R. H. (2010). *Responding to problem behavior in schools: The behavior education program*. New York, NY: Guilford.

Davies, D. E., & McLaughlin, T. F. (1989). Effects of a daily report card on disruptive behaviour in primary students. *BC Journal of Special Education*, *13*, 173-181.

Diken, I. H., Cavkaytar, A., Batu, E. S., Bozkurt, F., & Kurtyilmaz, Y. (2010). First Step to Success—a school/home intervention program for preventing problem behaviors in young children: Examining the effectiveness and social validity in Turkey. *Emotional and Behavioural Difficulties*, *15*, 207-221.

Dunlap, G., Iovannone, R., Wilson, K., Kincaid, D., Christiansen, K., Strain, P., & English, C. (2010). *Prevent-Teach-Reinforce: The school-based model of individualized positive behavior support*. Baltimore, MD: Brookes.

Filter, K. J., McKenna, M. K., Benedict, E. A., Horner, R. H., Todd, A., & Watson, J. (2007). Check In/Check Out: A post-hoc evaluation of an efficient, secondary-level targeted intervention for reducing problem behaviors in schools. *Education and Treatment of Children*, *30*, 69-84. doi:10.1353/etc.2007.0000

Fuchs, D., & Fuchs, L. S. (2006). Introduction to Response to Intervention: What, why, and how valid is it? *Reading Research Quarterly*, *41*, 93-99. doi:10.1598/RRQ.41.1.4

Gage, N. A., Lewis, T. J., & Stichter, J. P. (2012). Functional behavioral assessment-based interventions for students with emotional and/or behavioral disorders in school: An HLM-meta-analysis. *Behavioral Disorders*, *37*(2), 55-77.

Goh, A. E., & Bambara, L. M. (2010). Individualized positive behavior support in school settings: A meta-analysis. *Remedial and Special Education, 33*, 271-286. doi:10.1177/0741932510383990

Hall, G. E., & Hord, S. M. (1987). *Change in schools: Facilitating the process*. Albany, NY: State University of New York Press.

Hall, G. E., & Hord, S. M. (2001). *Implementing change: Patterns, principles, and potholes.* Boston, MA: Allyn & Bacon.

Hall, G. E., Loucks, S. F., Rutherford, W. L., & Newton, B. W. (1975). Levels of use of the innovation: A framework for analyzing innovation adoption. *Journal of Teacher Education*, *26*, 52-56. doi:10.1177/002248717502600114

Hord, S. M., Rutherford, W. L., Huling-Austin, L., & Hall, G. E. (1987). *Taking charge of change*. Alexandria, VA: Association for Supervision and Curriculum Development.

Hawken, L. S., Adolphson. S. L., MacLeod, K. S., & Schumann, J. (2009).
Secondary-tier interventions and supports. In W. Sailor, G. Dunlap, G. Sugai, & R. H.
Horner (Eds.). *Handbook of positive behavior support* (pp. 395-420). New York, NY:
Springer.

Hawken L. S, & Horner R. H. (2003). Evaluation of a targeted intervention within a schoolwide
system of behavior support. *Journal of Behavioral Education*, *12*, 225-240.

Hawken, L. S., MacLeod, K. S., & Rawlings, L. (2007). Effects of the Behavior Education
Program (BEP) on problem behavior with elementary school students. *Journal of Positive
Behavior Interventions*, *9*, 94-101.

Horner, R. H., Sugai, G., Smolkowski, K., Eber, L., Nakasato, J., Todd, A. W., & Esperanza, J.
(2009). A randomized, wait-list controlled effectiveness trial assessing school-wide
positive behavior support in elementary schools. *Journal of Positive Behavior
Interventions*, *11*(3), 133-144. doi:10.1177/1098300709332067

Iovannone, R., Greenbaum, P. E., Wang, W., Kincaid, D., Dunlap, G., & Strain, P. (2009).
Randomized controlled trial of the Prevent-Teach-Reinforce (PTR) tertiary intervention
for students with problem behaviors: Preliminary outcomes. *Journal of Emotional and
Behavioral Disorders*, *17*, 213-225. doi:10.1177/1063426609337389

Lewis, T. J., Lewis-Palmer, T., Newcomer, L. L., & Stichter, J. (2004). Applied behavior
analysis and the education and treatment of students with emotional and behavioral
disorders. In R. B. Rutherford, M. M. Quinn, & S. R. Mathur (Eds.), *Handbook of
research in emotional and behavioral disorders* (pp. 523-545). New York, NY: Guilford.

March, R. E., & Horner, R. H. (2002). Feasibility and contributions of functional behavioral
assessment in schools. *Journal of Emotional and Behavioral Disorders*, *10*, 158-170.

McIntosh, K., Campbell, A. L., Carter, D. R., & Dickey, C. R. (2009). Differential effects of a

      Tier Two behavior intervention based on function of problem behavior. *Journal of*

      Positive Behavior Interventions, *11*, 82-93. doi:10.1177/1098300708319127

McIntosh, K., Frank, J. L., & Spaulding, S. A. (2010). Establishing research-based

      trajectories of office discipline referrals for individual students. *School Psychology*

      Review, *39*, 380-394.

Mitchell, B. S., Stormont, M., & Gage, N. A. (2011). Tier Two interventions implemented

      within the context of a tiered prevention framework. *Behavioral Disorders*, *36*, 241-261.

O'Neill, R. E., Albin, R. W., Storey, K., Horner, R. H., & Sprague, J. R. (2015).

      Functional assessment and program development for problem behavior: A practical

      handbook (3rd ed.). Stamford, CT: CENGAGE Learning.

Roy, P., & Hord, S. M. (2004). Innovation configurations chart a measured course toward

      change. *Journal of Staff Development*, *25*(2), 54-58.

Scott, T. M., Anderson, C. M., & Alter, P. (2012). *Managing classroom behavior using*

      positive behavior supports. Upper Saddle River, NJ: Pearson.

Scott, T. M., Anderson, C. M., Mancil, R., & Alter, P. (2009). Function-based supports

      for individual students in school settings. In W. Sailor, G. Dunlap, G. Sugai, & R. H.

      Horner (Eds.). *Handbook of positive behavior support* (pp. 421-442). New York, NY:

      Springer.

Simonsen, B., Myers, D., & Briere, D. E. (2011). Comparing a behavioral check-in/check-out

      (CICO) intervention to standard practice in an urban middle school setting using an

      experimental group design. *Journal of Positive Behavior Interventions*, *13*, 31-48.

      doi:10.1177/1098300709359026

Simonsen, B., Shaw, S. F., Faggella-Luby, M., Sugai, G., Coyne, M. D., Rhein, B. . . .

    Alfano, M. (2010). A schoolwide model for service delivery: Redefining special

    educators as interventionists. *Remedial and Special Education*, *31*, 17-23.

    doi:10.1177/0741932508324396

Sinclair, M. F., Christenson, S. L., Evelo, D. L., & Hurley, C.M. (1998). Dropout prevention for

    youth with disabilities. Efficacy of a sustained school engagement procedure. *Exceptional*

    Children, *65*, 7-21.

Sprague, J., & Perkins, K. (2009). Direct and collateral effects of the First Step to Success

    program. *Journal of Positive Behavior Interventions*, *11*, 208-221.

    doi:10.1177/1098300708330935

Strain, P. S., Wilson, K., & Dunlap, G. (2011). Prevent-Teach-Reinforce: Addressing problem

    behaviors of students with autism in general education classrooms. *Behavioral Disorders*,

    36, 160-171.

Sugai, G., & Horner, R. H. (2002). The evolution of discipline practices: School-wide

    positive behavior supports. *Child and Family Behavior Therapy*, *24*, 23-50.

    doi:10.1300/J019v24n01_03

Sugai, G., & Horner, R. H. (2009). Responsiveness-to-intervention and school-wide

    positive behavior supports: Integration of multi-tiered system approaches. *Exceptionality*,

    17, 223-237. doi:10.1080/09362283093235375

Sugai, G., Lewis-Palmer, T., & Hagan-Burke, S. (2000). Overview of the functional

    behavioral assessment process. *Exceptionality*, *8*, 149-169.

    doi:10.1207/S15327035EX0803_2

Sumi, W. C., Woodbridge, M. W., Javitz, H. S., Thornton, S. P., Wagner, M., Rouspil, K., . . .
Severson, H. H. (2013). Assessing the effectiveness of First Step to Success: Are
short-term results the first step to long-term behavioral improvements? *Journal of
Emotional and Behavioral Disorders*, *21*, 66-78. doi:10.1177/1063426611429571

Todd, A. W., Campbell, A. L., Meyer, G. G., & Horner, R. H. (2008). The effects of a targeted
intervention to reduce problem behaviors: Elementary school implementation of check
in-check out. *Journal of Positive Behavior Interventions*, *10*, 46-55.
doi:0.1177/1098300707311369

Vollmer, T. R., & Iwata, B. A. (1992). Differential reinforcement as treatment for
behavior disorders: Procedural and functional variations. *Research in Developmental
Disabilities*, *13*, 393-417. doi:10.1016/0891-4222(92)90013-V

Walker, H. M., Kavanagh, K., Stiller, B., Golly, A., Severson, H. H., & Feil, E. G. (1998). First
Step to Success: An early intervention approach for preventing school antisocial
behavior. *Journal of Emotional and Behavioral Disorders*, *6*, 66-80.
doi:10.1177/106342669800600201

Walker, H., Seeley, J., Small, J., Severson, H., Graham, B., Feil, E., . . . Forness, S. (2009). A
randomized controlled trial of the First Step to Success early intervention: Demonstration
of program efficacy outcomes in a diverse, urban school district. *Journal of Emotional
and Behavioral Disorders*, *17*, 197-212. doi:10.1177/1063426609341645

Walker, H., Severson, H., Seeley, J., Feil, E., Small, J., Golly, A., . . . Forness, S. (2014). The

    evidence base of the First Step to Success early intervention for preventing emerging

    antisocial behavior patterns. In H. Walker & F. Gresham (Eds.), *Handbook of*

    evidence-based practices for students having emotional and behavioral disorders

    (pp. 518-536). New York, NY: Guilford.

Walker, H. M., Small, J., Severson, H. H., Seeley, J. R., & Feil, E. G. (2014). Multiple-gating

    approaches in universal screening within school and community settings: Practice and

    methodological considerations. In R. J. Kettler, T. A. Glover, C. A. Albers, &

    K. Feeney-Kettler (Eds.), *Universal screening in educational settings: Identification,*

    implementation, and interpretation (pp. 47-75). Washington DC: Division 16

    Practitioners' Series, American Psychological Association.

Appendix A

Innovation Configuration for Evidence-Based Practices for Classroom and Behavior Management: Tier 2 and Tier 3 Strategies

Essential Components	Implementation Levels				
Instructions: Place an X under the appropriate variation implementation score for each course syllabus that meets the criteria level from 0 to 3. Score and rate each item separately.	Level 0	Level 1	Level 2	Level 3	Rating
	There is no evidence that the component is included in the syllabus, or the syllabus only mentions the component.	Must contain at least one of the following: reading, test, lecture/presentation, discussion, modeling/ demonstration, or quiz.	Must contain at least one item from Level 1, plus at least one of the following: observation, project/activity, case study, or lesson plan study.	Must contain at least one item from Level 1 as well as at least one item from Level 2, plus at least one of the following: tutoring, small group student teaching, or whole group internship.	Rate each item as the number of the highest variation receiving an X under it.
1.0 Functional Behavior Assessment-Based Interventions					
1.1 - Define target behavior and replacement behavior.					
1.2 - Conduct interviews and create checklists.					
1.3 - Observe and summarize behaviors.					
1.4 - Develop hypothesis of function.					
1.5 - Build behavior support plan/intervention from functional behavior assessment (FBA) information.					
1.6 - Implement and evaluate behavior support plan/intervention.					

Essential Components	Implementation Levels				
Instructions: Place an X under the appropriate variation implementation score for each course syllabus that meets the criteria level from 0 to 3. Score and rate each item separately.	**Level 0**	**Level 1**	**Level 2**	**Level 3**	**Rating**
	There is no evidence that the component is included in the syllabus, or the syllabus only mentions the component.	Must contain at least one of the following: reading, test, lecture/presentation, discussion, modeling/ demonstration, or quiz.	Must contain at least one item from Level 1, plus at least one of the following: observation, project/activity, case study, or lesson plan study.	Must contain at least one item from Level 1 as well as at least one item from Level 2, plus at least one of the following: tutoring, small group student teaching, or whole group internship.	Rate each item as the number of the highest variation receiving an X under it.
2.0 Prevent-Teach-Reinforce (Manualized Functional Behavior Assessment)					

2.1 - Form a Prevent-Teach-Reinforce (PRT) team.
 	
2.2 - Set goals.
 	
2.3 - Asses.
  • Antecedents (i.e., prevent).
  • Function of problem behavior (i.e., teach).
  • Consequences following behavior (i.e., reinforce).
 	
2.4 - Develop and implement intervention.
 	
2.5 - Evaluate intervention.					

Essential Components	Implementation Levels				
Instructions: Place an X under the appropriate variation implementation score for each course syllabus that meets the criteria level from 0 to 3. Score and rate each item separately.	**Level 0**	**Level 1**	**Level 2**	**Level 3**	**Rating**
	There is no evidence that the component is included in the syllabus, or the syllabus only mentions the component.	Must contain at least one of the following: reading, test, lecture/presentation, discussion, modeling/ demonstration, or quiz.	Must contain at least one item from Level 1, plus at least one of the following: observation, project/activity, case study, or lesson plan study.	Must contain at least one item from Level 1 as well as at least one item from Level 2, plus at least one of the following: tutoring, small group student teaching, or whole group internship.	Rate each item as the number of the highest variation receiving an X under it.
3.0 Check, Connect, and Expect					
3.1 - A well-trained, full-time Check, Connect, and Expect (CCE) coach supports about 20 to 25 students at a time in a school or district. 3.2 - Prioritize daily positive interactions among the coach, students, and teachers. 3.3 - Systematically supervise and monitor students' social performance. 3.4 - Direct social-skill instruction. 3.5 - Positively reinforce students meeting daily and weekly goals. 3.6 - Involve parents through daily home notes.					

Essential Components	Implementation Levels				
Instructions: Place an X under the appropriate variation implementation score for each course syllabus that meets the criteria level from 0 to 3. Score and rate each item separately.	**Level 0**	**Level 1**	**Level 2**	**Level 3**	**Rating**
	There is no evidence that the component is included in the syllabus, or the syllabus only mentions the component.	Must contain at least one of the following: reading, test, lecture/presentation, discussion, modeling/ demonstration, or quiz.	Must contain at least one item from Level 1, plus at least one of the following: observation, project/activity, case study, or lesson plan study.	Must contain at least one item from Level 1 as well as at least one item from Level 2, plus at least one of the following: tutoring, small group student teaching, or whole group internship.	Rate each item as the number of the highest variation receiving an X under it.
4.0 The Behavior Education Program/Check In, Check Out					
4.1 - Five-step intervention. • Participating student checks in with adult mentor each morning to review student's performance from the day before; adult mentor reminds student of behavioral goals and gives student a daily progress report (DPR). • Student gives the DPR to his/her teacher at the beginning of each designated time interval. • At the end of the designated time interval, teacher fills out the DPR and provides feedback and positive praise for appropriate behavior. • At the end of the day, student turns the DPR into adult mentor who calculates total DPR points and delivers award contingent on point goal. • Student brings the DPR home for parent acknowledgement and signature.					

Essential Components	Implementation Levels				
Instructions: Place an X under the appropriate variation implementation score for each course syllabus that meets the criteria level from 0 to 3. Score and rate each item separately.	**Level 0**	**Level 1**	**Level 2**	**Level 3**	**Rating**
	There is no evidence that the component is included in the syllabus, or the syllabus only mentions the component.	Must contain at least one of the following: reading, test, lecture/presentation, discussion, modeling/ demonstration, or quiz.	Must contain at least one item from Level 1, plus at least one of the following: observation, project/activity, case study, or lesson plan study.	Must contain at least one item from Level 1 as well as at least one item from Level 2, plus at least one of the following: tutoring, small group student teaching, or whole group internship.	Rate each item as the number of the highest variation receiving an X under it.
5.0 First Step To Success					
5.1 - Manualized classroom-based intervention with three components: (a) universal screening, (b) classroom intervention, and (c) parent training. 5.2 - Screening. • Identify students who meet pre-determined eligibility criteria for program participation. 5.3 - Classroom intervention. • Classroom intervention is coordinated in school by a behavioral coach. • Intervention is based on group-dependent contingencies. • Behavioral coach conducts the first 5 days of classroom intervention; the teacher takes over on Day 6. • Classroom intervention lasts 30 days. 5.4 - Parent training • Parent consents to participate.					

Essential Components	Implementation Levels				
Instructions: Place an X under the appropriate variation implementation score for each course syllabus that meets the criteria level from 0 to 3. Score and rate each item separately.	**Level 0**	**Level 1**	**Level 2**	**Level 3**	**Rating**
	There is no evidence that the component is included in the syllabus, or the syllabus only mentions the component.	Must contain at least one of the following: reading, test, lecture/presentation, discussion, modeling/ demonstration, or quiz.	Must contain at least one item from Level 1, plus at least one of the following: observation, project/activity, case study, or lesson plan study.	Must contain at least one item from Level 1 as well as at least one item from Level 2, plus at least one of the following: tutoring, small group student teaching, or whole group internship.	Rate each item as the number of the highest variation receiving an X under it.
5.0 First Step To Success					
• Parent defines home-based rewards. • Parent delivers home-based award contingent on student school-based performance.					

Appendix B

Levels of Support for Evidence-Based Practices for Classroom and Behavior Management: Tier 2 and Tier 3 Strategies

Essential Components	CEEDAR Level of Evidence	Supportive Research
Tier 3 (Tertiary)		
1.0 Functional Behavior Assessment-Based Interventions		
1.1 - Define target behavior and replacement behavior. 1.2 - Conduct interviews and create checklists. 1.3 - Observe and summarize behaviors. 1.4 - Develop hypothesis of function. 1.5 - Build behavior support plan/intervention from functional behavior assessment (FBA) information. 1.6 - Implement and evaluate behavior support plan/intervention.	Strong	Carr et al., 1999; Gage et al., 2012; Goh & Bambara, 2012

Essential Components	CEEDAR Level of Evidence	Supportive Research
2.0 Prevent-Teach-Reinforce (Manualized Functional Behavior Assessment)		

2.1 - Form a Prevent-Teach-Reinforce (PRT) team.
 	
2.2 - Set goals.
 	
2.3 - Asses.
    • Antecedents (i.e., prevent).
    • Function of problem behavior (i.e., teach).
    • Consequences following behavior (i.e., reinforce).
 	
2.4 - Develop and implement intervention.
 	
2.5 - Evaluate intervention.
 	
2.5 - Interpret trends on graphs and make decisions.
	Limited	Iovannone et al., 2009; Strain et al., 2011

Essential Components	CEEDAR Level of Evidence	Supportive Research
Tier 2 (Secondary)		
3.0 Check, Connect, and Expect		
3.1 - A well-trained, full-time Check, Connect, and Expect (CCE) coach supports about 20 to 25 students at a time in a school or district. 3.2 - Prioritize daily positive interactions among the coach, students, and teachers. 3.3 - Systematically supervise and monitor students' social performance. 3.4 - Direct social-skill instruction. 3.5 - Positively reinforce students meeting daily and weekly goals. 3.6 - Involve parents through daily home notes.	Limited	Cheney et al., 2010; Cheney et al., 2009

Essential Components	CEEDAR Level of Evidence	Supportive Research
4.0 The Behavior Education Program/Check In, Check Out		
4.1 - Five-step intervention. • Participating student checks in with adult mentor each morning to review student's performance from the day before; adult mentor reminds student of behavioral goals and gives student a daily progress report (DPR). • Student gives the DPR to his/her teacher at the beginning of each designated time interval. • At the end of the designated time interval, teacher fills out the DPR and provides feedback and positive praise for appropriate behavior. • At the end of the day, student turns the DPR into adult mentor who calculates total DPR points and delivers award contingent on point goal. • Student brings the DPR home for parent acknowledgement and signature.	Limited	Campbell & Anderson, 2008; Filter et al., 2007; Hawken & Horner, 2003; Hawken et al., 2007; McIntosh et al., 2009; Simonsen et al., 2011; Todd et al., 2008

Essential Components	CEEDAR Level of Evidence	Supportive Research
5.0 First Step to Success		
5.1 - Manualized classroom-based intervention with three components: (a) universal screening, (b) classroom intervention, and (c) parent training. 5.2 - Screening. • Identify students who meet pre-determined eligibility criteria for program participation. 5.3 - Classroom intervention. • Classroom intervention is coordinated in school by a behavioral coach. • Intervention is based on group dependent contingencies. • The first 5 days of classroom intervention are conducted by the behavioral coach and then taken over by the teacher on Day 6. • Classroom intervention lasts 30 days. 5.4 - Parent training • Parent consents to participate. • Parent defines home-based rewards. • Parent delivers home-based award contingent on student school-based performance.	Strong	Diken et al., 2010; Sprague & Perkins, 2009; Walker et al., 1998; Walker et al., 2009; Walker, Small, et al., 2014

- Residential Treatment Center
- Non-Public School
- RCOE Behavioral Placement
- District SDC Placement
- Home Hospital/Independent Study

- ERMHS – WRAP Program (525 Code)
- Mental Health Counseling (515, 510, 520 Codes)
- ERMHS Assessments
- Tier 3 Behavior Intervention Plan
- FBA
- RSIA
- Revise Positive Behavior Support Plan

- Counseling by School Psych – short term 4-8 weeks (530 code)
- Positive Behavior Intervention, BSP
- Generate Social/Emotional/Behavioral Goals
- Present Levels of Performance – strengths, weaknesses, specific to social, emotional, behavioral needs
- Community Based Intervention Monitoring (525 code)

IEP

Tier III:

- Student Centered Interventions – individual counseling by school counselor
- Behavior Contract
- Behavior Goals through a Behavior Support Plan
- Community Based Interventions (YAT, TBS)
- Assessment for Special Education
- SST (With Parent)

Tier II:

- Peace Builders and/or Restorative Practices
- Counseling by School Counselor – group
  - Conflict Resolution, Coping Skills, Relationship Skills, Relaxation Techniques, Self-Monitoring, Sensory Tools
- Structured Breaks, Check-in Check-out, Forced Choice Reinforcement Survey
- 504 Plan – updated yearly, revise as necessary
- Classroom Accommodations
- Daily Planner (student agenda, visual schedule)
- SST/ Action Plan (No Parent)
- Community Based Intervention (Parenting Classes, PLUS Program)

Tier I:

- Peer Support
- Classroom Wide Token Economy/Reinforcement/Reward System
- Progressive Classroom Management
- Department Planning/Collaboration
- Positive Behavior Intervention System (PBIS) – Tailored to your district - examples include: Boys Town, Skills Streaming, Social Emotional Learning
- Parent/Teacher Conference
- Community Based Interventions (YMCA, Boys and Girls Club, Youth Teams)

Appendix B

THOMSON REUTERS
WESTLAW **California Code of Regulations**

§ 3051.10. Psychological Services Other Than Assessment and Development of the IEP.
5 CA ADC § 3051.10
BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Barclays Official California Code of Regulations Currentness
   Title 5. Education
      Division 1. California Department of Education
         Chapter 3. Individuals with Exceptional Needs
            Subchapter 1. Special Education
               Article 5. Implementation (Program Components)

5 CCR § 3051.10

§ 3051.10. Psychological Services Other Than Assessment and Development of the IEP.

(a) Psychological services may include:

   (1) Counseling provided to an individual with exceptional needs by a credentialed or licensed psychologist or other qualified personnel.

   (2) Consultative services to parents, pupils, teachers, and other school personnel.

   (3) Planning and implementing a program of psychological counseling for individuals with exceptional needs and parents.

   (4) Assisting in developing positive behavioral intervention strategies.

   (5) This term does not include assessment services and the development of an IEP.

(b) Psychological services required by a student's IEP may be rendered by any of the following professionals who possess the credential or license required by law for the performance of particular psychological services by members of that profession:

   (1) Licensed Educational Psychologist pursuant to Business and Professions Code section 4989.14;

   (2) Licensed Marriage and Family Therapist pursuant to Business and Professions Code section 4980.02;

   (3) Licensed Clinical Social Worker pursuant to Business and Professions Code section 4996.9; or

   (4) Licensed Psychologist pursuant to Business and Professions Code section 2903; or

   (5) Pupil Personnel Services Credential that authorizes school psychology.

Note: Authority cited: Sections 56100 and 56366.1, Education Code. Reference: Section 56363, Education Code; and 34 C.F.R. Sections 300.34 and 300.156(b)(1).

HISTORY

1. Amendment of section heading, section and Note filed 5-5-2014; operative 7-1-2014 (Register 2014, No. 19).

This database is current through 8/30/19 Register 2019, No. 35

5 CCR § 3051.10, 5 CA ADC § 3051.10

END OF DOCUMENT

THOMSON REUTERS
WESTLAW   California Code of Regulations

§ 3051.13. Social Worker Services.
5 CA ADC § 3051.13
BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Barclays Official California Code of Regulations Currentness
　Title 5. Education
　　Division 1. California Department of Education
　　　Chapter 3. Individuals with Exceptional Needs
　　　　Subchapter 1. Special Education
　　　　　Article 5. Implementation (Program Components)

5 CCR § 3051.13

§ 3051.13. Social Worker Services.

(a) Social work services may include:

(1) Individual and group counseling with the individual and his or her immediate family.

(2) Consultation with pupils, parents, teachers, and other personnel regarding the effects of family and other social factors on the learning and developmental requirements of individual pupils with exceptional needs.

(3) Developing a network of community resources, making appropriate referral and maintaining liaison relationships among the school, the pupil with exceptional needs, the family, and the various agencies providing social, income maintenance, employment development, mental health, or other developmental services.

(b) Social worker services shall be provided only by personnel who possess a:

(1) license as a Clinical Social Worker, or Associate Clinical Social Worker who is under the supervision of either a Licensed Clinical Social Worker or a licensed Mental Health Professional by the Board of Behavioral Sciences, within the Department of Consumer Affairs; or

(2) license as a Marriage and Family Therapist, or Marriage and Family Therapist Registered Intern who is under the supervision of a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Professional Clinical Counselor, a Licensed Psychologist, or a Physician who is certified in psychiatry by the Medical Board of California, the Board of Behavioral Sciences, or the Board of Psychology, within the Department of Consumer Affairs; or

(3) credential authorizing school social work.

(4) license as a Licensed Professional Clinical Counselor, or a Professional Clinical Counselor Registered Intern who is under the supervision of a Licensed Professional Clinical Counselor, a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Clinical Psychologist, or a Physician who is certified in psychiatry by the American Board of Psychiatry and Neurology.

Note: Authority cited: Sections 56100 and 56366.1, Education Code. Reference: Sections 2903, 2905, 4980.02, 4989.14, 4996.9 and 4999.10, Business and Professions Code; Sections 49422 and 56363, Education Code; and 34 C.F.R. Sections 300.34 and 300.156(b)(1).

HISTORY

1. Change without regulatory effect amending Note filed 9-27-2012 pursuant to section 100, title 1, California Code of Regulations (Register 2012, No. 39).

2. Amendment of section and Note filed 5-5-2014; operative 7-1-2014 (Register 2014, No. 19).

This database is current through 8/30/19 Register 2019, No. 35

5 CCR § 3051.13, 5 CA ADC § 3051.13

<div align="center">**Educational Related Mental Health Wraparound Services**</div>

Educationally Related Mental Health Wraparound Services (ERMHS WRAP) is a family focused, strength based, individualized, team approach to support students through challenging behavior stabilization and support students in addressing prosocial behavioral skills. ERMHS WRAP is conducted in various settings including: community, home, and school. This support service is designed to assist students in maintaining social, emotional, behavioral stability in the least restrictive environment and focus on target behaviors identified by the IEP team. ERMHS WRAP services employ best practice interventions, to facilitate systemic change of maladaptive to prosocial behavior. In an effort to track progress toward IEP goals, ERMHS WRAP team members utilize various assessment measures, observations, interviews, and review of records.

The ERMHS WRAP team consists of the following individuals: a Facilitator, a Parent Partner, and a Behavioral Specialist. Additional team members include the student, family, school district staff, and agency providers as appropriate. The ERMHS WRAP process has multiple phases in supporting our students educational needs. Throughout the ERMHS WRAP process, families will be asked to participate in Family Team Meetings (FTMs). Family Team Meetings occur in the home, school, and/or community setting to address student educationally related mental health concerns.

The role of the **Facilitator** (FAC) is to provide case management, collaboration and linkage between the family, IEP team, and other outside agencies such as Mental Health providers and community supports. The Facilitator organizes the Family Team Meetings to discuss the student's educational progress.

The role of a **Parent Partner** (PP) is to support the student's caregivers in addressing the various interventions agreed upon by Family Team Meetings. Additionally, the Parent Partner can address questions and concerns the caregiver may have with regard to the ERMHS WRAP process. Parent Partners support caregivers as it relates to the educational needs of the student in a variety of areas such as stress management, problem solving, communication skills, anger management, and independent living skills. In addition, the parent partner supports the caregiver in implementing and reinforcing the behavioral interventions.

The role of a **Behavioral Specialist** (BS) is to work directly with the student and/or school staff and/or caregiver to create and implement effective behavioral and academic interventions. The Behavioral Specialist also collaborates with the team to develop intervention strategies that address the student's unique social, emotional, behavioral needs, which impacts the students access to educational benefit.

The intent of ERMHS WRAP is to assist students and caregivers by providing strategic behavioral interventions to stabilize emergent behaviors. ERMHS WRAP services will be evaluated by the ERMHS WRAP provider and reviewed by the IEP team in determining supports and services.
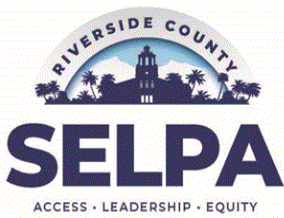
Educationally Related Mental Health Services
WRAP Progress Report

Provider: _____

Student Name: _____	**District of Residence:** _____
Address: _____	**School of Attendance:** _____
Parent/Guardian: _____	**WRAP Start Date:** _____
Phone #: _____	**Reporting Period** ☐ R1 _____ ☐ R2 _____ ☐ R3 _____ ☐ R4 _____ ☐ R5 _____ ☐ R6 _____

IEP Goals and Progress (Write out goal and rationale for goal progress):

Goal 1: _____	**Progress:** _____
Goal 2: _____	**Progress:** _____
Goal 3: _____	**Progress:** _____

Current Phase of WRAP (Justification and primary location of service):

_____

Service Logs (Dates of service and rationale for refusal or cancellation of services):

_____

☐ **Service Log Attached**

Facilitator Progress Summary:

_____

Parent Partner Progress Summary:

_____

Behavior Specialist Progress Summary:

_____

Family Team Meeting Summary:

_____

Educationally Related Mental Health Services
WRAP Progress Report

School Team Members Feedback: ____
Recommendation to the IEP Team regarding WRAP services and supports: ____

_____   _____

Prepared By   **Title**

_____   _____

*Signature   **Agency**

_____   _____

*Supervisor's Signature   **Date**

*The electronic signatures of the parties included in this document are intended to authenticate this progress report and have the same force/effect as manual signatures.

THOMSON REUTERS
WESTLAW California Code of Regulations

§ 3051.11. Parent Counseling and Training.
5 CA ADC § 3051.11
BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Barclays Official California Code of Regulations Currentness
Title 5. Education
Division 1. California Department of Education
Chapter 3. Individuals with Exceptional Needs
Subchapter 1. Special Education
Article 5. Implementation (Program Components)

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5 CCR § 3051.11

§ 3051.11. Parent Counseling and Training.

(a) Parent counseling and training may include:

(1) Assisting parents in understanding the special needs of their child, and

(2) Providing parents with information about child development.

(b) Parent counseling and training shall be provided only by personnel who possess a:

(1) credential that authorizes special education instruction; or

(2) credential that authorizes health and nursing services; or

(3) license as a Marriage and Family Therapist, or Marriage and Family Therapist Registered Intern who is under the supervision of a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Professional Clinical Counselor, a Licensed Psychologist, or a Physician who is certified in psychiatry by the Medical Board of California, the Board of Behavioral Sciences, or the Board of Psychology, within the Department of Consumer Affairs; or

(4) license as a Clinical Social Worker, or Associate Clinical Social Worker who is under the supervision of either a Licensed Clinical Social Worker or a licensed Mental Health Professional by the Board of Behavioral Sciences, within the Department of Consumer Affairs; or

(5) license as an Educational Psychologist, issued by a licensing agency within the Department of Consumer Affairs; or

(6) license as a Psychologist, or who are working under the supervision of a licensed Psychologist, both regulated by the Board of Psychology, within the Department of Consumer Affairs; or

(7) Pupil Personnel Services Credential that authorizes school counseling or school psychology or school social work.

(8) license as a Licensed Professional Clinical Counselor, or a Professional Clinical Counselor Registered Intern who is under the supervision of a Licensed Professional Clinical Counselor, a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Clinical Psychologist, or a Physician who is certified in psychiatry by the American Board of Psychiatry and Neurology.

Note: Authority cited: Sections 56100 and 56366.1, Education Code. Reference: Sections 2903, 2905, 4980.02, 4989.14, 4996.9 and 4999.10, Business and Professions Code; Sections 49422 and 56363, Education Code; and 34 C.F.R. Sections 300.34 and 300.156(b)(1).

HISTORY

1. Amendment of section and Note filed 5-5-2014; operative 7-1-2014 (Register 2014, No. 19).

This database is current through 8/30/19 Register 2019, No. 35

5 CCR § 3051.11, 5 CA ADC § 3051.11

California Code of Regulations

§ 3051.9. Counseling and Guidance Services.
5 CA ADC § 3051.9
BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Barclays Official California Code of Regulations Currentness
Title 5. Education
Division 1. California Department of Education
Chapter 3. Individuals with Exceptional Needs
Subchapter 1. Special Education
Article 5. Implementation (Program Components)

5 CCR § 3051.9

§ 3051.9. Counseling and Guidance Services.

(a) Counseling and guidance services may be provided to an individual with exceptional needs who requires additional counseling and guidance services to supplement the regular guidance and counseling program. The IEP team shall determine the need for additional guidance and counseling services.

(b) Counseling and guidance services necessary to implement the IEP may include:

(1) Educational counseling in which the pupil is assisted in planning and implementing his or her immediate and long-range educational program.

(2) Career counseling in which the pupil is assisted in assessing his or her aptitudes, abilities, and interests in order to make realistic career decisions.

(3) Personal counseling in which the pupil is helped to develop his or her ability to function with social and personal responsibility.

(4) Counseling and consultation with parents and staff members on learning problems and guidance programs for pupils.

(c) Counseling and guidance shall be provided only by personnel who possess a:

(1) license as a Marriage and Family Therapist, or Marriage and Family Therapist Registered Intern who is under the supervision of a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Professional Clinical Counselor, a Licensed Psychologist, or a Physician who is certified in psychiatry by the Medical Board of California, the Board of Behavioral Sciences, or the Board of Psychology, within the Department of Consumer Affairs.

(2) license as a Clinical Social Worker, or Associate Clinical Social Worker who is under the supervision of either a Licensed Clinical Social Worker or a licensed Mental Health Professional by the Board of Behavioral Sciences, within the Department of Consumer Affairs; or

(3) license as an Educational Psychologist issued by a licensing agency within the Department of Consumer Affairs; or

(4) license in psychology, or who are working under supervision of a licensed psychologist, both regulated by the Board of Psychology, within the Department of Consumer Affairs; or

(5) Pupil Personnel Services Credential, which authorizes school counseling or school psychology.

(6) license as a Licensed Professional Clinical Counselor, or a Professional Clinical Counselor Registered Intern who is under the supervision of a Licensed Professional Clinical Counselor, a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Clinical Psychologist, or a Physician who is certified in psychiatry by the American Board of Psychiatry and Neurology.

Note: Authority cited: Sections 56100 and 56366.1, Education Code. Reference: Sections 2903, 2905, 4980.02, 4989.24, 4996.9 and 4999.10, Business and Professions Code; Sections 49422 and 56363, Education Code; and 34 C.F.R. Sections 300.34 and 300.156(b)(1).

HISTORY

1. Change without regulatory effect amending section and Note filed 9-27-2012 pursuant to section 100, title 1, California Code of Regulations (Register 2012, No. 39).

2. Amendment of subsection (c), new subsections (c)(1)-(6) and amendment of Note filed 5-5-2014; operative 7-1-2014 (Register 2014, No. 19).

This database is current through 8/30/19 Register 2019, No. 35

5 CCR § 3051.9, 5 CA ADC § 3051.9

END OF DOCUMENT

TOM TORLAKSON
STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

CALIFORNIA
DEPARTMENT OF
EDUCATION

September 13, 2011

Dear County and District Superintendents, Special Education Local Plan Area Directors, Special Education Administrators at County Offices of Education, Charter School Administrators, Principals, and Nonpublic School Directors:

ASSEMBLY BILL 114: MEDICATION MONITORING

Assembly Bill 114 made significant changes to Chapter 26.5 of the California *Government Code* (*GC*) regarding the provision of mental health services to students with disabilities. As a result of AB 114, local educational agencies (LEAs) are responsible for ensuring the provision of related services, including some services previously provided by county mental health agencies (CMHAs) under Chapter 26.5 of the *GC*. As LEAs implement this transition, and as a result of changes in state statute stemming from AB 114, the Individuals with Disabilities Education Act (IDEA) serves as the statutory framework for the provision of related services.

This document is intended to assist LEAs in facilitating the transition of certain services formerly provided by (CMHAs) under state law prior to AB 114, to the LEAs providing services authorized by the IDEA and complying with the requirements therein. To the extent that service provision requirements under the IDEA differ from those formerly specified in Chapter 26.5 of the *GC* prior to AB 114, this document is meant to assist in making that distinction. However, it must be emphasized that a blanket restriction on any particular service would be contradictory to the IDEA. The individualized education program (IEP) team should develop the IEP based on the child's unique needs and include supportive services that are necessary to assist the child in benefitting from special education. Therefore, the IEP team decision about a specific child's eligibility for services under the IDEA must remain the most critical factor.

The changes to Chapter 26.5 of the *GC,* as outlined in AB 114, resulted in the removal of statutory authority for many of the implementing regulations found in Division 9 of Title 2 of the *California Code of Regulations* (*CCR*). "Medication Monitoring" was a service previously provided by (CMHAs) and authorized by Section 60020(f) of Division 9 of Title 2 of the CCR, prior to AB 114:

2 *CCR* §60020(f):

> (f) "Medication monitoring" includes all medication support services with the exception of the medications or biologicals themselves and laboratory work. Medication support services include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals necessary to alleviate the symptoms of mental illness.

As LEAs assume responsibility for the provision of related services, many questions have been raised about how and if 'medication monitoring', as previously defined in 2 *CCR* §60020(f), fits into the IDEA statutory requirements for related service provision.

Medical Services Under IDEA

The definition of "related services" found in Section 300.34(a) of Title 34 of the *Code of Federal Regulations* (*CFR*) includes medical services for diagnostic or evaluation purposes. "Medical services" is defined in Section 300.34(c)(5) of Title 34 of the *CFR*: "Medical services means services provided by a licensed physician to determine a child's medically related disability that results in the child's need for special education and related services."

Thus, in general, medical services are required under the IDEA if they are necessary for the purpose of diagnosis or evaluation. However, medical services provided by a licensed physician for other purposes, such as treatment, may not be a related service required by the IDEA. Furthermore, services exclusively provided by a licensed physician may be subject to what is widely known as the medical exclusion of the IDEA. *Irving Independent School District v. Tatro*, 468 U.S. 883 (1984) developed a "bright line" rule that established that services provided by a physician, other than for diagnostic or evaluation purposes, are subject to the medical exclusion of the IDEA. This "bright line" rule was further supported by *Cedar Rapids Community School District v. Garret F.*, 526 U.S. 66 (1999). However, services that can be provided in the school setting by a nurse or qualified layperson are not subject to the medical exclusion.

The definition of "related services" in the IDEA includes school health services and school nurse services. Section 300.34(c)(13) of Title 34 of the *CFR* defines these services as follows:

> School health services and school nurse services means health services that are designed to enable a child with a disability to receive a free appropriate public education (FAPE) as described in the child's IEP. School nurse services are services provided by a qualified school nurse.

School health services are services that may be provided by either a qualified school nurse or other qualified person.

Therefore, as LEAs consider "medication monitoring" as defined in 2 *CCR* §60020(f), it is recommended they consider the various components of that service definition to establish whether or not a particular service activity may be required under the IDEA. In addition, LEAs should consider which personnel are qualified to perform that activity, along with the child's established need for the service, pursuant to his/her IEP. For example, prescribing psychiatric medications is a component of 'medication monitoring' under 2 *CCR* §60020(f). To the extent that only a physician or psychiatrist can perform that service activity, it appears that component would fall under the medical exclusion of the IDEA, which would relieve a school district of the responsibility to provide that particular service. However, when considering a supportive service such as the administration of medication (also included in the former definition of "medication monitoring" under 2 *CCR* §60020(f)), that service activity may fall under the IDEA definition of "school health services and school nurse services," depending on the child's individualized need for the service and the ability of school personnel to provide the service (meaning within their respective scope of practice). For more information and further guidance on medication administration, please visit the CDE Medication Administration Web page at: http://www.cde.ca.gov/ls/he/hn/medication.asp.

If you have any questions regarding this subject, please contact the Policy and Program Services Unit of the Special Education Division by phone at 916-323-2409.

Sincerely,

Original signed by Fred Balcom. Hard copy of the signed document is available by contacting the Special Education Division's Director's Office at 916-445-4602.

Fred Balcom, Director
Special Education Division

FB:sw

Guidance regarding FERPA/HIPAA

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of students' personal information held by "educational agencies or institutions" that receive federal funds under programs administered by the U.S. Secretary of Education.

Qualified professionals including, but not limited to, school counselors, school psychologists, and licensed mental/behavioral health professionals employed or contracted by an educational institution or governmental entity are required to adhere to regulations outlined in FERPA. Furthermore, FERPA allows schools to disclose records held by the above mentioned professionals, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law

Local Education Agencies may require information and/or records from a entity or individual that is subject to the Health Insurance Portability and Accountability Act (HIPAA), including , but not limited to residential treatment facilities, medical professionals, and/or hospitals. HIPPA addresses a broad range of issues related to the privacy of individuals' health information. It creates rights for individuals to have access to their health information and medical records, Additionally, HIPPA specifies when an individual's consent is required for disclosure of their confidential health information. The regulations also contain provisions that are specific to the health information of minor children.

HIPAA regulations require the direct consent of any individual 12 years of age or older when the records being requested are specific to mental health; drug/alcohol abuse; and/or pregnancy, contraception, abortion, or sexual abuse.

The current Riverside County SELPA Authorization for Use and/or Disclosure of Information Form ensures compliance with FERPA, HIPAA, and California State consent laws and regulations (Revised May 2019).

Adapted from "Understanding Confidentiality and Minor Consent in California" 2010

MFTs as School Counselors Confidentiality and Privilege

By: Bonnie R. Benitez, Staff Attorney
formerly with CAMFT

The *Therapist*
November/December 2002
Updated 2012

This article is designed to be a resource for therapists working as school counselors. It will discuss issues such as confidentiality, privilege and parent access to school counseling records. A previous article, published in the July/August 2002 issue of The Therapist, discussed the State's policy on guidance and counseling in the schools, the different roles therapists play in schools, and some of the key problems therapists face when working in school settings.

Federal Law/FERPA

Education confidentiality rules can be found in both federal and state law. Typically, state laws are drafted to comply with applicable federal laws. One example of an applicable federal law is the Family Educational Rights and Privacy Act of 1974 ("FERPA").[1]

FERPA was enacted to protect the privacy of a student's education records.[2] The law applies to all schools, whether public or private, that receive funds under programs of the U.S. Department of Education. Most private schools do not receive federal funding, and therefore fall outside of the purview of FERPA. FERPA also gives parents certain rights with respect to their children's records. These rights transfer to the student upon reaching the age of 18. Students who are 18 or older are called "eligible students."

Additionally, schools are also required to notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.[3]

Education Records under FERPA

The rights accorded to parents and eligible students under FERPA pertain only to education records. "Education records" generally include any records in the possession of the educational institution, which contain information directly related to a student. FERPA coverage includes records, files, documents, and data directly related to students, including transcripts or other records obtained from a school in which a student was previously enrolled.[4]

Certain other documents, which may be in the possession of a school, fall outside of the purview of FERPA, as they do not fall within the definition of education records. These documents include:

- sole-possession records or private notes held by educational personnel, which are not accessible or released to other personnel (which may include school counselor records if they are not accessible or released to other personnel);
- law enforcement or campus security records which are solely for law enforcement purposes;
- records relating to an individual's employment by the institution (unless employment is contingent on student status); and
- records on a student who is eighteen years of age or older, or is attending an institution of postsecondary education, which are made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional, which are made, maintained, or used only in connection with the provision of treatment to the student, and are not available to anyone other than persons providing such treatment, except that such records can be personally reviewed by a physician or other appropriate professional of the student's choice (e.g., psychotherapy records of a college counseling center).

Parent Access to Education Records under FERPA

FERPA gives parents or eligible students the right to inspect and review all of the student's education records maintained by the school. However, it does not require that schools provide copies of the education records unless it is impossible for the parents or eligible student to inspect the records (e.g., great distance between the requesting party and the school).[6] Under such circumstances, schools may charge a fee for copies.

FERPA also gives parents and eligible students the right to request that a school correct records believed to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement within the record commenting on the contested information in the record.[7]

While FERPA does not necessarily provide an exception for school counseling records, it does provide an exception for records that have been in the "sole possession" of educational personnel that are not accessible or released to other personnel. Records of the school counselor, if not shared with other school personnel, would fall under this exception. As a result, parent's access to these records would not be mandated under FERPA.

Release of Education Records to Third Parties under FERPA
FERPA requires that schools obtain written permission from the parent or eligible student before releasing any information from a student's record to third parties, subject to certain exceptions. The exceptions include, but are not limited to, the release of information to the following parties:

- school employees who have a need to know;
- other schools to which a student is transferring;
- certain government officials in order to carry out lawful functions;
- appropriate parties in connection with financial aid to a student;
- organizations conducting certain studies for the school;
- accrediting organizations;
- individuals who have obtained court orders or subpoenas;
- persons who need to know in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.[8]

FERPA also permits schools to disclose, without consent, "directory" type information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about the directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose the directory information about them.

Education Records under California Law
As previously stated, state laws are typically drafted to comply with federal laws, such as FERPA. California is no exception. Under both FERPA and California law, education records are limited, confidential and accessible to parents. For purposes of determining the confidentiality of a student's school counseling records, we must first review the pertinent definitions found in the California Education Code with regard to education records.

"Education record"[9] is defined as any item of information directly related to an identifiable student, other than directory information, which is maintained by a school district or required to be maintained by an employee in the performance of his/her duties whether recorded by handwriting, print, tape, film, microfilm or other means. This definition is similar, but not identical to the definition of education records in FERPA. Schools are not authorized to permit access to education records to any person without written parental consent or under judicial order, subject to certain exceptions.

"Education record" does not include informal notes related to a student, compiled by a school officer or employee, which remain in the sole possession of the maker and are not accessible or revealed to any other person except a substitute (e.g., a note a teacher leaves for a substitute teacher to make the substitute aware of a problem regarding a particular student, or possibly counseling notes that are maintained solely by the school counselor). In addition, certain confidential information (discussed below), is prohibited from becoming a part of the education record, without the written consent of the person who disclosed the confidential information.

Parent Access to Education Records under California Law
California law defines "Parent" as a natural parent, an adopted parent, or legal guardian. If parents are divorced or legally separated, the parent or parents having legal custody of the student is the only parent(s) that retains the right to challenge the content of a record, offer a written response to a record, or

consent to release records to others. Whenever a student has attained the age of 18 years, or is attending an institution of postsecondary education, the rights accorded to the parent(s) or guardian of the student are then bestowed upon the student.

"Access" means a personal inspection and review of a record or an accurate copy of a record, or receipt of an accurate copy of a record, an oral description or communication of a record or an accurate copy of a record, and a request to release a copy of any record.[11]

Parents have an absolute right to access all education records related to their children, which are maintained by public or private schools. In addition, parents may challenge the content of any education record. With regard to school counseling records, the issue is whether the records of the school counselor are, in fact, part of the education record.

Because information disclosed to a school counselor by students who are under 12 years of age is not addressed in the Education Code (see below), such information may be considered a part of the student's education record, and therefore accessible to the parents of the student. However, an argument can be made that the notes of a school counselor that remain in his or her sole possession, are not accessible to or cannot be revealed to any other person.

Records not Included in a Student's Education Record
California law provides that some school counseling records are confidential, meaning that they are not to be included within the definition of "education records." For example, any information of a personal nature disclosed by a student, or parent or guardian of a student 12 years of age or older, in the process of receiving counseling from a school counselor.[13] This confidential information is prohibited from becoming a part of the education record without the written consent of the person who disclosed the confidential information. That person can be the student, or the parent or guardian of the student, who reveals information during the course of the student's school counseling. Because this information cannot become a part of the education record, it falls outside of the purview of FERPA, as well as similar California laws that mandate parental access.

There are exceptions to the confidentiality of this information, including:

- discussions with psychotherapists,[14] or other health care providers, or the school nurse, for the sole purpose of referring the student for treatment;[15]
- reporting information to the principal or parents of the student when the school counselor has reasonable cause to believe that disclosure is necessary to avert a clear and present danger to the health, safety, or welfare of the student or other persons living in the school community such as administrators, teachers, school staff, parents, students, and other school community members;[16]
- reporting information to the principal, other persons inside the school, as necessary, the parents of the student, and other persons outside the school when the student indicates that a crime, involving the likelihood of personal injury or significant or substantial property loss, will be or has been committed;[17]
- reporting information to one or more persons specified in a written waiver after the written waiver of confidence is read and signed by the student and preserved in the student's file (i.e., after getting proper written authorization for the release of confidential information);[18]
- conferring with other school staff, as appropriate, regarding modification of the student's academic program; reporting child abuse or neglect, as mandated by law; and
- disclosing information to law enforcement agencies when ordered to do so by a court of law, to aid in the investigation of a crime, or when ordered to testify in any administrative or judicial proceeding. [19]

Parent Access to Information not Included in the Education Records
Although both FERPA and California law mandate parental access to education records, confidential school counselor records and other information (i.e., information of a personal nature disclosed during counseling by a student 12 years of age or older) are not to be included in the student's education records. School counselors are permitted to withhold such confidential information from the parents of the student when the school counselor has reasonable cause to believe that the disclosure would result in a clear and present danger to the health, safety, or welfare of the student [20]

MFTs as School Counselors: Confidentiality and Privilege   3

MFTs as School Counselors

The language in the section of the Education Code mentioned above is similar to the language in the Patient Access to Health Records sections of the Health and Safety Code, which permits health care providers, as defined, to refuse a parent's request for a minor's records in situations where the health care provider determines that access to the patient records requested by the representative would have a detrimental effect on the provider's professional relationship with the minor patient or the minor's physical safety or psychological wellbeing. However, in this section of the Health and Safety Code, the term "patient records" refers only to those records maintained by a "health care provider." While the term "health care provider" includes licensed psychologists, licensed marriage and family therapists, and licensed clinical social workers among others, it does not include school counselors or school psychologists.[21] As a result, these sections of law are applicable to school counselors who are also otherwise licensed, but not applicable to school counselors who do not hold one of the named licenses.

This raises an interesting question for MFTs (or other licensees) who work as school counselors. Should MFTs, working as school counselors, follow the laws and regulations set forth for school counselors, or those set forth for MFTs? The answer to this question is the same as the answer to most broad legal question; it depends. There is a general rule of law that provides where there is a conflict between two statutes, the statute that is more specific governs. Therefore, generally speaking, all school counselors, including those who are also MFTs, should first look to the laws and regulations applicable to school counselors and comply with the requirements they set forth.

Moreover, when it comes to issues of confidentiality, therapists should generally err on the side of caution by protecting the confidentiality of their patients. Complaints are rarely filed against therapists who refuse to release confidential information, but are often filed against therapists who release confidential information when they should not have. In fact, with regard to school counseling information of a personal nature, the Education Code provides that school counselors treating students 12 or older shall not incur any civil or criminal liability as a result of keeping the information confidential.[22]

School Counselors and Psychotherapist-Patient Privilege

Before discussing psychotherapist-patient privilege, it is important to distinguish privilege from confidentiality. Privilege involves the right to withhold testimony in a legal proceeding, and usually involves a subpoena. Confidentiality is the restriction on the volunteering of information outside of the courtroom setting. Having said that, some laws, applicable to MFTs, have no similar counterpart with regard to school counselors. For example, MFTs fall within the definition of a "psychotherapist" in the California Evidence Code sections pertaining to psychotherapist-patient privilege, while school counselors do not. As a result, psychotherapist-patient privilege may be applicable to school counselors who are also otherwise licensed, but not applicable to school counselors who do not hold one of the named licenses.

Due to the confusion that such a disparity may create, schools and school counselors are best served by developing written policies to address these issues. For example, as a part of informed consent, parents could read and sign documentation that indicates that nothing disclosed during the course of their child's school counseling falls within the psychotherapist- patient privilege. In the absence of such information, a parent could likely argue that information disclosed during the course of school counseling, where the counselor is also an MFT, would be privileged. If that is the case, the MFT/school counselor should err on the side of caution by protecting the confidential information of the student. This would be accomplished by asserting privilege on the student's behalf in response to a subpoena for records or testimony.

School Counselors Working in Private Schools

As stated above, FERPA only applies to schools that receive federal funds. Most private schools do not receive such funds; therefore private schools do not have to follow the requirements set forth in FERPA. In addition, most of the sections in the California Education Code only apply to public schools. Generally, it is only those sections of the code that specifically refer to private schools that are applicable to private schools. Most of the sections discussed in this article do not specifically refer to private schools. However, Section 49069, which states that parents have an absolute right to access all education records related to their children, names both public and private schools.

Due to the absence of laws regulating private schools, the schools and school counselors are best served by developing written policies to address some of the issues raised in this article, as well as issues of informed consent for school counseling.

School Counselors Employed by Outside Agencies

Many school districts circumvent the requirement for school counselors to have a PPS credential by contracting with outside agencies to provide counseling services to students. Although the Education Code does not specifically apply to these agencies and their employees, it does apply to the school districts for which they provide services. The contract for services between the district and the agency should address the applicability of certain laws, or contain provisions that mirror applicable laws. However, if it does not, being aware of and following the regulations discussed in this article with regard to the confidentiality of student information best serves the parties involved.

Conclusion

Therapists working in school settings should be aware of the specific laws applicable to school counselors. Such laws may differ somewhat from laws affecting therapists working in other settings, such as private practice. Such laws may, depending upon the specific situation, supersede the more general laws addressing therapists working with minors in non-school settings. As always, when faced with difficult legal and ethical dilemmas please call CAMFT for consultation. We're here for you!

The information contained in this article is intended to provide guidelines for addressing difficult legal dilemmas. It is not intended to address every situation that could potentially arise, nor is it intended to be a substitute for independent legal advice or consultation. When using such information as a guide, be aware that laws, regulations and technical standards change over time, and thus one should verify and update any references or information contained herein.

1. 20 U.S.C. 1232g
2. This article uses the term "education records," which is defined and used throughout FERPA. The California Education Code defines and uses the term "pupil records." Any use of the term "education records" in this article is intended to refer to "pupil records" as defined in California law, as well as "education records" as defined in FERPA.
3. 20 U.S.C. 1232g at (a)(5)
4. Id. at (a)(4)(A)
5. Id. at (a)(4)(B)
6. Id. at (a)(1)(A)
7. Id. at (a)(2)
8. Id. at (b)(1)
9. Called "pupil record" in section 49061
10. Education Code section 49061
11. Education Code section 49061
13. Education Code section 49602
14. As defined in Evidence Code section 1010
15. Education Code section 49602(a)
16. Id. at (c)
17. Id. at (d)
18. Id. at (e)
19. Id.
20. Id.
21. Health and Safety Code section 123105
22. Education Code section 49602

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California DEPARTMENT OF
EDUCATION

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California Department of Education
Official Letter

September 13, 2011

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Dear County and District Superintendents, Mental Health Agency Administrators, and Other Entities
Providing Related Services to Special Education Students:

Requirements for Securing the Services of Mental Health Professionals to Provide Related Services to
Special Education Students

On June 30, 2011, Assembly Bill 114, Chapter 43, Statutes of 2011 was signed into law. Under AB 114,
several sections of Chapter 26.5 of the California *Government Code* (*GC*) were amended or rendered
inoperative, thereby, ending the state mandate on county mental health agencies to provide mental
health services to students with disabilities. With the passage of AB 114, it is clear that local educational
agencies (LEAs) are now solely responsible for ensuring that students with disabilities receive special
education and related services, including some services previously arranged for or provided by county
mental health agencies. The following information is provided to guide LEAs in employing or contracting
for the provision of related services. This information has been reviewed by both the California
Department of Education (CDE) and the California Commission on Teacher Credentialing (CTC) to
ensure that it reflects both agencies' interpretation of applicable federal and state law.

1. For LEAs directly employing mental health professionals to provide related services

Many mental health professionals, such as clinical psychologists and marriage and family
therapists, are employed to provide services that are not authorized by credentials or other
certifications issued by the CTC, and instead are generally licensed by other state agencies
such as the Office of Consumer Affairs. In such cases, these individuals would not be
included in assignment monitoring conducted by county offices of education (COE) and the
CTC. However, LEAs must ensure that such employees possess required licensure or
training as established in state law. All individuals employed to provide related services
must hold a valid credential issued by CTC with the appropriate authorization for those
services, or otherwise be authorized to provide services based on another section of statute
or regulation, and must be appropriately supervised.

For information on obtaining a credential or other authorization from CTC, please contact
CTC credential staff at 888-921-2682, or by e-mail at credentials@ctc.ca.gov. For
information on the appropriate certification for specific assignments, please contact CTC's
assignment unit at 916-322-5038, or by e-mail at cawassignments@ctc.ca.gov.

Supervision

Individuals possessing an Administrative Services Credential are authorized to supervise and evaluate these personnel. Given the specialized nature of the work of mental health professionals, an administrator who has a background in providing related services, such as a person dually-certified in Pupil Personnel Services and Administrative Services, may be particularly well-suited to supervise these personnel, but any holder of an Administrative Services Credential is authorized to supervise mental health professionals employed by an LEA.

In addition, *Education Code* Section 44270.2 allows the holder of a pupil personnel services credential to supervise a pupil personnel service program.

"Any person who administers a pupil personnel program shall hold a services credential with a pupil personnel or administrative specialization."

Employers should note that pupil personnel services credentials do not authorize the holder to evaluate staff. Caution should be used when determining who will supervise and evaluate staff.

2. For LEAs contracting with community-based mental health professionals to provide related services

Community-based mental health professionals are broadly defined as any individuals licensed and assigned to provide mental health services that may be self-employed, employed by a private agency, or employed by a public agency such as a county mental health agency. Individuals and entities that are employees, contractors or vendors of these public agencies have been authorized to provide the specific services to which they have been assigned, and that authorization qualifies them to contract directly with LEAs to provide those same services. When contracting with such individuals and entities, LEAs should ensure that they are currently contractors or vendors of the public agencies for the same related services for which the LEA is contracting. Individuals and entities that are not current contractors or vendors of the public agencies described above must hold Nonpublic School (NPS) or Nonpublic Agency (NPA) certification in order to be eligible to provide related services (see below).

Supervision

In all cases, community-based mental health professionals must be supervised in their school-based activities by an individual possessing a Pupil Personnel Services (PPS) Credential. The term "supervised" in this context means that the PPS credential holder has oversight of the school-based activities undertaken by a community-based mental health provider for the purpose of ensuring that these services are consistent with the needs of students served and are coordinated with other student services to allow for the provision of an efficient and comprehensive Pupil Personnel Services Program. The requirement for community based service providers to be supervised by a PPS credential holder is established in Section 80049.1(c) of Title 5, *California Code of Regulations*, which states:

Nothing in this section shall be construed to preclude school districts from utilizing community-based service providers, including volunteers, individuals completing counseling-related internship programs, and state licensed individuals and agencies to

assist in providing pupil personnel services, provided that such individuals and agencies are supervised in their school-based activities by an individual holding a pupil personnel services authorization.

Nonpublic School or Agency Certification

Pursuant to Section 3051 of Title 5, *California Code of Regulations*, any community-based mental health agency or individual that is not "an employee, vendor, or contractor of the State Departments of Health Services or Mental Health or designated local public health or mental agency" must be certified by the CDE as a Nonpublic School (NPS) or Nonpublic Agency, (NPA). Information on obtaining NPA or NPS Certification is available at http://www.cde.ca.gov/sp/se/ds/npsacrtapp.asp, or you may contact the Interagency-Nonpublic Schools/Agencies Unit, Special Education Division, CDE, by phone at 916-327-0141, or by e-mail at npsa@cde.ca.gov.

If you have any questions about this subject, please contact Renzo Bernales, Education Programs Consultant, Special Education Division, by phone at 916-327-3637 or by e-mail at rbernales@cde.ca.gov.

Sincerely,

Original signed by Fred Balcom. Hard copy of the signed document is available by contacting the Special Education Division's Director's Office at 916-445-4602.

Fred Balcom, Director
Special Education Division

FB:ja

Last Reviewed: Monday, August 6, 2018

Appendix C

RESIDENTIAL PLACEMENT - TRAVEL GUIDELINES

The student's District of Residence shall pay for actual and necessary expenses so that a parent/guardian of a student placed in a Residential Treatment Center (RTC) by a District generated Individualized Education Program (IEP) decision can make therapeutically necessary trips to visit the student. The district of residence shall fund expenses as for up to two individual trips per year (including extended school year or summer school). This would be inclusive of any combination of district reimbursement to parent for travel or travel invoiced by the RTC. An individual trip is defined as one person making a trip. This individual trip applies to a round trip, or a one-way trip. Additional trips may be authorized due to therapeutic need, as determined by the IEP (Individualized Education Program) Team, or Special Education Director or the Special Education Director designee of the district of residence. A Travel authorization form must first be submitted from the RTC for approval and then sent to the district of residence for secondary written approval by a District Administrator, before travel arrangements can be authorized.

PROCEDURES
1. **General**: It is the intent of the district of residence to allow for necessary expenses involved with trips to visit students placed in Residential Treatment Centers (RTC) (Non-Public Residential Placements) by the IEP team, that are therapeutically necessary for the student to progress in his/her treatment plan. Limits and regulations have been established, and are enumerated below, that allow for reasonable reimbursement of expenses. The list below is not exhaustive, and charges determined to be unreasonable or unnecessary may be denied for reimbursement at the discretion of the Special Education Director or the Special Education Director designee. It is suggested that, if a charge or service is not covered below, and there is any doubt as to it being appropriate, parent should discuss the request with the Special Education Director or the Special Education Director designee before expending the funds. Travel is to be paid for by the family, (unless otherwise arranged in advance) with receipts submitted to the district within 60 days of return. Reimbursement will be made by the district accordingly and in alignment with the conditions listed in this guidance.
2. **Pre-Authorization for Visit:** At least 30 days before a planned visit begins Parent/Guardian must complete a Travel Authorization Form that can be obtained from the Special Education office. Please note that the form must be approved by both district of residence and the RTC. The RTC will need to certify to the district of residence that the visit is therapeutically necessary. Also note that estimates are required for airlines, lodging, and rental cars. If any of these amounts are determined to be more than is customary for any of these items, the District or RTC may ask the parent to attempt to find more reasonable arrangements. It is important that trips be booked far enough in advance so that availability and reasonable rates can be assured.
3. **Airlines**: Parent/Guardian should book economy class at the lowest advertised rate, 30 days in advance and fly in the most direct and economical route possible for the location being visited. The District will not allow auto or other ground transport in lieu of flying if it is determined that this would increase the costs significantly.

4. **Lodging/Car Rental (Lodging is defined as hotel and meal costs)**: Parent/Guardian may choose to book reasonable lodging and car rental. If a rental car is required to travel from the airport to the hotel and/or from the hotel to the facility, the LEA will reimburse the cost of an economy or compact car for the length of the authorized stay. Additional optional insurance coverage and navigational devices or other special equipment on the rental car will not be reimbursed. District policy requires submission of itemized receipts for reimbursement of expenditures.

5. **Emergency Visits**: It is understood that there may be rare instances where a visit to a student, or a home visit by the student, needs to be made under emergency conditions. Severe crises, accident or injury, and other unforeseen events can occur. The District will reimburse for charges made during these times as long as a legitimate attempt was made to travel in the most cost-effective manner possible. These cases, due to their variable nature, must be handled on a case-by-case basis. The District will make every attempt to be flexible in these cases, but they must be reviewed before reimbursement will be authorized.

6. **Duration of Visit**: Unless the RTC clinical staff provides evidence in advance of a need, duration of visit will be authorized for no more than two nights. If the visit lasts longer than the time indicated on the authorization form, the reason must be stated in writing and signed by the Special Education Director or the Special Education Director designee and authorized staff member at the RTC. The District reserves the right to investigate extended visits and deny reimbursement if a compelling reason is not present.

SAMPLE
TRAVEL AUTHORIZATION FORM

Student Name: _____

School of Attendance: _____

Parent(s): _____

Home Address: _____

To Whom Should Payment Be Made (one or both parents): _____

Reimbursement Amount Allowed for Travel Expenses: _____

Period of Time: _____

Costs Qualifying for Reimbursement

- Airfare - 30-day advance purchase coach ticket
- Hotel - Lodging only
- Rental Car - Economy car
- Food Purchases - No alcoholic beverages

The following documents are required to reimburse for travel expenses:
- Proof of travel expenses and proof of payment. Online travel service itinerary is acceptable for airline tickets.
- Original itemized receipts for food, hotel and rental car.

Please submit documentation for travel as soon as possible after the travel has taken place. A cover letter detailing the expenses for the trip along with small receipts taped to a separate sheet or sheets of paper will expedite processing the paperwork for reimbursement.

Parent (s): _____

Signature: _____

Date: _____

District: _____

Signature: _____

Date: _____

Additional Guidelines for Reimbursement
PARENT must submit a Travel Authorization Form 30 days prior to plan departure which is to be obtained at the special education department. PARENT is responsible for making travel arrangements. PARENT is responsible for submitting itemized receipts and proof of payment for allowable expenditures.

To obtain reimbursement for pre-approved travel expenditures, the student's parent must submit the documentation evidencing payment as follows:
- For check expenditures, itemized receipt and a copy of cancelled check
- For credit card or debit card expenditures, itemized receipt, the itemized credit card or debit card receipt, a copy of the monthly billing statement indicating the charged amounts (with other charges and personal account information redacted).

Travel Authorization Form and supplementary documentation are to be submitted to the attention of the Special Education office.

Examples of Allowable Expenditures
- Airfare - Purchased 30-days in advance. Submit itemized passenger ticket receipt for student/parent/guardian only.
- Lodging Car Rental Agreement - Rental car must be the least expensive class of vehicle.
- Food reimbursement shall be discussed with district prior to travel. Itemized payment documentation required.

Examples of Non-Allowable Expenditures
- Luxury hotels/accommodations
- Luxury vehicles
- Internet service charges
- Parking fees shuttle/taxi services
- First class/business airfare
- Alcoholic beverages
- In room movies
- Tips
- Phone call charges
- Excess baggage charges
- Ticket change fees
- Tobacco
- Travel expense for siblings

If student's RTC provides airfare (transportation to and from treatment center, and/or accommodations), these costs will be considered as one of the two trips allotted per year.

Appendix D

California
LEGISLATIVE INFORMATION

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AB-2657 Pupil discipline: restraint and seclusion. (2017-2018)

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Assembly Bill No. 2657

CHAPTER 998

An act to add Article 5.2 (commencing with Section 49005) to Chapter 6 of Part 27 of Division 4 of Title 2 of the Education Code, relating to pupil discipline.

[Approved by Governor September 30, 2018. Filed with Secretary of State September 30, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2657, Weber. Pupil discipline: restraint and seclusion.

Existing law prohibits a person employed by or engaged in a public school to inflict, or cause to be inflicted, corporal punishment upon a pupil.

This bill would authorize an educational provider, as defined, to use behavioral restraints, which includes physical and mechanical restraints, or seclusion, as defined, only to control behavior that poses a clear and present danger of serious physical harm to the pupil or others that cannot be immediately prevented by a response that is less restrictive, and if other specified conditions are met. The bill would prohibit an educational provider from using a behavioral restraint or seclusion in certain circumstances, including, but not limited to, using seclusion or a behavioral restraint for the purpose of coercion, discipline, convenience, or retaliation, and would prohibit the use of certain restraint and seclusion techniques. The bill would require a local educational agency that meets a specified federal definition to collect and, no later than 3 months after the end of a school year, report to the State Department of Education annually on the use of behavioral restraints and seclusion for pupils enrolled in or served by the local educational agency for all or part of the prior school year, as specified. The bill would require that the data collection and reporting requirements be conducted in compliance with specified federal law, and would prohibit those requirements from being construed to impose a new program or higher level of service on local educational agencies or nonpublic schools or agencies.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority   Appropriation: no   Fiscal Committee: yes   Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Article 5.2 (commencing with Section 49005) is added to Chapter 6 of Part 27 of Division 4 of Title 2 of the Education Code, to read:

Article 5.2. Restraint and Seclusion

49005. The Legislature finds and declares all of the following:

(a) While it is appropriate to intervene in an emergency to prevent a student from imminent risk of serious physical self-harm or harm of others, restraint and seclusion are dangerous interventions, with certain known practices posing a great risk to child health and safety.

(b) United States Department of Education guidelines specify that the use of restraint and seclusion must be consistent with the child's right to be treated with dignity and to be free from abuse.

(c) Restraint and seclusion should only be used as a safety measure of last resort, and should never be used as punishment or discipline or for staff convenience.

(d) Restraint and seclusion may cause serious injury or long lasting trauma and death, even when done safely and correctly.

(e) There is no evidence that restraint or seclusion is effective in reducing the problem behaviors that frequently precipitate the use of those techniques.

(f) Students with disabilities and students of color, especially African American boys, are disproportionately subject to restraint and seclusion.

(g) Well-established California law already regulates restraint techniques in a number of settings, including general acute care hospitals, acute psychiatric hospitals, psychiatric health facilities, crisis stabilization units, community treatment facilities, group homes, skilled nursing facilities, intermediate care facilities, community care facilities, and mental health rehabilitation centers. These minimal protections should be provided to all students in schools.

(h) It is the intent of the Legislature to ensure that schools foster learning in a safe and healthy environment and provide adequate safeguards to prevent harm, and even death, to children in school.

(i) This article is intended to be read to be consistent with, and does not change any requirements, limitations, or protections in, existing law pertaining to students with exceptional needs.

(j) It is the intent of the Legislature to prohibit dangerous practices. Restraint and seclusion, as described in this article, do not further a child's education. At the same time, the Legislature recognizes that if an emergency situation arises, the ability of education personnel to act in that emergency to safeguard a student or others from imminent physical harm should not be restricted.

49005.1. The following definitions apply to this article:

(a) "Behavioral restraint" means "mechanical restraint" or "physical restraint," as defined in this section, used as an intervention when a pupil presents an immediate danger to self or to others. "Behavioral restraint" does not include postural restraints or devices used to improve a pupil's mobility and independent functioning rather than to restrict movement.

(b) "Educational provider" means a person who provides educational or related services, support, or other assistance to a pupil enrolled in an educational program provided by a local educational agency or a nonpublic school or agency.

(c) "Local educational agency" means a school district, county office of education, charter school, the California Schools for the Deaf, and the California School for the Blind.

(d) (1) "Mechanical restraint" means the use of a device or equipment to restrict a pupil's freedom of movement.

(2) (A) "Mechanical restraint" does not include the use of devices by peace officers or security personnel for detention or for public safety purposes.

(B) "Mechanical restraint" does not include the use of devices by trained school personnel, or by a pupil, prescribed by an appropriate medical or related services professional, if the device is used for the specific and approved purpose for which the device or equipment was prescribed, which shall include, but not be limited to, all of the following:

(1) Adaptive devices or mechanical supports used to achieve proper body position, balance, or alignment to allow greater freedom of mobility than would be possible without the use of such devices or mechanical supports.

(2) Vehicle safety restraints when used as intended during the transport of a pupil in a moving vehicle.

(3) Restraints for medical immobilization.

(4) Orthopedically prescribed devices that permit a pupil to participate in activities without risk of harm.

(e) "Nonpublic school or agency" means any nonpublic school or nonpublic agency, including both in-state and out-of-state nonpublic schools and nonpublic agencies.

(f) (1) "Physical restraint" means a personal restriction that immobilizes or reduces the ability of a pupil to move his or her torso, arms, legs, or head freely. "Physical restraint" does not include a physical escort, which means a temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a pupil who is acting out to walk to a safe location.

(2) "Physical restraint" does not include the use of force by peace officers or security personnel for detention or for public safety purposes.

(g) "Prone restraint" means the application of a behavioral restraint on a pupil in a facedown position.

(h) "Pupil" means a pupil enrolled in preschool, kindergarten, or any of grades 1 to 12, inclusive, and receiving educational services from an educational provider.

(i) "Seclusion" means the involuntary confinement of a pupil alone in a room or area from which the pupil is physically prevented from leaving. "Seclusion" does not include a timeout, which is a behavior management technique that is part of an approved program, that involves the monitored separation of the pupil in a nonlocked setting, and is implemented for the purpose of calming.

49005.2. A pupil has the right to be free from the use of seclusion and behavioral restraints of any form imposed as a means of coercion, discipline, convenience, or retaliation by staff. This right includes, but is not limited to, the right to be free from the use of a drug administered to the pupil in order to control the pupil's behavior or to restrict the pupil's freedom of movement, if that drug is not a standard treatment for the pupil's medical or psychiatric condition.

49005.4. An educational provider may use seclusion or a behavioral restraint only to control behavior that poses a clear and present danger of serious physical harm to the pupil or others that cannot be immediately prevented by a response that is less restrictive.

49005.6. An educational provider shall avoid, whenever possible, the use of seclusion or behavioral restraint techniques.

49005.8. (a) An educational provider shall not do any of the following:

(1) Use seclusion or a behavioral restraint for the purpose of coercion, discipline, convenience, or retaliation.

(2) Use locked seclusion, unless it is in a facility otherwise licensed or permitted by state law to use a locked room.

(3) Use a physical restraint technique that obstructs a pupil's respiratory airway or impairs the pupil's breathing or respiratory capacity, including techniques in which a staff member places pressure on a pupil's back or places his or her body weight against the pupil's torso or back.

(4) Use a behavioral restraint technique that restricts breathing, including, but not limited to, using a pillow, blanket, carpet, mat, or other item to cover a pupil's face.

(5) Place a pupil in a facedown position with the pupil's hands held or restrained behind the pupil's back.

(6) Use a behavioral restraint for longer than is necessary to contain the behavior that poses a clear and present danger of serious physical harm to the pupil or others.

(b) An educational provider shall keep constant, direct observation of a pupil who is in seclusion, which may be through observation of the pupil through a window, or another barrier, through which the educational provider is able to make direct eye contact with the pupil. The observation required pursuant to this subdivision shall not be through indirect means, including through a security camera or a closed-circuit television.

(c) An educational provider shall afford to pupils who are restrained the least restrictive alternative and the maximum freedom of movement, and shall use the least number of restraint points, while ensuring the physical safety of the pupil and others.

(d) If prone restraint techniques are used, a staff member shall observe the pupil for any signs of physical distress throughout the use of prone restraint. Whenever possible, the staff member monitoring the pupil shall not be involved in restraining the pupil.

49006. (a) A local educational agency that meets the definition of a "local educational agency" specified in Section 300.28 of Title 34 of the Code of Federal Regulations shall collect and, no later than three months after the end of a school year, report to the department annually on the use of behavioral restraints and seclusion for pupils enrolled in or served by the local educational agency for all or part of the prior school year.

(b) The report required pursuant to subdivision (a) shall include all of the following information, disaggregated by race or ethnicity, and gender:

(1) The number of pupils subjected to mechanical restraint, with separate counts for pupils with a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794), pupils with an individualized education program, and pupils who do not have a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794) or an individualized education program.

(2) The number of pupils subjected to physical restraint, with separate counts for pupils with a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794), pupils with an individualized education program, and pupils who do not have a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794) or an individualized education program.

(3) The number of pupils subjected to seclusion, with separate counts for pupils with a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794), pupils with an individualized education program, and pupils who do not have a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794) or an individualized education program.

(4) The number of times mechanical restraint was used on pupils, with separate counts for the number of times mechanical restraint was used on pupils with a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794), pupils with an individualized education program, and pupils who do not have a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794) or an individualized education program.

(5) The number of times physical restraint was used on pupils, with separate counts for the number of times physical restraint was used on pupils with a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794), pupils with an individualized education program, and pupils who do not have a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794) or an individualized education program.

(6) The number of times seclusion was used on pupils, with separate counts for the number of times seclusion was used on pupils with a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794), pupils with an individualized education program, and pupils who do not have a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794) or an individualized education program.

(c) Notwithstanding any other law, the data collected and reported pursuant to this section shall be available as a public record pursuant to Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code.

(d) No later than three months after the report is due to the department pursuant to subdivision (a), the department shall post the data from the report annually on its Internet Web site.

49006.2. Notwithstanding Section 49006, the data collection and reporting requirements contained in this article shall be conducted in compliance with the requirements of the Civil Rights Data Collection of the United States Department of Education's Office for Civil Rights imposed pursuant to Sections 100.6(b) and 104.61 of Title 34 of the Code of Federal Regulations, and shall not be construed to impose a new program or higher level of service on local educational agencies or nonpublic schools or agencies.

49006.4. (a) This article applies with regard to all pupils, including individuals with exceptional needs. For an individual with exceptional needs, if a behavioral restraint or seclusion is used, the procedures for follow-up

contained in subdivisions (e), (f), (g) and (h) of Section 56521.1 shall also apply.

(b) For purposes of this section, "individual with exceptional needs" has the same meaning specified in Section 56026.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because this act implements a federal law or regulation and results in costs mandated by the federal government, within the meaning of Section 17556 of the Government Code.

Riverside County Special Education Local Plan Area (SELPA)

BEHAVIOR EMERGENCY AND INCIDENT PROCEDURES

Table of Contents

Introduction

California's 2013 Assembly Bill (AB) 86 changed Education Code §56520 regarding emergency behavioral interventions. The state has continually sought to provide an appropriate and meaningful educational program in a safe and healthy environment for all children regardless of possible physical, mental or emotional disabilities. Students who exhibit serious behavioral challenges should receive timely and appropriate assessments and positive supports and interventions in accordance with the federal Individuals with Disabilities Education Act (IDEA) and its implementing regulations. Assessments and positive behavioral interventions and supports (PBIS) should be developed and implemented in accordance from the United States Department of Education and technical assistance centers sponsored by the Office of Special Education Program (OSEP).

When behavioral interventions, supports, and other strategies are used, they must be used in consideration of the student's physical freedom and social interaction. Interventions, supports and strategies must be administered in a manner that respects human dignity, civil rights, and ensures a student's right to placement in the least restrictive educational environment. When the student is also the responsibility of another agency for residential care or related services, the behavioral intervention plans must be developed and implemented in a consistent manner.

Guiding Principles

These guiding principles support revisions to Education Code §56521.1.

- Emergency interventions may only be used to control unpredictable, spontaneous behavior that poses clear and present danger of serious physical harm to the student with disabilities, or others, and that cannot be immediately prevented by a response less restrictive than the temporary application of a technique used to contain the behavior.

- Emergency interventions shall not be used as a substitute for the systematic behavioral intervention plans that is designed to change, replace, modify, or eliminate a targeted behavior.

- No emergency intervention shall be employed for longer than is necessary to contain the behavior. Any situation that requires prolonged use of an emergency intervention shall require staff to seek assistance of the school site administrator or law enforcement agency, as applicable to the situation.

Prohibitions

Emergency interventions may not include:

1. Locked seclusion unless it is in a facility otherwise licensed or permitted by state law to use a locked room.

2. Employment of a device, material, or objects that simultaneously immobilize all four extremities, except that techniques such as "prone containment" may be used as an emergency intervention by staff trained in those procedures.

3. An amount of force that exceeds that which is reasonable and necessary under the circumstances.

In addition, Education Code §56521.2 specifically prohibits a local education agency (LEA), nonpublic school or nonpublic agency (NPS/A) serving individuals with exceptional needs from authorizing, ordering, consenting to, or paying for the following interventions, or any other interventions similar to or like the following:

1. Any intervention that is designed to, or likely to, cause physical pain, including, but not limited to, electric shock.

2. An intervention that involves the release of noxious, toxic, or otherwise unpleasant sprays, mists, or substances in proximity to the face of the individual.

3. An intervention that denies adequate sleep, food, water, shelter, bedding, physical comfort, or access to bathroom facilities.

4. An intervention that is designed to subject, used to subject, or likely to subject, the individual to verbal abuse, ridicule, or humiliation, or that can be expected to cause excessive emotional trauma.

5. Restrictive interventions that employ a device, material, or objects that simultaneously immobilize all four extremities, including the procedure known as prone containment, except that prone containment or similar techniques may be used by trained personnel as a limited emergency intervention.

6. Locked seclusion, unless it is in a facility otherwise licensed or permitted by state law to use a locked rom.

7. An intervention that precludes adequate supervision of the individual.

8. An intervention that deprives the individual of one or more of his or her senses.

In the case of a child whose behavior impedes the child's learning or that of others, the individualized education program (IEP) team <u>shall</u> consider the use of positive behavioral interventions and supports, and other strategies, to address the behavior of concern.

Writing a Behavioral Emergency Report

To prevent emergency interventions from being used in lieu of planned, systematic behavioral interventions, the parent, guardian, and residential care provider shall be notified within one school day if an emergency intervention is used or serious property damage occurs. A "Behavioral Emergency Report" (BER) shall immediately be completed and maintained in the students file.   Those involved will meet to jointly complete the attached report form. The Behavioral Emergency and Incident Report must include all of the following:

✓ The name and age of the student

✓ The setting and location of the incident

✓ The name(s) of the staff or others persons involved

✓ A description of the antecedent behavior that student was engaged in as well as staff's response with the student during this time.

✓ A description of the behaviors the student engaged in as well as the response of the staff member.

✓ If the student engaged in behaviors that poses a clear and present danger of physical harm to the student or others that cannot be immediately prevented by a response less restrictive than a temporary application used to contain the behavior staff will complete the crisis section and describe the students behavior and the response of staff members.

✓ Whether the individual with exceptional needs is currently engaged in any systematic behavioral intervention plan

✓ Details of any injuries sustained by the individual with exceptional needs, or others, including staff, as a result of the incident. [§30521.1 (e)

All Behavioral Emergency and Incident Reports shall immediately be forwarded to, and reviewed by, a designated responsible administrator. If the individual with exceptional needs is receiving services from a nonpublic school, nonpublic agency, and/or a residential treatment center, a copy of the report must be sent to the SELPA per the Master Contract. The SELPA Behavior Emergency and Incident Report Form is included with this document.

Follow-up IEP Meeting Requirements

Anytime a "Behavioral Emergency and Incident Report" is written regarding an individual with exceptional needs who **does not have** a positive behavioral intervention plan to address the documented behaviors, the designated responsible administrator shall:

- ✓ Within 1 Day: Contact parent;

- ✓ Within two (2) Days: Schedule an IEP team meeting to review the emergency report and determine the need for a Functional Behavioral Assessment (FBA) and/or need for an interim plan within 30 calendar days.

- ✓ At the IEP meeting: The IEP team shall document in the IEP Team Meeting Comments the reasons for either conducting or not conducting a FBA and/or not developing an interim tier II behavior plan **OR** initiate a Functional Behavioral Assessment.

- ✓ Ensure that the FBA is completed as soon as possible so that results and recommendations for development or modification of a positive behavioral intervention plan are available for review by the IEP team.

Anytime a Behavioral Emergency and Incident Report is written regarding an individual with exceptional needs **who has** a positive behavioral intervention plan (PBIP), an incident involving a previously unseen serious behavior problem, or where a previously designated intervention is ineffective, the administrator shall refer the incident to the IEP team to review and determine if the incident constitutes a need to modify the PBIP.

An IEP team or behavioral intervention planning team capitalizes on the experience and expertise of all its members. The individual's parents, general education teacher, school psychologist, program specialist, or other interested staff, all have an integral part in the planning and intervention process.

Compliance Requirements

AB 86 was signed to ensure that California implements the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and associated federal regulations. This procedure is intended to provide the clarity, definition, and specificity necessary for LEAs to comply with these requirements. The state Superintendent may monitor LEA compliance with these Education Code sections and may take appropriate action, including fiscal repercussions, if either of the following is found:

1. The LEA failed to comply with this chapter and failed to comply substantially with corrective action orders issues by the California Department of Education resulting from monitoring findings or complaint investigations.

2. The LEA failed to implement the decision of a due process hearing officer based on noncompliance with this part wherein noncompliance resulted in the partial denial of, or impeded the delivery of, a free appropriate public education for an individual with exceptional needs.

Approved: December 2010

Revised: May 2013, August 2013

WHEN EMERGENCY INTERVENTIONS ARE USED IN CALIFORNIA FOR A STUDENT WITH An IEP

A problem behavior requiring an emergency intervention for safety occurs

Staff completes Behavioral Emergency Report (BER), Parent/Guardian are contacted within 24 hours. of the BER. If the behavior is not addressed in the student's PBIP an IEP meeting will be scheduled within 48 hours and held within 30 calendar days.

Note: May also file site incident report

IEP team considers BOTH:

Is a Functional Behavioral Assessment needed?

Is an "Interim Behavior Plan" required?

Yes

No

Yes

No

IEP team initiates a FBA, then subsequently develops a positive behavioral intervention plan if IEP team decides one is needed after FBA report is reviewed

IEP team must write rationale for no FBA

Develop an interim Tier II Behavior Plan

IEP team must write rationale for no interim plan

If no FBA or Interim Plan, then IEP team further considers: "If behavior impedes learning of the student or others" and "behavioral/ instructional approaches are needed" and "strategies, including positive behavioral interventions strategies and supports," are needed because of this behavior that required an emergency intervention

RIVERSIDE COUNTY SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)
BEHAVIORAL EMERGENCY REPORT

The use and distribution of this form is limited to employees of public school agencies within the Riverside County Special Education Local Plan Area (SELPA)

Last Name: _____   First Name: _____   D.O.B.: __ / __ / ____   Date of Report: __ / __ / ____

Date of Incident: __ / __ / ____   Time Incident Began: _____   Time Incident Ended: _____

District of Residence: _____   District of Attendance: _____

School: _____   Setting/Location of Incident: _____

Complete this form to describe what occurred including events that led up to the behavioral emergency.

EMERGENCY INTERVENTION(S) UTILIZED

Check all that apply:
- ☐ Escort
- ☐ Prone containment _____ (length of time)
- ☐ Other physical containment _____ (describe) _____ (length of time)
- ☐ Law enforcement involvement
- ☐ Other (e.g. 5150, Department of Mental Health, etc.) _____

Name(s) and positions of staff/others involved _____

☐ No observable injuries or ☐ Injuries sustained by student _____

☐ No observable injuries or ☐ Injuries sustained by others (including other students and staff) _____

Other pertinent information: _____

☐ Site administrator notified of incident: Date: __ / __ / ____   Time: _____

Copy of BER immediately sent to designated responsible administrator	Date: __ / __ / ____	By whom: _____
Recommend parent notification within 24 hours	Date: __ / __ / ____	By whom: _____
Copy sent to administrator of district of residence	Date: __ / __ / ____	By whom: _____
Copy placed in student file(on site and at District Office)	Date: __ / __ / ____	By whom: _____
If student's IEP includes services from a contracted NPS, NPA and/or CBS, send copy of report to SELPA	Date: __ / __ / ____	By whom: _____

RIVERSIDE COUNTY SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)
BEHAVIORAL EMERGENCY REPORT

The use and distribution of this form is limited to employees of public school agencies within the Riverside County Special Education Local Plan Area (SELPA)

Check <u>ONE</u> box:

☐ Student does not have a current positive behavioral intervention plan. Within two days of the behavioral emergency, the designated responsible administrator shall schedule an IEP meeting to review the emergency report to determine the necessity for a Functional Behavioral Assessment, and to determine the need for an interim plan. The IEP team shall document the reasons for not conducting the Functional Behavioral Assessment, not developing an interim plan, or both.

☐ Student has an existing positive behavioral intervention plan. When an incident involving a previously unseen serious behavior problem occurs, or when a previously designed intervention is ineffective, the IEP team shall convene to review the incident and determine if there is a need to modify the positive behavioral intervention plan.

BEHAVIORAL EMERGENCY REPORT

Describe what occurred including events that led up to the emergency _____

IF CONTAINMENT WAS USED DIAGRAM BELOW

Person(s) completing this form (Print)   Name: _____   Position: _____

Name: _____   Position: _____

Name: _____   Position: _____

Signature of person completing this form: _____

California DEPARTMENT OF
EDUCATION

Home / Specialized Programs / Special Education / Announcements & Current Issues

California Department of Education
Official Letter

March 14, 2014

Dear Special Education Local Plan Area Directors, Special Education Administrators of County Offices of Education, Nonpublic School and Agency Administrators, and Other Entities Providing Related Services to Special Education Students:

Requirements for Behavioral Emergency Reports

Assembly Bill 86 (AB 86), the Education Omnibus Trailer Bill, Chapter 48, Statutes of 2013, repealed regulations and added state statute that addressed requirements and restrictions concerning student behavioral intervention. The result of these changes was to modify the Behavioral Intervention Plan mandate to align it more closely with federal law and reduce unnecessary costs, while maintaining key protections for students with disabilities related to behavioral intervention.

In accordance with Assembly Bill 110, California's 2013–2014 budget bill, the California Department of Education (CDE) is required to provide oversight of, and technical assistance and monitoring to, local educational agencies regarding changes to the requirements related to the identification and provision of behavioral intervention services.

This correspondence provides clarification regarding requirements for completing Behavioral Emergency Reports (BERs), and changes in law concerning reporting requirements related to those reports, including:

- Ongoing Requirements for completing BERs
- Repeal of requirements for reporting BER data
- Repeal of requirements for including behavioral and emergency intervention procedures in Special Education Local Plan Area (SELPA) local plans

Ongoing Requirements for Completing Behavioral Emergency Reports

California law continues to require that educational agencies complete a BER when emergency interventions are used for a student with a disability, or if serious property damage occurs. Pursuant to AB 86, this requirement, previously established in California *Code of Regulations*, Title 5, Section 3052(i)(5) through (i)(8), is now located in *EC* Section 56521.1, subsections (e) through (h). Otherwise, this requirement is essentially unchanged:

> *EC* § 56521.1
> (e) To prevent emergency interventions from being used in lieu of planned, systematic behavioral interventions, the parent, guardian, and residential care provider, if appropriate, shall be notified within one schoolday if an emergency intervention is used or serious

property damage occurs. A behavioral emergency report shall immediately be completed and maintained in the file of the individual with exceptional needs. The behavioral emergency report shall include all of the following:

(1) The name and age of the individual with exceptional needs.
(2) The setting and location of the incident.
(3) The name of the staff or other persons involved.
(4) A description of the incident and the emergency intervention used, and whether the individual with exceptional needs is currently engaged in any systematic behavioral intervention plan.
(5) Details of any injuries sustained by the individual with exceptional needs, or others, including staff, as a result of the incident.

(f) All behavioral emergency reports shall immediately be forwarded to, and reviewed by, a designated responsible administrator.
(g) If a behavioral emergency report is written regarding an individual with exceptional needs who does not have a behavioral intervention plan, the designated responsible administrator shall, within two days, schedule an individualized education program (IEP) team meeting to review the emergency report, to determine the necessity for a functional behavioral assessment, and to determine the necessity for an interim plan. The IEP team shall document the reasons for not conducting a functional behavioral assessment, not developing an interim plan, or both.
(h) If a behavioral emergency report is written regarding an individual with exceptional needs who has a positive behavioral intervention plan, an incident involving a previously unseen serious behavior problem, or where a previously designed intervention is ineffective, shall be referred to the IEP team to review and determine if the incident constitutes a need to modify the positive behavioral intervention plan.

Repeal of Requirements for Reporting Behavioral Emergency Report Data

Prior to the passage of AB 86, Special Education Local Plan Areas (SELPAs) were required to annually collect data on BERs completed by local educational agencies in the SELPA and report the number of BERs in the SELPA to the CDE and the Advisory Commission on Special Education (5 *CCR* 3052(i)(9), repealed). Upon the passage of AB 86, these data collection and reporting elements concerning BERs are no longer required.

Repeal of requirements for Including Behavioral and Emergency Intervention Procedures in SELPA Local Plans

Prior to the passage of AB 86, SELPAs were required to include procedures governing the systematic use of behavioral interventions and emergency interventions in the SELPA local plan (5 *CCR* 3052(j), repealed). These procedures included staff qualification and training requirements, and approved behavioral emergency procedures. Upon the passage of AB 86, these elements are no longer required to be included in the SELPA local plan. Continuing legal requirements related to emergency interventions (and restrictions thereto) appear in *EC* Sections 56521.1 and 56521.2.

If you have any questions about this subject, please contact Renzo Bernales, Education Programs Consultant, Special Education Division, by phone at 916-327-3637 or by e-mail at rbernales@cde.ca.gov.

Sincerely,

Original signed by Fred Balcom. Hard copy of the signed document is available by contacting the Special Education Division's Director's Office at 916-445-4602.

Fred Balcom, Director
Special Education Division

FB: ja

Last Reviewed: Monday, August 6, 2018

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PENAL CODE - PEN

     PART 4. PREVENTION OF CRIMES AND APPREHENSION OF CRIMINALS [11006 - 14315] *(Part 4 added by Stats. 1953, Ch. 1385.)*

        TITLE 1. INVESTIGATION AND CONTROL OF CRIMES AND CRIMINALS [11006 - 11482] *(Title 1 added by Stats. 1953, Ch. 1385.)*

          CHAPTER 2. Control of Crimes and Criminals [11150 - 11199.5] *(Chapter 2 added by Stats. 1953, Ch. 70.)*

ARTICLE 2.5. Child Abuse and Neglect Reporting Act [11164 - 11174.3] *(Heading of Article 2.5 amended by Stats. 1987, Ch. 1444, Sec. 1.)*

11164. (a) This article shall be known and may be cited as the Child Abuse and Neglect Reporting Act.

(b) The intent and purpose of this article is to protect children from abuse and neglect. In any investigation of suspected child abuse or neglect, all persons participating in the investigation of the case shall consider the needs of the child victim and shall do whatever is necessary to prevent psychological harm to the child victim.

(Amended by Stats. 2000, Ch. 916, Sec. 1. Effective January 1, 2001.)

11165. As used in this article "child" means a person under the age of 18 years.

(Repealed and added by Stats. 1987, Ch. 1459, Sec. 2.)

11165.1. As used in this article, "sexual abuse" means sexual assault or sexual exploitation as defined by the following:

(a) "Sexual assault" means conduct in violation of one or more of the following sections: Section 261 (rape), subdivision (d) of Section 261.5 (statutory rape), Section 264.1 (rape in concert), Section 285 (incest), Section 286 (sodomy), Section 287 or former Section 288a (oral copulation), subdivision (a) or (b), or paragraph (1) of subdivision (c) of Section 288 (lewd or lascivious acts upon a child), Section 289 (sexual penetration), or Section 647.6 (child molestation).

(b) Conduct described as "sexual assault" includes, but is not limited to, all of the following:

(1) Penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is the emission of semen.

(2) Sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person.

(3) Intrusion by one person into the genitals or anal opening of another person, including the use of an object for this purpose, except that, it does not include acts performed for a valid medical purpose.

(4) The intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering them, of a child, or of the perpetrator by a child, for purposes of sexual arousal or gratification, except that it does not include acts which may reasonably be construed to be normal caretaker responsibilities; interactions with, or demonstrations of affection for, the child; or acts performed for a valid medical purpose.

(5) The intentional masturbation of the perpetrator's genitals in the presence of a child.

(c) "Sexual exploitation" refers to any of the following:

(1) Conduct involving matter depicting a minor engaged in obscene acts in violation of Section 311.2 (preparing, selling, or distributing obscene matter) or subdivision (a) of Section 311.4 (employment of minor to perform obscene acts).

(2) A person who knowingly promotes, aids, or assists, employs, uses, persuades, induces, or coerces a child, or a person responsible for a child's welfare, who knowingly permits or encourages a child to engage in, or assist others to engage in, prostitution or a live performance involving obscene sexual conduct, or to either pose or model alone or with others for purposes of preparing a film, photograph, negative, slide, drawing, painting, or other pictorial depiction, involving obscene sexual conduct. For the purpose of this section, "person responsible for a child's welfare" means a parent, guardian, foster parent, or a licensed administrator or employee of a public or private residential home, residential school, or other residential institution.

(3) A person who depicts a child in, or who knowingly develops, duplicates, prints, downloads, streams, accesses through any electronic or digital media, or exchanges, a film, photograph, videotape, video recording, negative, or slide in which a child is engaged in an act of obscene sexual conduct, except for those activities by law enforcement and prosecution agencies and other persons described in subdivisions (c) and (e) of Section 311.3.

(d) "Commercial sexual exploitation" refers to either of the following:

(1) The sexual trafficking of a child, as described in subdivision (c) of Section 236.1.

(2) The provision of food, shelter, or payment to a child in exchange for the performance of any sexual act described in this section or subdivision (c) of Section 236.1.

(Amended by Stats. 2018, Ch. 423, Sec. 112. (SB 1494) Effective January 1, 2019.)

11165.2.　As used in this article, "neglect" means the negligent treatment or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. The term includes both acts and omissions on the part of the responsible person.

(a) "Severe neglect" means the negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. "Severe neglect" also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered, as proscribed by Section 11165.3, including the intentional failure to provide adequate food, clothing, shelter, or medical care.

(b) "General neglect" means the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred.

For the purposes of this chapter, a child receiving treatment by spiritual means as provided in Section 16509.1 of the Welfare and Institutions Code or not receiving specified medical treatment for religious reasons, shall not for that reason alone be considered a neglected child. An informed and appropriate medical decision made by parent or guardian after consultation with a physician or physicians who have examined the minor does not constitute neglect.

(Repealed and added by Stats. 1987, Ch. 1459, Sec. 7.)

11165.3.　As used in this article, "the willful harming or injuring of a child or the endangering of the person or health of a child," means a situation in which any person willfully causes or permits any child to suffer, or inflicts thereon, unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of the child to be placed in a situation in which his or her person or health is endangered.

(Amended by Stats. 2004, Ch. 842, Sec. 1. Effective January 1, 2005.)

11165.4.　As used in this article, "unlawful corporal punishment or injury" means a situation where any person willfully inflicts upon any child any cruel or inhuman corporal punishment or injury resulting in a traumatic condition. It does not include an amount of force that is reasonable and necessary for a person employed by or engaged in a public school to quell a disturbance threatening physical injury to person or damage to property, for purposes of self-defense, or to obtain possession of weapons or other dangerous objects within the control of the pupil, as authorized by Section 49001 of the Education Code. It also does not include the exercise of the degree of physical control authorized by Section 44807 of the Education Code. It also does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer.

(Amended by Stats. 1993, Ch. 346, Sec. 1. Effective January 1, 1994.)

11165.5.　As used in this article, the term "abuse or neglect in out-of-home care" includes physical injury or death inflicted upon a child by another person by other than accidental means, sexual abuse as defined in Section 11165.1, neglect as defined in Section 11165.2, unlawful corporal punishment or injury as defined in Section

11165.4, or the willful harming or injuring of a child or the endangering of the person or health of a child, as defined in Section 11165.3, where the person responsible for the child's welfare is a licensee, administrator, or employee of any facility licensed to care for children, or an administrator or employee of a public or private school or other institution or agency. "Abuse or neglect in out-of-home care" does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer.

(Amended by Stats. 2007, Ch. 393, Sec. 1. Effective January 1, 2008.)

11165.6. As used in this article, the term "child abuse or neglect" includes physical injury or death inflicted by other than accidental means upon a child by another person, sexual abuse as defined in Section 11165.1, neglect as defined in Section 11165.2, the willful harming or injuring of a child or the endangering of the person or health of a child, as defined in Section 11165.3, and unlawful corporal punishment or injury as defined in Section 11165.4. "Child abuse or neglect" does not include a mutual affray between minors. "Child abuse or neglect" does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer.

(Amended by Stats. 2007, Ch. 393, Sec. 2. Effective January 1, 2008.)

11165.7. (a) As used in this article, "mandated reporter" is defined as any of the following:

(1) A teacher.

(2) An instructional aide.

(3) A teacher's aide or teacher's assistant employed by a public or private school.

(4) A classified employee of a public school.

(5) An administrative officer or supervisor of child welfare and attendance, or a certificated pupil personnel employee of a public or private school.

(6) An administrator of a public or private day camp.

(7) An administrator or employee of a public or private youth center, youth recreation program, or youth organization.

(8) An administrator, board member, or employee of a public or private organization whose duties require direct contact and supervision of children, including a foster family agency.

(9) An employee of a county office of education or the State Department of Education whose duties bring the employee into contact with children on a regular basis.

(10) A licensee, an administrator, or an employee of a licensed community care or child day care facility.

(11) A Head Start program teacher.

(12) A licensing worker or licensing evaluator employed by a licensing agency, as defined in Section 11165.11.

(13) A public assistance worker.

(14) An employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities.

(15) A social worker, probation officer, or parole officer.

(16) An employee of a school district police or security department.

(17) A person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in a public or private school.

(18) A district attorney investigator, inspector, or local child support agency caseworker, unless the investigator, inspector, or caseworker is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor.

(19) A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, who is not otherwise described in this section.

(20) A firefighter, except for volunteer firefighters.

(21) A physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage and family therapist, clinical social worker, professional clinical counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

(22) An emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

(23) A psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.

(24) A marriage and family therapist trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code.

(25) An unlicensed associate marriage and family therapist registered under Section 4980.44 of the Business and Professions Code.

(26) A state or county public health employee who treats a minor for venereal disease or any other condition.

(27) A coroner.

(28) A medical examiner or other person who performs autopsies.

(29) A commercial film and photographic print or image processor as specified in subdivision (e) of Section 11166. As used in this article, "commercial film and photographic print or image processor" means a person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, or who prepares, publishes, produces, develops, duplicates, or prints any representation of information, data, or an image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image, for compensation. The term includes any employee of that person; it does not include a person who develops film or makes prints or images for a public agency.

(30) A child visitation monitor. As used in this article, "child visitation monitor" means a person who, for financial compensation, acts as a monitor of a visit between a child and another person when the monitoring of that visit has been ordered by a court of law.

(31) An animal control officer or humane society officer. For the purposes of this article, the following terms have the following meanings:

(A) "Animal control officer" means a person employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations.

(B) "Humane society officer" means a person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations Code.

(32) A clergy member, as specified in subdivision (d) of Section 11166. As used in this article, "clergy member" means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization.

(33) Any custodian of records of a clergy member, as specified in this section and subdivision (d) of Section 11166.

(34) An employee of any police department, county sheriff's department, county probation department, or county welfare department.

(35) An employee or volunteer of a Court Appointed Special Advocate program, as defined in Rule 5.655 of the California Rules of Court.

(36) A custodial officer, as defined in Section 831.5.

(37) A person providing services to a minor child under Section 12300 or 12300.1 of the Welfare and Institutions Code.

(38) An alcohol and drug counselor. As used in this article, an "alcohol and drug counselor" is a person providing counseling, therapy, or other clinical services for a state licensed or certified drug, alcohol, or drug and alcohol treatment program. However, alcohol or drug abuse, or both alcohol and drug abuse, is not, in and of itself, a sufficient basis for reporting child abuse or neglect.

(39) A clinical counselor trainee, as defined in subdivision (g) of Section 4999.12 of the Business and Professions Code.

(40) An associate professional clinical counselor registered under Section 4999.42 of the Business and Professions Code.

(41) An employee or administrator of a public or private postsecondary educational institution, whose duties bring the administrator or employee into contact with children on a regular basis, or who supervises those whose duties bring the administrator or employee into contact with children on a regular basis, as to child abuse or neglect occurring on that institution's premises or at an official activity of, or program conducted by, the institution. Nothing in this paragraph shall be construed as altering the lawyer-client privilege as set forth in Article 3 (commencing with Section 950) of Chapter 4 of Division 8 of the Evidence Code.

(42) An athletic coach, athletic administrator, or athletic director employed by any public or private school that provides any combination of instruction for kindergarten, or grades 1 to 12, inclusive.

(43) (A) A commercial computer technician as specified in subdivision (e) of Section 11166. As used in this article, "commercial computer technician" means a person who works for a company that is in the business of repairing, installing, or otherwise servicing a computer or computer component, including, but not limited to, a computer part, device, memory storage or recording mechanism, auxiliary storage recording or memory capacity, or any other material relating to the operation and maintenance of a computer or computer network system, for a fee. An employer who provides an electronic communications service or a remote computing service to the public shall be deemed to comply with this article if that employer complies with Section 2258A of Title 18 of the United States Code.

(B) An employer of a commercial computer technician may implement internal procedures for facilitating reporting consistent with this article. These procedures may direct employees who are mandated reporters under this paragraph to report materials described in subdivision (e) of Section 11166 to an employee who is designated by the employer to receive the reports. An employee who is designated to receive reports under this subparagraph shall be a commercial computer technician for purposes of this article. A commercial computer technician who makes a report to the designated employee pursuant to this subparagraph shall be deemed to have complied with the requirements of this article and shall be subject to the protections afforded to mandated reporters, including, but not limited to, those protections afforded by Section 11172.

(44) Any athletic coach, including, but not limited to, an assistant coach or a graduate assistant involved in coaching, at public or private postsecondary educational institutions.

(45) An individual certified by a licensed foster family agency as a certified family home, as defined in Section 1506 of the Health and Safety Code.

(46) An individual approved as a resource family, as defined in Section 1517 of the Health and Safety Code and Section 16519.5 of the Welfare and Institutions Code.

(b) Except as provided in paragraph (35) of subdivision (a), volunteers of public or private organizations whose duties require direct contact with and supervision of children are not mandated reporters but are encouraged to obtain training in the identification and reporting of child abuse and neglect and are further encouraged to report known or suspected instances of child abuse or neglect to an agency specified in Section 11165.9.

(c) Except as provided in subdivision (d), employers are strongly encouraged to provide their employees who are mandated reporters with training in the duties imposed by this article. This training shall include training in child abuse and neglect identification and training in child abuse and neglect reporting. Whether or not employers provide their employees with training in child abuse and neglect identification and reporting, the employers shall provide their employees who are mandated reporters with the statement required pursuant to subdivision (a) of Section 11166.5.

(d) Pursuant to Section 44691 of the Education Code, school districts, county offices of education, state special schools and diagnostic centers operated by the State Department of Education, and charter schools shall annually train their employees and persons working on their behalf specified in subdivision (a) in the duties of mandated reporters under the child abuse reporting laws. The training shall include, but not necessarily be limited to, training in child abuse and neglect identification and child abuse and neglect reporting.

(e) (1) On and after January 1, 2018, pursuant to Section 1596.8662 of the Health and Safety Code, a child care licensee applicant shall take training in the duties of mandated reporters under the child abuse reporting laws as a condition of licensure, and a child care administrator or an employee of a licensed child day care facility shall take training in the duties of mandated reporters during the first 90 days when he or she is employed by the facility.

(2) A person specified in paragraph (1) who becomes a licensee, administrator, or employee of a licensed child day care facility shall take renewal mandated reporter training every two years following the date on which he or she completed the initial mandated reporter training. The training shall include, but not necessarily be limited to, training in child abuse and neglect identification and child abuse and neglect reporting.

(f) Unless otherwise specifically provided, the absence of training shall not excuse a mandated reporter from the duties imposed by this article.

(g) Public and private organizations are encouraged to provide their volunteers whose duties require direct contact with and supervision of children with training in the identification and reporting of child abuse and neglect.

(Amended by Stats. 2017, Ch. 573, Sec. 77. (SB 800) Effective January 1, 2018.)

11165.9. Reports of suspected child abuse or neglect shall be made by mandated reporters, or in the case of reports pursuant to Section 11166.05, may be made, to any police department or sheriff's department, not including a

school district police or security department, county probation department, if designated by the county to receive mandated reports, or the county welfare department. Any of those agencies shall accept a report of suspected child abuse or neglect whether offered by a mandated reporter or another person, or referred by another agency, even if the agency to whom the report is being made lacks subject matter or geographical jurisdiction to investigate the reported case, unless the agency can immediately electronically transfer the call to an agency with proper jurisdiction. When an agency takes a report about a case of suspected child abuse or neglect in which that agency lacks jurisdiction, the agency shall immediately refer the case by telephone, fax, or electronic transmission to an agency with proper jurisdiction. Agencies that are required to receive reports of suspected child abuse or neglect may not refuse to accept a report of suspected child abuse or neglect from a mandated reporter or another person unless otherwise authorized pursuant to this section, and shall maintain a record of all reports received.

(Amended by Stats. 2006, Ch. 701, Sec. 2. Effective January 1, 2007.)

11165.11.   As used in this article, "licensing agency" means the State Department of Social Services office responsible for the licensing and enforcement of the California Community Care Facilities Act (Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code), the California Child Day Care Act (Chapter 3.4 (commencing with Section 1596.70) of Division 2 of the Health and Safety Code), and Chapter 3.5 (commencing with Section 1596.90) of Division 2 of the Health and Safety Code), or the county licensing agency which has contracted with the state for performance of those duties.

(Added by Stats. 1987, Ch. 1459, Sec. 18.)

11165.12.   As used in this article, the following definitions shall control:

(a) "Unfounded report" means a report that is determined by the investigator who conducted the investigation to be false, to be inherently improbable, to involve an accidental injury, or not to constitute child abuse or neglect, as defined in Section 11165.6.

(b) "Substantiated report" means a report that is determined by the investigator who conducted the investigation to constitute child abuse or neglect, as defined in Section 11165.6, based upon evidence that makes it more likely than not that child abuse or neglect, as defined, occurred. A substantiated report shall not include a report where the investigator who conducted the investigation found the report to be false, inherently improbable, to involve an accidental injury, or to not constitute child abuse or neglect as defined in Section 11165.6.

(c) "Inconclusive report" means a report that is determined by the investigator who conducted the investigation not to be unfounded, but the findings are inconclusive and there is insufficient evidence to determine whether child abuse or neglect, as defined in Section 11165.6, has occurred.

(Amended by Stats. 2011, Ch. 468, Sec. 1. (AB 717) Effective January 1, 2012.)

11165.13.   For purposes of this article, a positive toxicology screen at the time of the delivery of an infant is not in and of itself a sufficient basis for reporting child abuse or neglect. However, any indication of maternal substance abuse shall lead to an assessment of the needs of the mother and child pursuant to Section 123605 of the Health and Safety Code. If other factors are present that indicate risk to a child, then a report shall be made. However, a report based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse shall be made only to a county welfare or probation department, and not to a law enforcement agency.

(Amended by Stats. 2000, Ch. 916, Sec. 11. Effective January 1, 2001.)

11165.14.   The appropriate local law enforcement agency shall investigate a child abuse complaint filed by a parent or guardian of a pupil with a school or an agency specified in Section 11165.9 against a school employee or other person that commits an act of child abuse, as defined in this article, against a pupil at a schoolsite and shall transmit a substantiated report, as defined in Section 11165.12, of that investigation to the governing board of the appropriate school district or county office of education. A substantiated report received by a governing board of a school district or county office of education shall be subject to the provisions of Section 44031 of the Education Code.

(Amended by Stats. 2000, Ch. 916, Sec. 12. Effective January 1, 2001.)

11165.15.   For the purposes of this article, the fact that a child is homeless or is classified as an unaccompanied youth, as defined in Section 11434a of the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec. 11301 et seq.), is not, in and of itself, a sufficient basis for reporting child abuse or neglect. This section shall not limit a mandated reporter, as defined in Section 11165.7, from making a report pursuant to Section 11166 whenever the

mandated reporter has knowledge of or observes an unaccompanied minor whom the mandated reporter knows or reasonably suspects to be the victim of abuse or neglect.

(Amended by Stats. 2014, Ch. 71, Sec. 132. (SB 1304) Effective January 1, 2015.)

11166. (a) Except as provided in subdivision (d), and in Section 11166.05, a mandated reporter shall make a report to an agency specified in Section 11165.9 whenever the mandated reporter, in the mandated reporter's professional capacity or within the scope of the mandated reporter's employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make an initial report by telephone to the agency immediately or as soon as is practicably possible, and shall prepare and send, fax, or electronically transmit a written followup report within 36 hours of receiving the information concerning the incident. The mandated reporter may include with the report any nonprivileged documentary evidence the mandated reporter possesses relating to the incident.

(1) For purposes of this article, "reasonable suspicion" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on the person's training and experience, to suspect child abuse or neglect. "Reasonable suspicion" does not require certainty that child abuse or neglect has occurred nor does it require a specific medical indication of child abuse or neglect; any "reasonable suspicion" is sufficient. For purposes of this article, the pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of sexual abuse.

(2) The agency shall be notified and a report shall be prepared and sent, faxed, or electronically transmitted even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during an autopsy.

(3) A report made by a mandated reporter pursuant to this section shall be known as a mandated report.

(b) If, after reasonable efforts, a mandated reporter is unable to submit an initial report by telephone, the mandated reporter shall immediately or as soon as is practicably possible, by fax or electronic transmission, make a one-time automated written report on the form prescribed by the Department of Justice, and shall also be available to respond to a telephone followup call by the agency with which the mandated reporter filed the report. A mandated reporter who files a one-time automated written report because the mandated reporter was unable to submit an initial report by telephone is not required to submit a written followup report.

(1) The one-time automated written report form prescribed by the Department of Justice shall be clearly identifiable so that it is not mistaken for a standard written followup report. In addition, the automated one-time report shall contain a section that allows the mandated reporter to state the reason the initial telephone call was not able to be completed. The reason for the submission of the one-time automated written report in lieu of the procedure prescribed in subdivision (a) shall be captured in the Child Welfare Services/Case Management System (CWS/CMS). The department shall work with stakeholders to modify reporting forms and the CWS/CMS as is necessary to accommodate the changes enacted by these provisions.

(2) This subdivision shall not become operative until the CWS/CMS is updated to capture the information prescribed in this subdivision.

(3) This subdivision shall become inoperative three years after this subdivision becomes operative or on January 1, 2009, whichever occurs first.

(4) This section does not supersede the requirement that a mandated reporter first attempt to make a report via telephone, or that agencies specified in Section 11165.9 accept reports from mandated reporters and other persons as required.

(c) A mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars ($1,000) or by both that imprisonment and fine. If a mandated reporter intentionally conceals the mandated reporter's failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until an agency specified in Section 11165.9 discovers the offense.

(d) (1) A clergy member who acquires knowledge or a reasonable suspicion of child abuse or neglect during a penitential communication is not subject to subdivision (a). For the purposes of this subdivision, "penitential communication" means a communication, intended to be in confidence, including, but not limited to, a sacramental confession, made to a clergy member who, in the course of the discipline or practice of the clergy member's church, denomination, or organization, is authorized or accustomed to hear those communications, and under the discipline, tenets, customs, or practices of the clergy member's church, denomination, or organization, has a duty to keep those communications secret.

(2) Nothing in this subdivision shall be construed to modify or limit a clergy member's duty to report known or suspected child abuse or neglect when the clergy member is acting in some other capacity that would otherwise make the clergy member a mandated reporter.

(3) (A) On or before January 1, 2004, a clergy member or any custodian of records for the clergy member may report to an agency specified in Section 11165.9 that the clergy member or any custodian of records for the clergy member, prior to January 1, 1997, in the clergy member's professional capacity or within the scope of the clergy member's employment, other than during a penitential communication, acquired knowledge or had a reasonable suspicion that a child had been the victim of sexual abuse and that the clergy member or any custodian of records for the clergy member did not previously report the abuse to an agency specified in Section 11165.9. The provisions of Section 11172 shall apply to all reports made pursuant to this paragraph.

(B) This paragraph shall apply even if the victim of the known or suspected abuse has reached the age of majority by the time the required report is made.

(C) The local law enforcement agency shall have jurisdiction to investigate any report of child abuse made pursuant to this paragraph even if the report is made after the victim has reached the age of majority.

(e) (1) A commercial film, photographic print, or image processor who has knowledge of or observes, within the scope of that person's professional capacity or employment, any film, photograph, videotape, negative, slide, or any representation of information, data, or an image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image depicting a child under 16 years of age engaged in an act of sexual conduct, shall, immediately or as soon as practicably possible, telephonically report the instance of suspected abuse to the law enforcement agency located in the county in which the images are seen. Within 36 hours of receiving the information concerning the incident, the reporter shall prepare and send, fax, or electronically transmit a written followup report of the incident with a copy of the image or material attached.

(2) A commercial computer technician who has knowledge of or observes, within the scope of the technician's professional capacity or employment, any representation of information, data, or an image, including, but not limited to, any computer hardware, computer software, computer file, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image that is retrievable in perceivable form and that is intentionally saved, transmitted, or organized on an electronic medium, depicting a child under 16 years of age engaged in an act of sexual conduct, shall immediately, or as soon as practicably possible, telephonically report the instance of suspected abuse to the law enforcement agency located in the county in which the images or materials are seen. As soon as practicably possible after receiving the information concerning the incident, the reporter shall prepare and send, fax, or electronically transmit a written followup report of the incident with a brief description of the images or materials.

(3) For purposes of this article, "commercial computer technician" includes an employee designated by an employer to receive reports pursuant to an established reporting process authorized by subparagraph (B) of paragraph (43) of subdivision (a) of Section 11165.7.

(4) As used in this subdivision, "electronic medium" includes, but is not limited to, a recording, CD-ROM, magnetic disk memory, magnetic tape memory, CD, DVD, thumbdrive, or any other computer hardware or media.

(5) As used in this subdivision, "sexual conduct" means any of the following:

(A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex or between humans and animals.

(B) Penetration of the vagina or rectum by any object.

(C) Masturbation for the purpose of sexual stimulation of the viewer.

(D) Sadomasochistic abuse for the purpose of sexual stimulation of the viewer.

(E) Exhibition of the genitals, pubic, or rectal areas of a person for the purpose of sexual stimulation of the viewer.

(f) Any mandated reporter who knows or reasonably suspects that the home or institution in which a child resides is unsuitable for the child because of abuse or neglect of the child shall bring the condition to the attention of the agency to which, and at the same time as, the mandated reporter makes a report of the abuse or neglect pursuant to subdivision (a).

(g) Any other person who has knowledge of or observes a child whom the person knows or reasonably suspects has been a victim of child abuse or neglect may report the known or suspected instance of child abuse or neglect to an agency specified in Section 11165.9. For purposes of this section, "any other person" includes a mandated reporter

who acts in the person's private capacity and not in the person's professional capacity or within the scope of the person's employment.

(h) When two or more persons, who are required to report, jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(i) (1) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with this article. An internal policy shall not direct an employee to allow the employee's supervisor to file or process a mandated report under any circumstances.

(2) The internal procedures shall not require any employee required to make reports pursuant to this article to disclose the employee's identity to the employer.

(3) Reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person shall not be a substitute for making a mandated report to an agency specified in Section 11165.9.

(j) (1) A county probation or welfare department shall immediately, or as soon as practicably possible, report by telephone, fax, or electronic transmission to the law enforcement agency having jurisdiction over the case, to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known or suspected instance of child abuse or neglect, as defined in Section 11165.6, except acts or omissions coming within subdivision (b) of Section 11165.2, or reports made pursuant to Section 11165.13 based on risk to a child that relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse, which shall be reported only to the county welfare or probation department. A county probation or welfare department also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.

(2) A county probation or welfare department shall immediately, and in no case in more than 24 hours, report to the law enforcement agency having jurisdiction over the case after receiving information that a child or youth who is receiving child welfare services has been identified as the victim of commercial sexual exploitation, as defined in subdivision (d) of Section 11165.1.

(3) When a child or youth who is receiving child welfare services and who is reasonably believed to be the victim of, or is at risk of being the victim of, commercial sexual exploitation, as defined in Section 11165.1, is missing or has been abducted, the county probation or welfare department shall immediately, or in no case later than 24 hours from receipt of the information, report the incident to the appropriate law enforcement authority for entry into the National Crime Information Center database of the Federal Bureau of Investigation and to the National Center for Missing and Exploited Children.

(k) A law enforcement agency shall immediately, or as soon as practicably possible, report by telephone, fax, or electronic transmission to the agency given responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code and to the district attorney's office every known or suspected instance of child abuse or neglect reported to it, except acts or omissions coming within subdivision (b) of Section 11165.2, which shall be reported only to the county welfare or probation department. A law enforcement agency shall report to the county welfare or probation department every known or suspected instance of child abuse or neglect reported to it which is alleged to have occurred as a result of the action of a person responsible for the child's welfare, or as the result of the failure of a person responsible for the child's welfare to adequately protect the minor from abuse when the person responsible for the child's welfare knew or reasonably should have known that the minor was in danger of abuse. A law enforcement agency also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.

(Amended by Stats. 2019, Ch. 27, Sec. 16. (SB 80) Effective June 27, 2019.)

11166.01. (a) Except as provided in subdivision (b), any supervisor or administrator who violates paragraph (1) of subdivision (i) of Section 11166 shall be punished by not more than six months in a county jail, by a fine of not more than one thousand dollars ($1,000), or by both that fine and imprisonment.

(b) Notwithstanding Section 11162 or subdivision (c) of Section 11166, any mandated reporter who willfully fails to report abuse or neglect, or any person who impedes or inhibits a report of abuse or neglect, in violation of this

article, where that abuse or neglect results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars ($5,000), or by both that fine and imprisonment.

(Amended by Stats. 2006, Ch. 901, Sec. 10. Effective January 1, 2007.)

11166.02. (a) A county welfare agency, as determined in Section 10612.5 of the Welfare and Institutions Code, may develop a pilot program for Internet-based reporting of child abuse and neglect. The pilot program may receive reports by mandated reporters, as specified in paragraph (5), of suspected child abuse or neglect and shall meet all of the following conditions:

(1) The suspected child abuse or neglect does not indicate that the child is subject to an immediate risk of abuse, neglect, or exploitation or that the child is in imminent danger of severe harm or death.

(2) The agency provides an Internet form that includes standardized safety assessment qualifying questions in order to obtain necessary information required to assess the need for child welfare services and a response. The State Department of Social Services shall provide guidance through written directives to counties participating in the pilot program to incorporate qualifying questions in the online report that would indicate the need to redirect the mandated reporter to perform a telephone report.

(3) The mandated reporter is required to complete all required fields, including identity and contact information of the mandated reporter, in order to submit the report.

(4) The agency provides an Internet-based reporting system that has appropriate security protocols to preserve the confidentiality of the reports and any documents or photographs submitted through the system.

(5) The system can only be used by mandated reporters who are any of the following:

(A) A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2.

(B) A probation officer or social worker, as defined in Section 215 of the Welfare and Institutions Code.

(C) A school teacher, counselor, or administrator.

(D) A physician and surgeon, psychologist, licensed nurse, or clinical social worker licensed pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code.

(E) A coroner.

(6) Nothing in this section shall be construed as changing current statutory or regulatory requirements regarding timely review, assessment, and response to reports of possible abuse or neglect.

(b) (1) In a county where the pilot program is active, a mandated reporter listed in paragraph (5) of subdivision (a) may use the Internet-based reporting tool in lieu of the required initial telephone report required by subdivision (a) of Section 11166. A mandated reporter listed in paragraph (5) of subdivision (a) submitting an Internet-based report in accordance with this subdivision shall, as soon as practically possible, cooperate with the agency on any requests for additional information if needed to investigate the report, subject to applicable confidentiality requirements.

(2) In a county where the pilot program is active, a mandated reporter who submits the initial report through the Internet-based reporting tool in lieu of the required initial telephone report is not required to submit the written followup report required pursuant to subdivision (a) of Section 11166.

(c) This section shall remain in effect only until January 1, 2021, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2021, deletes or extends that date.

(Added by Stats. 2015, Ch. 490, Sec. 1. (SB 478) Effective January 1, 2016. Repealed as of January 1, 2021, by its own provisions.)

11166.05. Any mandated reporter who has knowledge of or who reasonably suspects that a child is suffering serious emotional damage or is at a substantial risk of suffering serious emotional damage, evidenced by states of being or behavior, including, but not limited to, severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, may make a report to an agency specified in Section 11165.9.

(Amended by Stats. 2004, Ch. 842, Sec. 9. Effective January 1, 2005.)

11166.1. (a) When an agency receives a report pursuant to Section 11166 that contains either of the following, it shall, within 24 hours, notify the licensing office with jurisdiction over the facility:

(1) A report of abuse alleged to have occurred in facilities licensed to care for children by the State Department of Social Services.

(2) A report of the death of a child who was, at the time of death, living at, enrolled in, or regularly attending a facility licensed to care for children by the State Department of Social Services, unless the circumstances of the child's death are clearly unrelated to the child's care at the facility.

The agency shall send the licensing agency a copy of its investigation and any other pertinent materials.

(b) Any employee of an agency specified in Section 11165.9 who has knowledge of, or observes in his or her professional capacity or within the scope of his or her employment, a child in protective custody whom he or she knows or reasonably suspects has been the victim of child abuse or neglect shall, within 36 hours, send or have sent to the attorney who represents the child in dependency court, a copy of the report prepared in accordance with Section 11166. The agency shall maintain a copy of the written report. All information requested by the attorney for the child or the child's guardian ad litem shall be provided by the agency within 30 days of the request.

(Amended by Stats. 2000, Ch. 916, Sec. 17. Effective January 1, 2001.)

11166.2. In addition to the reports required under Section 11166, any agency specified in Section 11165.9 shall immediately or as soon as practically possible report by telephone, fax, or electronic transmission to the appropriate licensing agency every known or suspected instance of child abuse or neglect when the instance of abuse or neglect occurs while the child is being cared for in a child day care facility, involves a child day care licensed staff person, or occurs while the child is under the supervision of a community care facility or involves a community care facility licensee or staff person. The agency shall also send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision. The agency shall send the licensing agency a copy of its investigation report and any other pertinent materials.

(Amended by Stats. 2001, Ch. 133, Sec. 7. Effective July 31, 2001.)

11166.3. (a) The Legislature intends that in each county the law enforcement agencies and the county welfare or probation department shall develop and implement cooperative arrangements in order to coordinate existing duties in connection with the investigation of suspected child abuse or neglect cases. The local law enforcement agency having jurisdiction over a case reported under Section 11166 shall report to the county welfare or probation department that it is investigating the case within 36 hours after starting its investigation. The county welfare department or probation department shall, in cases where a minor is a victim of actions specified in Section 288 of this code and a petition has been filed pursuant to Section 300 of the Welfare and Institutions Code with regard to the minor, evaluate what action or actions would be in the best interest of the child victim. Notwithstanding any other provision of law, the county welfare department or probation department shall submit in writing its findings and the reasons therefor to the district attorney on or before the completion of the investigation. The written findings and the reasons therefor shall be delivered or made accessible to the defendant or his or her counsel in the manner specified in Section 859.

(b) The local law enforcement agency having jurisdiction over a case reported under Section 11166 shall report to the district office of the State Department of Social Services any case reported under this section if the case involves a facility specified in paragraph (5) or (6) of subdivision (a) of Section 1502, Section 1596.750 or 1596.76 of the Health and Safety Code, and the licensing of the facility has not been delegated to a county agency. The law enforcement agency shall send a copy of its investigation report and any other pertinent materials to the licensing agency upon the request of the licensing agency.

(Amended by Stats. 2001, Ch. 133, Sec. 8. Effective July 31, 2001.)

11166.5. (a) (1) On and after January 1, 1985, any mandated reporter as specified in Section 11165.7, with the exception of child visitation monitors, prior to commencing his or her employment, and as a prerequisite to that employment, shall sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions. The statement shall inform the employee that he or she is a mandated reporter and inform the employee of his or her reporting obligations under Section 11166 and of his or her confidentiality rights under subdivision (d) of Section 11167. The employer shall provide a copy of Sections 11165.7, 11166, and 11167 to the employee.

On and after January 1, 1993, any person who acts as a child visitation monitor, as defined in paragraph (31) of subdivision (a) of Section 11165.7, prior to engaging in monitoring the first visit in a case, shall sign a statement on a form provided to him or her by the court which ordered the presence of that third person during the visit, to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.

(2) The signed statements shall be retained by the employer or the court, as the case may be. The cost of printing, distribution, and filing of these statements shall be borne by the employer or the court.

(3) This subdivision is not applicable to persons employed by public or private youth centers, youth recreation programs, and youth organizations as members of the support staff or maintenance staff and who do not work with, observe, or have knowledge of children as part of their official duties.

(b) On and after January 1, 1986, when a person is issued a state license or certificate to engage in a profession or occupation, the members of which are required to make a report pursuant to Section 11166, the state agency issuing the license or certificate shall send a statement substantially similar to the one contained in subdivision (a) to the person at the same time as it transmits the document indicating licensure or certification to the person. In addition to the requirements contained in subdivision (a), the statement also shall indicate that failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars ($1,000), or by both that imprisonment and fine.

(c) As an alternative to the procedure required by subdivision (b), a state agency may cause the required statement to be printed on all application forms for a license or certificate printed on or after January 1, 1986.

(d) On and after January 1, 1993, any child visitation monitor, as defined in paragraph (31) of subdivision (a) of Section 11165.7, who desires to act in that capacity shall have received training in the duties imposed by this article, including training in child abuse identification and child abuse reporting. The person, prior to engaging in monitoring the first visit in a case, shall sign a statement on a form provided to him or her by the court which ordered the presence of that third person during the visit, to the effect that he or she has received this training. This statement may be included in the statement required by subdivision (a) or it may be a separate statement. This statement shall be filed, along with the statement required by subdivision (a), in the court file of the case for which the visitation monitoring is being provided.

(e) Any person providing services to a minor child, as described in paragraph (38) of subdivision (a) of Section 11165.7, shall not be required to make a report pursuant to Section 11166 unless that person has received training, or instructional materials in the appropriate language, on the duties imposed by this article, including identifying and reporting child abuse and neglect.

(Amended by Stats. 2012, Ch. 518, Sec. 2. (SB 1264) Effective January 1, 2013.)

11167. (a) Reports of suspected child abuse or neglect pursuant to Section 11166 or Section 11166.05 shall include the name, business address, and telephone number of the mandated reporter; the capacity that makes the person a mandated reporter; and the information that gave rise to the reasonable suspicion of child abuse or neglect and the source or sources of that information. If a report is made, the following information, if known, shall also be included in the report: the child's name, the child's address, present location, and, if applicable, school, grade, and class; the names, addresses, and telephone numbers of the child's parents or guardians; and the name, address, telephone number, and other relevant personal information about the person or persons who might have abused or neglected the child. The mandated reporter shall make a report even if some of this information is not known or is uncertain to him or her.

(b) Information relevant to the incident of child abuse or neglect and information relevant to a report made pursuant to Section 11166.05 may be given to an investigator from an agency that is investigating the known or suspected case of child abuse or neglect.

(c) Information relevant to the incident of child abuse or neglect, including the investigation report and other pertinent materials, and information relevant to a report made pursuant to Section 11166.05 may be given to the licensing agency when it is investigating a known or suspected case of child abuse or neglect.

(d) (1) The identity of all persons who report under this article shall be confidential and disclosed only among agencies receiving or investigating mandated reports, to the prosecutor in a criminal prosecution or in an action initiated under Section 602 of the Welfare and Institutions Code arising from alleged child abuse, or to counsel appointed pursuant to subdivision (c) of Section 317 of the Welfare and Institutions Code, or to the county counsel or prosecutor in a proceeding under Part 4 (commencing with Section 7800) of Division 12 of the Family Code or Section 300 of the Welfare and Institutions Code, or to a licensing agency when abuse or neglect in out-of-home care is reasonably suspected, or when those persons waive confidentiality, or by court order.

(2) No agency or person listed in this subdivision shall disclose the identity of any person who reports under this article to that person's employer, except with the employee's consent or by court order.

(e) Notwithstanding the confidentiality requirements of this section, a representative of a child protective services agency performing an investigation that results from a report of suspected child abuse or neglect made pursuant to Section 11166 or Section 11166.05, at the time of the initial contact with the individual who is subject to the investigation, shall advise the individual of the complaints or allegations against him or her, in a manner that is consistent with laws protecting the identity of the reporter under this article.

(f) Persons who may report pursuant to subdivision (g) of Section 11166 are not required to include their names.

(Amended by Stats. 2010, Ch. 95, Sec. 1. (AB 2339) Effective January 1, 2011.)

11167.5.   (a) The reports required by Sections 11166 and 11166.2, or authorized by Section 11166.05, and child abuse or neglect investigative reports that result in a summary report being filed with the Department of Justice pursuant to subdivision (a) of Section 11169 shall be confidential and may be disclosed only as provided in subdivision (b). Any violation of the confidentiality provided by this article is a misdemeanor punishable by imprisonment in a county jail not to exceed six months, by a fine of five hundred dollars ($500), or by both that imprisonment and fine.

(b) Reports of suspected child abuse or neglect and information contained therein may be disclosed only to the following:

(1) Persons or agencies to whom disclosure of the identity of the reporting party is permitted under Section 11167.

(2) Persons or agencies to whom disclosure of information is permitted under subdivision (b) of Section 11170 or subdivision (a) of Section 11170.5.

(3) Persons or agencies with whom investigations of child abuse or neglect are coordinated under the regulations promulgated under Section 11174.

(4) Multidisciplinary personnel teams as defined in subdivision (d) of Section 18951 of the Welfare and Institutions Code.

(5) Persons or agencies responsible for the licensing of facilities which care for children, as specified in Section 11165.7.

(6) The State Department of Social Services or any county, as specified in paragraph (4) of subdivision (b) of Section 11170, when an individual has applied for a license to operate a community care facility or child day care facility, or for a certificate of approval to operate a certified family home or resource family home, or for employment or presence in a licensed facility, certified family home, or resource family home, or when a complaint alleges child abuse or neglect by a licensee or employee of, or individual approved to be present in, a licensed facility, certified family home, or resource family home.

(7) Hospital scan teams. As used in this paragraph, "hospital scan team" means a team of three or more persons established by a hospital, or two or more hospitals in the same county, consisting of health care professionals and representatives of law enforcement and child protective services, the members of which are engaged in the identification of child abuse or neglect. The disclosure authorized by this section includes disclosure among all hospital scan teams.

(8) Coroners and medical examiners when conducting a post mortem examination of a child.

(9) The Board of Parole Hearings, which may subpoena an employee of a county welfare department who can provide relevant evidence and reports that both (A) are not unfounded, pursuant to Section 11165.12, and (B) concern only the current incidents upon which parole revocation proceedings are pending against a parolee charged with child abuse or neglect. The reports and information shall be confidential pursuant to subdivision (d) of Section 11167.

(10) Personnel from an agency responsible for making a placement of a child pursuant to Section 361.3 of, and Article 7 (commencing with Section 305) of Chapter 2 of Part 1 of Division 2 of, the Welfare and Institutions Code.

(11) Persons who have been identified by the Department of Justice as listed in the Child Abuse Central Index pursuant to paragraph (7) of subdivision (b) of Section 11170 or subdivision (c) of Section 11170, or persons who have verified with the Department of Justice that they are listed in the Child Abuse Central Index as provided in subdivision (f) of Section 11170. Disclosure under this paragraph is required notwithstanding the California Public Records Act, Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code. Nothing in this paragraph shall preclude a submitting agency prior to disclosure from redacting any information necessary to maintain confidentiality as required by law.

(12) Out-of-state law enforcement agencies conducting an investigation of child abuse or neglect only when an agency makes the request for reports of suspected child abuse or neglect in writing and on official letterhead, or as designated by the Department of Justice, identifying the suspected abuser or victim by name and date of birth or approximate age. The request shall be signed by the department supervisor of the requesting law enforcement agency. The written request shall cite the out-of-state statute or interstate compact provision that requires that the information contained within these reports is to be disclosed only to law enforcement, prosecutorial entities, or multidisciplinary investigative teams, and shall cite the safeguards in place to prevent unlawful disclosure provided by the requesting state or the applicable interstate compact provision.

(13) Out-of-state agencies responsible for approving prospective foster or adoptive parents for placement of a child only when the agency makes the request in compliance with the Adam Walsh Child Protection and Safety Act of

2006 (Public Law 109-248). The request shall also cite the safeguards in place to prevent unlawful disclosure provided by the requesting state or the applicable interstate compact provision and indicate that the requesting state shall maintain continual compliance with the requirement in paragraph (20) of subdivision (a) of Section 671 of Title 42 of the United States Code that requires the state have in place safeguards to prevent the unauthorized disclosure of information in any child abuse and neglect registry maintained by the state and prevent the information from being used for a purpose other than the conducting of background checks in foster or adoptive placement cases.

(14) Each chairperson of a county child death review team, or his or her designee, to whom disclosure of information is permitted under this article, relating to the death of one or more children and any prior child abuse or neglect investigation reports maintained involving the same victim, siblings, or suspects. Local child death review teams may share any relevant information regarding case reviews involving child death with other child death review teams.

(c) Authorized persons within county health departments shall be permitted to receive copies of any reports made by health practitioners, as defined in paragraphs (21) to (28), inclusive, of subdivision (a) of Section 11165.7, and pursuant to Section 11165.13, and copies of assessments completed pursuant to Sections 123600 and 123605 of the Health and Safety Code, to the extent permitted by federal law. Any information received pursuant to this subdivision is protected by subdivision (e).

(d) Nothing in this section requires the Department of Justice to disclose information contained in records maintained under Section 11170 or under the regulations promulgated pursuant to Section 11174, except as otherwise provided in this article.

(e) This section shall not be interpreted to allow disclosure of any reports or records relevant to the reports of child abuse or neglect if the disclosure would be prohibited by any other provisions of state or federal law applicable to the reports or records relevant to the reports of child abuse or neglect.

(Amended by Stats. 2017, Ch. 732, Sec. 41. (AB 404) Effective January 1, 2018.)

11168. The written reports required by Section 11166 shall be submitted on forms adopted by the Department of Justice after consultation with representatives of the various professional medical associations and hospital associations and county probation or welfare departments. Those forms shall be distributed by the agencies specified in Section 11165.9.

(Amended by Stats. 2000, Ch. 916, Sec. 26. Effective January 1, 2001.)

11169. (a) An agency specified in Section 11165.9 shall forward to the Department of Justice a report in writing of every case it investigates of known or suspected child abuse or severe neglect that is determined to be substantiated, other than cases coming within subdivision (b) of Section 11165.2. An agency shall not forward a report to the Department of Justice unless it has conducted an active investigation and determined that the report is substantiated, as defined in Section 11165.12. If a report has previously been filed which subsequently proves to be not substantiated, the Department of Justice shall be notified in writing of that fact and shall not retain the report. The reports required by this section shall be in a form approved by the Department of Justice and may be sent by fax or electronic transmission. An agency specified in Section 11165.9 receiving a written report from another agency specified in Section 11165.9 shall not send that report to the Department of Justice.

(b) On and after January 1, 2012, a police department or sheriff's department specified in Section 11165.9 shall no longer forward to the Department of Justice a report in writing of any case it investigates of known or suspected child abuse or severe neglect.

(c) At the time an agency specified in Section 11165.9 forwards a report in writing to the Department of Justice pursuant to subdivision (a), the agency shall also notify in writing the known or suspected child abuser that he or she has been reported to the Child Abuse Central Index (CACI).The notice required by this section shall be in a form approved by the Department of Justice. The requirements of this subdivision shall apply with respect to reports forwarded to the department on or after the date on which this subdivision becomes operative.

(d) Subject to subdivision (e), any person who is listed on the CACI has the right to a hearing before the agency that requested his or her inclusion in the CACI to challenge his or her listing on the CACI. The hearing shall satisfy due process requirements. It is the intent of the Legislature that the hearing provided for by this subdivision shall not be construed to be inconsistent with hearing proceedings available to persons who have been listed on the CACI prior to the enactment of the act that added this subdivision.

(e) A hearing requested pursuant to subdivision (d) shall be denied when a court of competent jurisdiction has determined that suspected child abuse or neglect has occurred, or when the allegation of child abuse or neglect resulting in the referral to the CACI is pending before the court. A person who is listed on the CACI and has been

denied a hearing pursuant to this subdivision has a right to a hearing pursuant to subdivision (d) only if the court's jurisdiction has terminated, the court has not made a finding concerning whether the suspected child abuse or neglect was substantiated, and a hearing has not previously been provided to the listed person pursuant to subdivision (d).

(f) Any person listed in the CACI who has reached 100 years of age shall have his or her listing removed from the CACI.

(g) Any person listed in the CACI as of January 1, 2013, who was listed prior to reaching 18 years of age, and who is listed once in CACI with no subsequent listings, shall be removed from the CACI 10 years from the date of the incident resulting in the CACI listing.

(h) If, after a hearing pursuant to subdivision (d) or a court proceeding described in subdivision (e), it is determined the person's CACI listing was based on a report that was not substantiated, the agency shall notify the Department of Justice of that result and the department shall remove that person's name from the CACI.

(i) Agencies, including police departments and sheriff's departments, shall retain child abuse or neglect investigative reports that result or resulted in a report filed with the Department of Justice pursuant to subdivision (a) for the same period of time that the information is required to be maintained on the CACI pursuant to this section and subdivision (a) of Section 11170. Nothing in this section precludes an agency from retaining the reports for a longer period of time if required by law.

(j) The immunity provisions of Section 11172 shall not apply to the submission of a report by an agency pursuant to this section. However, nothing in this section shall be construed to alter or diminish any other immunity provisions of state or federal law.

(Amended by Stats. 2012, Ch. 848, Sec. 1. (AB 1707) Effective January 1, 2013.)

11170. (a) (1) The Department of Justice shall maintain an index of all reports of child abuse and severe neglect submitted pursuant to Section 11169. The index shall be continually updated by the department and shall not contain any reports that are determined to be not substantiated. The department may adopt rules governing recordkeeping and reporting pursuant to this article.

(2) The department shall act only as a repository of reports of suspected child abuse and severe neglect to be maintained in the Child Abuse Central Index (CACI) pursuant to paragraph (1). The submitting agencies are responsible for the accuracy, completeness, and retention of the reports described in this section. The department shall be responsible for ensuring that the CACI accurately reflects the report it receives from the submitting agency.

(3) Only information from reports that are reported as substantiated shall be filed pursuant to paragraph (1), and all other determinations shall be removed from the central list. If a person listed in the CACI was under 18 years of age at the time of the report, the information shall be deleted from the CACI 10 years from the date of the incident resulting in the CACI listing, if no subsequent report concerning the same person is received during that time period.

(b) The provisions of subdivision (c) of Section 11169 apply to any information provided pursuant to this subdivision.

(1) The Department of Justice shall immediately notify an agency that submits a report pursuant to Section 11169, or a prosecutor who requests notification, of any information maintained pursuant to subdivision (a) that is relevant to the known or suspected instance of child abuse or severe neglect reported by the agency. The agency shall make that information available to the reporting health care practitioner who is treating a person reported as a possible victim of known or suspected child abuse. The agency shall make that information available to the reporting child custodian, Child Abuse Prevention and Treatment Act guardian ad litem appointed under Rule 5.662 of the California Rules of Court, or counsel appointed under Section 317 or 318 of the Welfare and Institutions Code, or the appropriate licensing agency, if he or she or the licensing agency is handling or investigating a case of known or suspected child abuse or severe neglect.

(2) When a report is made pursuant to subdivision (a) of Section 11166, or Section 11166.05, the investigating agency, upon completion of the investigation or after there has been a final disposition in the matter, shall inform the person required or authorized to report of the results of the investigation and of any action the agency is taking with regard to the child or family.

(3) The Department of Justice shall make relevant information from the CACI available to a law enforcement agency, county welfare department, tribal agency pursuant to Section 10553.12 of the Welfare and Institutions Code, or county probation department that is conducting a child abuse investigation.

(4) The department shall make available to the State Department of Social Services, to any county licensing agency that has contracted with the state for the performance of licensing duties, to a county approving resource families

pursuant to Section 16519.5 of the Welfare and Institutions Code, or to a tribal court or tribal child welfare agency of a tribe, consortium of tribes, or tribal organization that has entered into an agreement with the state pursuant to Section 10553.1 of the Welfare and Institutions Code, information regarding a known or suspected child abuser maintained pursuant to this section and subdivision (a) of Section 11169 concerning any person who is an applicant for licensure or approval, or any adult who resides or is employed in the home of an applicant for licensure or approval, or who is an applicant for employment in a position having supervisorial or disciplinary power over a child or children, or who will provide 24-hour care for a child or children in a residential home or facility, pursuant to Section 1522.1 or 1596.877 of the Health and Safety Code, or Section 8714, 8802, 8912, or 9000 of the Family Code, or Section 11403.2 or 16519.5 of the Welfare and Institutions Code.

(5) The Department of Justice shall make available to a Court Appointed Special Advocate program that is conducting a background investigation of an applicant seeking employment with the program or a volunteer position as a Court Appointed Special Advocate, as defined in Section 101 of the Welfare and Institutions Code, information contained in the index regarding known or suspected child abuse by the applicant.

(6) For purposes of child death review, the Department of Justice shall make available to the chairperson, or the chairperson's designee, for each county child death review team, or the State Child Death Review Council, information for investigative purposes only that is maintained in the CACI pursuant to subdivision (a) relating to the death of one or more children and any prior child abuse or neglect investigation reports maintained involving the same victims, siblings, or suspects. Local child death review teams may share any relevant information regarding case reviews involving child death with other child death review teams.

(7) The department shall make available to investigative agencies or probation officers, or court investigators acting pursuant to Section 1513 of the Probate Code, responsible for placing children or assessing the possible placement of children pursuant to Article 6 (commencing with Section 300), Article 7 (commencing with Section 305), Article 10 (commencing with Section 360), or Article 14 (commencing with Section 601) of Chapter 2 of Part 1 of Division 2 of the Welfare and Institutions Code, or Article 2 (commencing with Section 1510) or Article 3 (commencing with Section 1540) of Chapter 1 of Part 2 of Division 4 of the Probate Code, information regarding a known or suspected child abuser contained in the index concerning any adult residing in the home where the child may be placed, when this information is requested for purposes of ensuring that the placement is in the best interest of the child. Upon receipt of relevant information concerning child abuse or neglect investigation reports contained in the CACI from the Department of Justice pursuant to this subdivision, the agency or court investigator shall notify, in writing, the person listed in the CACI that he or she is in the index. The notification shall include the name of the reporting agency and the date of the report.

(8) Pursuant to Section 10553.12 of the Welfare and Institutions Code, the department shall make available to a tribal agency information regarding a known or suspected child abuser maintained pursuant to this section or subdivision (a) of Section 11169 who is being considered as a prospective foster or adoptive parent, an adult who resides or is employed in the home of an applicant for approval, any person who has a familial or intimate relationship with any person living in the home of an applicant, or an employee of the tribal agency who may have contact with children.

(9) The Department of Justice shall make available to a government agency conducting a background investigation pursuant to Section 1031 of the Government Code of an applicant seeking employment as a peace officer, as defined in Section 830, information regarding a known or suspected child abuser maintained pursuant to this section concerning the applicant.

(10) The Department of Justice shall make available to a county child welfare agency or delegated county adoption agency, as defined in Section 8515 of the Family Code, conducting a background investigation, or a government agency conducting a background investigation on behalf of one of those agencies, information regarding a known or suspected child abuser maintained pursuant to this section and subdivision (a) of Section 11169 concerning any applicant seeking employment or volunteer status with the agency who, in the course of his or her employment or volunteer work, will have direct contact with children who are alleged to have been, are at risk of, or have suffered, abuse or neglect.

(11) (A) Persons or agencies, as specified in subdivision (b), if investigating a case of known or suspected child abuse or neglect, or the State Department of Social Services or any county licensing agency pursuant to paragraph (4), or a Court Appointed Special Advocate (CASA) program conducting a background investigation for employment or volunteer candidates pursuant to paragraph (5), or an investigative agency, probation officer, or court investigator responsible for placing children or assessing the possible placement of children pursuant to paragraph (7), or a government agency conducting a background investigation of an applicant seeking employment as a peace officer pursuant to paragraph (9), or a county child welfare agency or delegated county adoption agency conducting a background investigation of an applicant seeking employment or volunteer status who, in the course of his or her employment or volunteer work, will have direct contact with children who are alleged to have been, are at risk of,

or have suffered, abuse or neglect, pursuant to paragraph (10), to whom disclosure of any information maintained pursuant to subdivision (a) is authorized, are responsible for obtaining the original investigative report from the reporting agency, and for drawing independent conclusions regarding the quality of the evidence disclosed, and its sufficiency for making decisions regarding investigation, prosecution, licensing, placement of a child, employment or volunteer positions with a CASA program, or employment as a peace officer.

(B) If CACI information is requested by an agency for the temporary placement of a child in an emergency situation pursuant to Article 7 (commencing with Section 305) of Chapter 2 of Part 1 of Division 2 of the Welfare and Institutions Code, the department is exempt from the requirements of Section 1798.18 of the Civil Code if compliance would cause a delay in providing an expedited response to the agency's inquiry and if further delay in placement may be detrimental to the child.

(12) (A) Whenever information contained in the Department of Justice files is furnished as the result of an application for employment or licensing or volunteer status pursuant to paragraph (4), (5), (8), (9), or (10), the Department of Justice may charge the person or entity making the request a fee. The fee shall not exceed the reasonable costs to the department of providing the information. The only increase shall be at a rate not to exceed the legislatively approved cost-of-living adjustment for the department. In no case shall the fee exceed fifteen dollars ($15).

(B) All moneys received by the department pursuant to this section to process trustline applications for purposes of Chapter 3.35 (commencing with Section 1596.60) of Division 2 of the Health and Safety Code shall be deposited in a special account in the General Fund that is hereby established and named the Department of Justice Child Abuse Fund. Moneys in the fund shall be available, upon appropriation by the Legislature, for expenditure by the department to offset the costs incurred to process trustline automated child abuse or neglect system checks pursuant to this section.

(C) All moneys, other than those described in subparagraph (B), received by the department pursuant to this paragraph shall be deposited in a special account in the General Fund which is hereby created and named the Department of Justice Sexual Habitual Offender Fund. The funds shall be available, upon appropriation by the Legislature, for expenditure by the department to offset the costs incurred pursuant to Chapter 9.5 (commencing with Section 13885) and Chapter 10 (commencing with Section 13890) of Title 6 of Part 4, and the DNA and Forensic Identification Data Base and Data Bank Act of 1998 (Chapter 6 (commencing with Section 295) of Title 9 of Part 1), and for maintenance and improvements to the statewide Sexual Habitual Offender Program and the California DNA offender identification file (CAL-DNA) authorized by Chapter 9.5 (commencing with Section 13885) of Title 6 of Part 4 and the DNA and Forensic Identification Data Base and Data Bank Act of 1998 (Chapter 6 (commencing with Section 295) of Title 9 of Part 1).

(c) (1) The Department of Justice shall make available to any agency responsible for placing children pursuant to Article 7 (commencing with Section 305) of Chapter 2 of Part 1 of Division 2 of the Welfare and Institutions Code, upon request, relevant information concerning child abuse or neglect reports contained in the index, when making a placement with a responsible relative pursuant to Sections 281.5, 305, and 361.3 of the Welfare and Institutions Code. Upon receipt of relevant information concerning child abuse or neglect reports contained in the index from the Department of Justice pursuant to this subdivision, the agency shall also notify in writing the person listed in the CACI that he or she is in the index. The notification shall include the location of the original investigative report and the submitting agency. The notification shall be submitted to the person listed at the same time that all other parties are notified of the information, and no later than the actual judicial proceeding that determines placement.

(2) If information is requested by an agency for the placement of a child with a responsible relative in an emergency situation pursuant to Article 7 (commencing with Section 305) of Chapter 2 of Part 1 of Division 2 of the Welfare and Institutions Code, the department is exempt from the requirements of Section 1798.18 of the Civil Code if compliance would cause a delay in providing an expedited response to the child protective agency's inquiry and if further delay in placement may be detrimental to the child.

(d) The department shall make available any information maintained pursuant to subdivision (a) to out-of-state law enforcement agencies conducting investigations of known or suspected child abuse or neglect only when an agency makes the request for information in writing and on official letterhead, or as designated by the department, identifying the suspected abuser or victim by name and date of birth or approximate age. The request shall be signed by the department supervisor of the requesting law enforcement agency. The written requests shall cite the out-of-state statute or interstate compact provision that requires that the information contained within these reports shall be disclosed only to law enforcement, prosecutorial entities, or multidisciplinary investigative teams, and shall cite the safeguards in place to prevent unlawful disclosure of any confidential information provided by the requesting state or the applicable interstate compact provision.

(e) (1) The department shall make available to an out-of-state agency, for purposes of approving a prospective foster or adoptive parent in compliance with the Adam Walsh Child Protection and Safety Act of 2006 (Public Law

109-248), information regarding a known or suspected child abuser maintained pursuant to subdivision (a) concerning the prospective foster or adoptive parent, and any other adult living in the home of the prospective foster or adoptive parent. The department shall make that information available only when the out-of-state agency makes the request indicating that continual compliance will be maintained with the requirement in paragraph (20) of subsection (a) of Section 671 of Title 42 of the United States Code that requires the state to have in place safeguards to prevent the unauthorized disclosure of information in any child abuse and neglect registry maintained by the state and prevent the information from being used for a purpose other than the conducting of background checks in foster or adoption placement cases.

(2) With respect to any information provided by the department in response to the out-of-state agency's request, the out-of-state agency is responsible for obtaining the original investigative report from the reporting agency, and for drawing independent conclusions regarding the quality of the evidence disclosed and its sufficiency for making decisions regarding the approval of prospective foster or adoptive parents.

(3) (A) Whenever information contained in the index is furnished pursuant to this subdivision, the department shall charge the out-of-state agency making the request a fee. The fee shall not exceed the reasonable costs to the department of providing the information. The only increase shall be at a rate not to exceed the legislatively approved cost-of-living adjustment for the department. In no case shall the fee exceed fifteen dollars ($15).

(B) All moneys received by the department pursuant to this subdivision shall be deposited in the Department of Justice Child Abuse Fund, established under subparagraph (B) of paragraph (12) of subdivision (b). Moneys in the fund shall be available, upon appropriation by the Legislature, for expenditure by the department to offset the costs incurred to process requests for information pursuant to this subdivision.

(f) (1) Any person may determine if he or she is listed in the CACI by making a request in writing to the Department of Justice. The request shall be notarized and include the person's name, address, date of birth, and either a social security number or a California identification number. Upon receipt of a notarized request, the Department of Justice shall make available to the requesting person information identifying the date of the report and the submitting agency. The requesting person is responsible for obtaining the investigative report from the submitting agency pursuant to paragraph (11) of subdivision (b) of Section 11167.5.

(2) No person or agency shall require or request another person to furnish a copy of a record concerning himself or herself, or notification that a record concerning himself or herself exists or does not exist, pursuant to paragraph (1).

(g) If a person is listed in the CACI only as a victim of child abuse or neglect, and that person is 18 years of age or older, that person may have his or her name removed from the index by making a written request to the Department of Justice. The request shall be notarized and include the person's name, address, social security number, and date of birth.

(Amended by Stats. 2017, Ch. 732, Sec. 42. (AB 404) Effective January 1, 2018.)

11170.5. (a) Notwithstanding paragraph (4) of subdivision (b) of Section 11170, the Department of Justice shall make available to a licensed adoption agency, as defined in Section 8530 of the Family Code, information regarding a known or suspected child abuser maintained in the Child Abuse Central Index, pursuant to subdivision (a) of Section 11170, concerning any person who has submitted to the agency an application for adoption.

(b) A licensed adoption agency, to which disclosure of any information pursuant to subdivision (a) is authorized, is responsible for obtaining the original investigative report from the reporting agency, and for drawing independent conclusions regarding the quality of the evidence disclosed and the sufficiency of the evidence for making decisions when evaluating an application for adoption.

(c) Whenever information contained in the Department of Justice files is furnished as the result of an application for adoption pursuant to subdivision (a), the Department of Justice may charge the agency making the request a fee. The fee shall not exceed the reasonable costs to the department of providing the information. The only increase shall be at a rate not to exceed the legislatively approved cost-of-living adjustment for the department. In no case shall the fee exceed fifteen dollars ($15).

All moneys received by the department pursuant to this subdivision shall be deposited in the Department of Justice Sexual Habitual Offender Fund pursuant to subparagraph (C) of paragraph (9) of subdivision (b) of Section 11170.

(Amended by Stats. 2004, Ch. 842, Sec. 19. Effective January 1, 2005.)

11171. (a) (1) The Legislature hereby finds and declares that adequate protection of victims of child physical abuse or neglect has been hampered by the lack of consistent and comprehensive medical examinations.

(2) Enhancing examination procedures, documentation, and evidence collection relating to child abuse or neglect will improve the investigation and prosecution of child abuse or neglect as well as other child protection efforts.

(b) The Office of Emergency Services shall, in cooperation with the State Department of Social Services, the Department of Justice, the California Association of Crime Lab Directors, the California District Attorneys Association, the California State Sheriffs' Association, the California Peace Officers Association, the California Medical Association, the California Police Chiefs' Association, child advocates, the California Medical Training Center, child protective services, and other appropriate experts, establish medical forensic forms, instructions, and examination protocols for victims of child physical abuse or neglect using as a model the form and guidelines developed pursuant to Section 13823.5.

(c) The forms shall include, but not be limited to, a place for notation concerning each of the following:

(1) Any notification of injuries or any report of suspected child physical abuse or neglect to law enforcement authorities or children's protective services, in accordance with existing reporting procedures.

(2) Addressing relevant consent issues, if indicated.

(3) The taking of a patient history of child physical abuse or neglect that includes other relevant medical history.

(4) The performance of a physical examination for evidence of child physical abuse or neglect.

(5) The collection or documentation of any physical evidence of child physical abuse or neglect, including any recommended photographic procedures.

(6) The collection of other medical or forensic specimens, including drug ingestion or toxication, as indicated.

(7) Procedures for the preservation and disposition of evidence.

(8) Complete documentation of medical forensic exam findings with recommendations for diagnostic studies, including blood tests and X-rays.

(9) An assessment as to whether there are findings that indicate physical abuse or neglect.

(d) The forms shall become part of the patient's medical record pursuant to guidelines established by the advisory committee of the Office of Emergency Services and subject to the confidentiality laws pertaining to the release of medical forensic examination records.

(e) The forms shall be made accessible for use on the Internet.

(Amended by Stats. 2013, Ch. 352, Sec. 421. (AB 1317) Effective September 26, 2013. Operative July 1, 2013, by Sec. 543 of Ch. 352.)

11171.2. (a) A physician and surgeon or dentist or their agents and by their direction may take skeletal X-rays of the child without the consent of the child's parent or guardian, but only for purposes of diagnosing the case as one of possible child abuse or neglect and determining the extent of the child abuse or neglect.

(b) Neither the physician-patient privilege nor the psychotherapist-patient privilege applies to information reported pursuant to this article in any court proceeding or administrative hearing.

(Added by renumbering Section 11171 by Stats. 2002, Ch. 249, second Sec. 3. Effective January 1, 2003.)

11171.5. (a) If a peace officer, in the course of an investigation of child abuse or neglect, has reasonable cause to believe that the child has been the victim of physical abuse, the officer may apply to a magistrate for an order directing that the victim be X-rayed without parental consent.

Any X-ray taken pursuant to this subdivision shall be administered by a physician and surgeon or dentist or their agents.

(b) With respect to the cost of an X-ray taken by the county coroner or at the request of the county coroner in suspected child abuse or neglect cases, the county may charge the parent or legal guardian of the child-victim the costs incurred by the county for the X-ray.

(c) No person who administers an X-ray pursuant to this section shall be entitled to reimbursement from the county for any administrative cost that exceeds 5 percent of the cost of the X-ray.

(Amended by Stats. 2000, Ch. 916, Sec. 30. Effective January 1, 2001.)

11172. (a) No mandated reporter shall be civilly or criminally liable for any report required or authorized by this article, and this immunity shall apply even if the mandated reporter acquired the knowledge or reasonable suspicion of child abuse or neglect outside of his or her professional capacity or outside the scope of his or her employment. Any other person reporting a known or suspected instance of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by this article unless it can be proven that a false report

was made and the person knew that the report was false or was made with reckless disregard of the truth or falsity of the report, and any person who makes a report of child abuse or neglect known to be false or with reckless disregard of the truth or falsity of the report is liable for any damages caused. No person required to make a report pursuant to this article, nor any person taking photographs at his or her direction, shall incur any civil or criminal liability for taking photographs of a suspected victim of child abuse or neglect, or causing photographs to be taken of a suspected victim of child abuse or neglect, without parental consent, or for disseminating the photographs, images, or material with the reports required by this article. However, this section shall not be construed to grant immunity from this liability with respect to any other use of the photographs.

(b) Any person, who, pursuant to a request from a government agency investigating a report of suspected child abuse or neglect, provides the requesting agency with access to the victim of a known or suspected instance of child abuse or neglect shall not incur civil or criminal liability as a result of providing that access.

(c) Any commercial computer technician, and any employer of any commercial computer technician, who, pursuant to a warrant from a law enforcement agency investigating a report of suspected child abuse or neglect, provides the law enforcement agency with a computer or computer component which contains possible evidence of a known or suspected instance of child abuse or neglect, shall not incur civil or criminal liability as a result of providing that computer or computer component to the law enforcement agency.

(d) (1) The Legislature finds that even though it has provided immunity from liability to persons required or authorized to make reports pursuant to this article, that immunity does not eliminate the possibility that actions may be brought against those persons based upon required or authorized reports. In order to further limit the financial hardship that those persons may incur as a result of fulfilling their legal responsibilities, it is necessary that they not be unfairly burdened by legal fees incurred in defending those actions. Therefore, a mandated reporter may present a claim to the Department of General Services for reasonable attorney's fees and costs incurred in any action against that person on the basis of making a report required or authorized by this article if the court has dismissed the action upon a demurrer or motion for summary judgment made by that person, or if he or she prevails in the action. The Department of General Services shall allow that claim if the requirements of this subdivision are met, and the claim shall be paid from an appropriation to be made for that purpose. Attorney's fees awarded pursuant to this section shall not exceed an hourly rate greater than the rate charged by the Attorney General of the State of California at the time the award is made and shall not exceed an aggregate amount of fifty thousand dollars ($50,000).

(2) This subdivision shall not apply if a public entity has provided for the defense of the action pursuant to Section 995 of the Government Code.

(e) A court may award attorney's fees and costs to a commercial film and photographic print processor when a suit is brought against the processor because of a disclosure mandated by this article and the court finds this suit to be frivolous.

(Amended by Stats. 2016, Ch. 31, Sec. 257. (SB 836) Effective June 27, 2016.)

11174. The Department of Justice, in cooperation with the State Department of Social Services, shall prescribe by regulation guidelines for the investigation of abuse in out-of-home care, as defined in Section 11165.5, and shall ensure that the investigation is conducted in accordance with the regulations and guidelines.

(Amended by Stats. 1988, Ch. 269, Sec. 5.)

11174.1. (a) The Department of Justice, in cooperation with the State Department of Social Services, shall prescribe by regulation guidelines for the investigation of child abuse or neglect, as defined in Section 11165.6, in facilities licensed to care for children, and shall ensure that the investigation is conducted in accordance with the regulations and guidelines.

(b) For community treatment facilities, day treatment facilities, group homes, and foster family agencies, the State Department of Social Services shall prescribe the following regulations:

(1) Regulations designed to assure that all licensees and employees of community treatment facilities, day treatment facilities, group homes, and foster family agencies licensed to care for children have had appropriate training, as determined by the State Department of Social Services, in consultation with representatives of licensees, on the provisions of this article.

(2) Regulations designed to assure the community treatment facilities, day treatment facilities, group homes, and foster family agencies licensed to care for children maintain a written protocol for the investigation and reporting of child abuse or neglect, as defined in Section 11165.6, alleged to have occurred involving a child placed in the facility.

(c) The State Department of Social Services shall provide such orientation and training as it deems necessary to assure that its officers, employees, or agents who conduct inspections of facilities licensed to care for children are knowledgeable about the reporting requirements of this article and have adequate training to identify conditions leading to, and the signs of, child abuse or neglect, as defined in Section 11165.6.

(Amended by Stats. 2000, Ch. 916, Sec. 32. Effective January 1, 2001.)

11174.3. (a) Whenever a representative of a government agency investigating suspected child abuse or neglect or the State Department of Social Services deems it necessary, a suspected victim of child abuse or neglect may be interviewed during school hours, on school premises, concerning a report of suspected child abuse or neglect that occurred within the child's home or out-of-home care facility. The child shall be afforded the option of being interviewed in private or selecting any adult who is a member of the staff of the school, including any certificated or classified employee or volunteer aide, to be present at the interview. A representative of the agency investigating suspected child abuse or neglect or the State Department of Social Services shall inform the child of that right prior to the interview.

The purpose of the staff person's presence at the interview is to lend support to the child and enable him or her to be as comfortable as possible. However, the member of the staff so elected shall not participate in the interview. The member of the staff so present shall not discuss the facts or circumstances of the case with the child. The member of the staff so present, including, but not limited to, a volunteer aide, is subject to the confidentiality requirements of this article, a violation of which is punishable as specified in Section 11167.5. A representative of the school shall inform a member of the staff so selected by a child of the requirements of this section prior to the interview. A staff member selected by a child may decline the request to be present at the interview. If the staff person selected agrees to be present, the interview shall be held at a time during school hours when it does not involve an expense to the school. Failure to comply with the requirements of this section does not affect the admissibility of evidence in a criminal or civil proceeding.

(b) The Superintendent of Public Instruction shall notify each school district and each agency specified in Section 11165.9 to receive mandated reports, and the State Department of Social Services shall notify each of its employees who participate in the investigation of reports of child abuse or neglect, of the requirements of this section.

(Amended by Stats. 2000, Ch. 916, Sec. 33. Effective January 1, 2001.)

SUSPECTED CHILD ABUSE REPORT
(Pursuant to Penal Code section 11166)

[Print Form] [Clear Form]

To Be Completed by Mandated Child Abuse Reporters
PLEASE PRINT OR TYPE

CASE NAME: _____

CASE NUMBER: _____

A. REPORTING PARTY

NAME OF MANDATED REPORTER	TITLE	MANDATED REPORTER CATEGORY

REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS   Street   City   Zip | DID MANDATED REPORTER WITNESS THE INCIDENT? ☐ YES ☐ NO

REPORTER'S TELEPHONE (DAYTIME) | SIGNATURE | TODAY'S DATE

B. REPORT NOTIFICATION

☐ LAW ENFORCEMENT   ☐ COUNTY PROBATION   AGENCY
☐ COUNTY WELFARE / CPS (Child Protective Services)

ADDRESS   Street   City   Zip | DATE/TIME OF PHONE CALL

OFFICIAL CONTACTED - NAME AND TITLE | TELEPHONE

C. VICTIM
One report per victim

NAME (LAST, FIRST, MIDDLE) | BIRTHDATE OR APPROX. AGE | SEX | ETHNICITY ▼

ADDRESS   Street   City   Zip | TELEPHONE

PRESENT LOCATION OF VICTIM | SCHOOL | CLASS | GRADE

PHYSICALLY DISABLED? ☐ YES ☐ NO | DEVELOPMENTALLY DISABLED? ☐ YES ☐ NO | OTHER DISABILITY (SPECIFY) | PRIMARY LANGUAGE SPOKEN IN HOME

IN FOSTER CARE? ☐ YES ☐ NO | IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: ☐ DAY CARE ☐ CHILD CARE CENTER ☐ FOSTER FAMILY HOME ☐ FAMILY FRIEND ☐ GROUP HOME OR INSTITUTION ☐ RELATIVE'S HOME | TYPE OF ABUSE *(CHECK ONE OR MORE)*: ☐ PHYSICAL ☐ MENTAL ☐ SEXUAL ☐ NEGLECT ☐ OTHER (SPECIFY) _____

RELATIONSHIP TO SUSPECT | PHOTOS TAKEN? ☐ YES ☐ NO | DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? ☐ YES ☐ NO ☐ UNK

D. INVOLVED PARTIES

VICTIM'S SIBLINGS

NAME	BIRTHDATE	SEX	ETHNICITY	NAME	BIRTHDATE	SEX	ETHNICITY
1.				3.			
2.				4.			

VICTIM'S PARENTS/GUARDIANS

NAME (LAST, FIRST. MIDDLE) | BIRTHDATE OR APPROX. AGE | SEX | ETHNICITY ▼

ADDRESS   Street   City   Zip | HOME PHONE | BUSINESS PHONE

NAME (LAST, FIRST. MIDDLE) | BIRTHDATE OR APPROX. AGE | SEX | ETHNICITY ▼

ADDRESS   Street   City   Zip | HOME PHONE | BUSINESS PHONE

SUSPECT

SUSPECT'S NAME (LAST, FIRST. MIDDLE) | BIRTHDATE OR APPROX. AGE | SEX | ETHNICITY ▼

ADDRESS   Street   City   Zip | TELEPHONE

OTHER RELEVANT INFORMATION

E. INCIDENT INFORMATION

IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX ☐   IF MULTIPLE VICTIMS, INDICATE NUMBER: _____

DATE/TIME OF INCIDENT | PLACE OF INCIDENT

NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incident's involving the victim(s) or suspect)

DO NOT submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code section 11169 to submit to DOJ a Child Abuse or Severe Neglect Indexing Form BCIA 8583 if (1) an active investigation was conducted and (2) the incident was determined to be substantiated.

SUSPECTED CHILD ABUSE REPORT
(Pursuant to Penal Code section 11166)

DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM BCIA 8572

All Penal Code (PC) references are located in Article 2.5 of the California PC. This article is known as the Child Abuse and Neglect Reporting Act (CANRA). The provisions of CANRA may be viewed at: http://leginfo.legislature.ca.gov/faces/codes.xhtml (specify "Penal Code" and search for sections 11164-11174.3). A mandated reporter must complete and submit form BCIA 8572 even if some of the requested information is not known. (PC section 11167(a).)

I. MANDATED CHILD ABUSE REPORTERS
Mandated child abuse reporters include all those individuals and entities listed in PC section 11165.7.

II. TO WHOM REPORTS ARE TO BE MADE ("DESIGNATED AGENCIES")
Reports of suspected child abuse or neglect shall be made by mandated reporters to any police department or sheriff's department (not including a school district police or security department), the county probation department (if designated by the county to receive mandated reports), or the county welfare department. (PC section 11165.9.)

III. REPORTING RESPONSIBILITIES
Any mandated reporter who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse or neglect shall report such suspected incident of abuse or neglect to a designated agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof *within 36 hours* of receiving the information concerning the incident. (PC section 11166(a).)

No mandated reporter who reports a suspected incident of child abuse or neglect shall be held civilly or criminally liable for any report required or authorized by CANRA. Any other person reporting a known or suspected incident of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by CANRA unless it can be proven the report was false and the person knew it was false or made the report with reckless disregard of its truth or falsity. (PC section 11172(a).)

IV. INSTRUCTIONS
SECTION A – REPORTING PARTY: Enter the mandated reporter's name, title, category (from PC section 11165.7), business/agency name and address, daytime telephone number, and today's date. Check yes/no whether the mandated reporter witnessed the incident. The signature area is for either the mandated reporter or, if the report is telephoned in by the mandated reporter, the person taking the telephoned report.

IV. INSTRUCTIONS (*continued*)
SECTION B – REPORT NOTIFICATION: Complete the name and address of the designated agency notified, the date/time of the phone call, and the name, title, and telephone number of the official contacted.

SECTION C – VICTIM (One Report per Victim): Enter the victim's name, birthdate or approximate age, sex, ethnicity, address, telephone number, present location, and, where applicable, enter the school, class (indicate the teacher's name or room number), and grade. List the primary language spoken in the victim's home. Check the appropriate yes/no box to indicate whether the victim may have a developmental disability or physical disability and specify any other apparent disability. Check the appropriate yes/no box to indicate whether the victim is in foster care, and check the appropriate box to indicate the type of care if the victim was in out-of-home care. Check the appropriate box to indicate the type of abuse. List the victim's relationship to the suspect. Check the appropriate yes/no box to indicate whether photos of the injuries were taken. Check the appropriate box to indicate whether the incident resulted in the victim's death.

SECTION D – INVOLVED PARTIES: Enter the requested information for Victim's Siblings, Victim's Parents/Guardians, and Suspect. Attach extra sheet(s) if needed (provide the requested information for each individual on the attached sheet(s)).

SECTION E – INCIDENT INFORMATION: If multiple victims, indicate the number and submit a form for each victim. Enter date/time and place of the incident. Provide a narrative of the incident. Attach extra sheet(s) if needed.

V. DISTRIBUTION
Reporting Party: After completing form BCIA 8572, retain a copy for your records and submit copies to the designated agency.

Designated Agency: *Within 36 hours* of receipt of form BCIA 8572, the initial designated agency will send a copy of the completed form to the district attorney and any additional designated agencies in compliance with PC sections 11166(j) and 11166(k).

ETHNICITY CODES

1 Alaskan Native	6 Caribbean	11 Guamanian	16 Korean	22 Polynesian	27 White-Armenian
2 American Indian	7 Central American	12 Hawaiian	17 Laotian	23 Samoan	28 White-Central American
3 Asian Indian	8 Chinese	13 Hispanic	18 Mexican	24 South American	29 White-European
4 Black	9 Ethiopian	14 Hmong	19 Other Asian	25 Vietnamese	30 White-Middle Eastern
5 Cambodian	10 Filipino	15 Japanese	21 Other Pacific Islander	26 White	31 White-Romanian

Reporting of Out-of-State Nonpublic, Nonsectarian School/Agency Placement

California *Education Code* 56365(f)

This report is required to be submitted within 15 days of the placement decision to:

Interagency-Nonpublic Schools/Agencies Unit
Special Education Division
California Department of Education
1430 N Street, Suite 2401
Sacramento, CA 95814
Phone 916-327-0141   FAX: 916-327-5233

1	**Placing Agency Information**		
	Placing Agency:		
	Address:		
	City:	State:	ZIP Code:
	Contact Person :	Telephone:	
	Signature:		

2.	**Student Information**	
	Student ID# :	Date of Birth:

4..	**Nonpublic School/Agency (NPS/A) Information**		
	NPS/A Name:		
	Is the NPS/A currently California-certified? ☐ Yes ☐ No (Requires Waiver)		
	Address:		
	City:	State:	ZIP Code:
	Contact Person:	Telephone:	
	Date of Placement:	For School Year(s):	
	Anticipated Date of Return to a California Placement:		

5.	**Out-of-State Pupil Placement and Costs** *Note: Continue description in Item 6. Use additional sheets, if necessary.*		
	Check appropriate box		
	☐	Full Day NPS Placement	Contract Cost:
	☐	Partial Day NPS Placement	Contract Cost:
	☐	Residential NPS Placement	Contract Cost:
	☐	Full Day NPA Placement	Contract Cost:
	☐	Partial Day NPA Placement	Contract Cost:

6.	**Describe Out-of-State Pupil Placement and Costs**
7.	**Related Services. List and identify cost of related service(s). Use additional sheets, if necessary.**
8.	**Describe the efforts to locate an appropriate public school, NPS/A, or a combination, thereof, within the State of California.**

Appendix E

California Code of Regulations

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§ 3410. Non-Supplant.
9 CA ADC § 3410
BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

</div>

Barclays Official California Code of Regulations Currentness
 Title 9. Rehabilitative and Developmental Services
  Division 1. Department of Mental Health
   Chapter 14. Mental Health Services Act
    Article 4. Funding Provisions

<div align="center">

9 CCR § 3410

§ 3410. Non-Supplant.

</div>

(a) Funds distributed under this Chapter shall not be used to provide mental health programs and/or services that were in existence on November 2, 2004, except to:

 (1) Expand mental health services and/or program capacity beyond what was previously provided.

 (2) Continue programs funded in Fiscal Year 2004-2005 with bridge funding, as defined in Section 3200.020.

(b) Funds distributed under this Chapter shall not be used to supplant state or county funds required to be used for services and/or supports that were in existence in Fiscal Year 2004-2005. The only exceptions to this limitation are:

 (1) The ten (10) percent of Realignment funds, described in Welfare and Institutions Code Section 17600.20, that the County may reallocate by transferring in or out of its mental health account.

 (A) If the County reallocates any portion of the ten (10) percent of Realignment funds out of the mental health account, the County shall adhere to (a) above.

 (2) County funds exceeding the amount required to be deposited into the mental health account in Fiscal Year 2004-2005, pursuant to Welfare and Institutions Code Section 17608.05.

 (A) If the County elects to reduce funds exceeding the amount required to be deposited into the mental health account in Fiscal Year 2004-2005, the County shall adhere to (a) above.

(c) The County shall not use MHSA funds to pay the costs associated with inflation for programs and/or services that were in existence on November 2, 2004.

(d) The County shall not loan MHSA funds for any purpose that is not consistent with Welfare and Institutions Code Section 5891, and the MHSA regulations, California Code of Regulations, Title 9, Chapter 14.

Note: Authority cited: Section 5898, Welfare and Institutions Code. References: Sections 5891 and 5892(a)(5), Welfare and Institutions Code.

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HISTORY

</div>

1. New section filed 12-30-2005 as an emergency; operative 12-30-2005 (Register 2005, No. 52). This filing is deemed an emergency, is exempt from OAL review, and shall remain in effect for no more than one year pursuant to Welfare and Institutions Code section 5898.

2. Repealer and new section filed 12-29-2006 as an emergency; operative 12-29-2006 (Register 2006, No. 52). A Certificate of Compliance must be transmitted to OAL by 4-30-2007 or emergency language will be repealed by operation of law on the following day.

3. Repealer and new section refiled 5-1-2007 as an emergency; operative 5-1-2007 (Register 2007, No. 18). A Certificate of Compliance must be transmitted to OAL by 8-29-2007 or emergency language will be repealed by operation of law on the following day.

4. Repealer and new section refiled 8-23-2007 as an emergency; operative 8-30-2007 (Register 2007, No. 34). A Certificate of Compliance must be transmitted to OAL by 12-28-2007 or emergency language will be repealed by operation of law on the following

day.

5. Certificate of Compliance as to 8-23-2007 order, including amendment of subsection (d), transmitted to OAL 12-28-2007 and filed 2-13-2008 (Register 2008, No. 7).

This database is current through 8/30/19 Register 2019, No. 35

9 CCR § 3410, 9 CA ADC § 3410

END OF DOCUMENT

Independent Living Program

Our mission is to promote: Education, Employment, Permanency, Health & Safety, and to provide current and former foster youth with resources that lead to self-sufficiency and independence.

For additional information please contact ILP at (800) 303-0001

ILP Eligibility

All dependent and former foster youth are eligible for ILP Services if they:

1. have spent at least one day in out-of-home placement on or after their 16th birthday
2. are between the ages 16-21 (in-care or extended foster care) or
3. are between the ages of ages 18-21 (aftercare)

Youth are eligible for services irrespective of their county or state of residence.

ILP Services:

ILP works in partnership with **Oak Grove Center** to provide ILP services to in-care and after-care eligible youth.

Education

- assist with meeting GED requirements
- evaluate High School credits
- identify educational options and goals
- prepare for academic assessments
- apply for scholarships and financial aid

Employment

- explore employment interests and options
- discuss job placement and work readiness skills
- provide information regarding job resources
- assist with Job Application and Resume Development
- encourage participation in vocational training and volunteer programs

Permanent Connections

- guide youth in developing mentoring relationships with appropriate adults
- connect youth to culturally relevant community events and services

Health and Safety

- assess youth's ability to make and practice appropriate lifestyle and preventative health choices
- provide referrals to appropriate health services
- guide the transition to adult mental health services
- assist with application process for health care coverage and Food Stamps
- help youth secure viable housing options following emancipation
- Transitional housing referrals
- Completion of Food Stamp Applications
- Assist with extended Medi-Cal Coverage Application Process

ILP Activities & Events:

ILP Life Skills Workshops:

Our workshops will be informative but fun with plenty of rewards, food and the chance to meet new friends. Each ILSP youth will be assigned to a Life Coach in order to provide individualized care and support while promoting permanency and helping you CONNECT.

ILP Events

A series of fun and informative events throughout the year.

For the ILP Schedule of Workshops & Special Events contact: **Oak Grove Center** at **1-800-391-9601**

Extended Medical Benefits:

Former foster youth can receive medical assistance through Med-cal until their 21st birthday. The initial enrollment process is automatic for qualifying youth; however, renewal of Extended Medi-Cal benefits is not automatic and requires annual eligibility renewal with the youth verifying the following:

- The youth's consent to continue with Medi-Cal services.
- The youth's current address.
- The existence of any other medical insurance (i.e. through employment etc.).

All ILP staff is available to assist former foster youth whose medical benefits have been discontinued or to provide additional information regarding medical care options and the programs that are available.

ILP Contact Information:

To learn more about ILP and the services available, please contact us at:

INDEPENDENT LIVING PROGRAM
Main Line: (800) 303-0001
Fax: (951) 358-5155
Email: ILP@riversidedpss.org