

INSTRUCTION

BEHAVIORAL INTERVENTIONS FOR STUDENTS WITH DISABILITIES

I. General Policy

School District 93 is committed to providing a learning environment for all disabled students which is conducive to their academic, social and emotional growth. District staff will intervene, as necessary, with students whose behavior is not consistent with this goal. Intervention may occur when a student's behavior (1) endangers the health and safety of the student or others, (2) is resulting in, or has the potential of resulting in, property loss or damage, (3) interferes with the school's legitimate educational purpose (i.e. non-compliance with the programs rules and regulations), or (4) otherwise represents a disruption of the educational process.

When behavioral interventions are used, they shall be used only in consideration of the student's physical freedom and social interaction, and shall be administered in a manner which respects human dignity and personal privacy, and which ensures a student's placement in the least restrictive educational environment.

It is the policy and belief of School District 93 that the use of non-aversive or positive interventions designed to develop and strengthen desirable behavior is the most effective way to develop and strengthen adaptive student behaviors. Such non-aversive or positive interventions are preferable to aversive and more restrictive procedures, and should be used to the maximum extent possible. In accordance with this policy, positive interventions shall be given the highest priority and shall always accompany the use of more restrictive procedures.

II. Behavioral Interventions Advisory Committee

A seven (7) member Behavioral Interventions Advisory Committee consisting of the Superintendent of Schools or his/her designee, one parent of students with disabilities, two teachers who have training in the use of behavioral interventions, either a school psychologist or school social worker, and a behavioral intervention consultant or other interested member of the public, shall be established and maintained by the District. The Superintendent shall have the authority and responsibility for appointing, removing and replacing members of the Advisory Committee.

The Advisory Committee shall have the following duties and responsibilities:

1. The Committee shall be responsible for the development and review of policies and procedures on the use of behavioral interventions for students with disabilities who require behavioral intervention. Such policies and procedures shall:
 - a. be developed with the advice of parents with students with disabilities and other parents, teachers, administrators, advocates for persons with disabilities, and individuals with knowledge or expertise in the development and implementation of behavioral interventions for persons with disabilities;

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- b. emphasize positive interventions that are designed to develop and strengthen desirable behaviors;
 - c. incorporate procedures and methods consistent with generally accepted practice in the field of behavioral intervention;
 - d. include criteria for determining when a student with disabilities may require a behavioral intervention plan;
 - e. reflect that the guidelines of the State Board of Education have been reviewed and considered (and provide the address of the State Board of Education so that copies of those guidelines may be requested); and
 - f. include procedures for monitoring the use of restrictive behavioral interventions.
2. The Committee shall review and monitor behavioral interventions involving the use of restrictive procedures.
3. The Committee shall review and monitor incidents involving the emergency use of restrictive behavioral interventions.
4. The Committee shall advise the Board of Education on an ongoing basis regarding issues relating to the use of behavioral interventions, including restrictive interventions.
5. The Committee shall advise the Board of Education regarding staff development in the area of behavioral interventions.
6. The Committee shall assist the Board of Education in identifying qualified behavioral intervention consultants.

III. Categories of Behavioral Interventions

For purposes of this policy, the most common behavioral interventions shall be categorized according to four levels of restrictiveness (i.e. nonrestrictive, restrictive, highly restrictive, and prohibited), as follows:

A. Nonrestrictive Interventions

- Allowing student to escape the task
- Calling/notifying parents*
- Detention*
- Differential reinforcement
- Direct instruction
- Environmental/activity modification

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- Instructional assignment
- Modeling
- Peer involvement
- Planned ignoring
- Positive practice/overcorrection*
- Positive reinforcement (individual or group)
- Prompting (physical)
- Prompting (verbal/non-verbal)
- Proximity control*
- Punishment writing*
- Response-cost
- Restitutive overcorrection*
- Self-management
- Shaping
- Teaching alternative behaviors
- Teaching self-reinforcement
- Time-out (exclusionary/physical)*
- Time-out (instructional)*
- Token economy
- Verbal feedback
- Verbal reprimand*

*Depending upon the student's needs, Individualized Education Plan, etc., these interventions may be considered restrictive. These interventions may become restrictive in nature if they adversely affect student learning or extreme negative behaviors occur in response to them. Under these circumstances, all precautions (e.g., documentation) associated with a restrictive intervention should be followed.

B. Restrictive Interventions

- Exclusion from extracurricular activities
- Food delay
- Inhibiting devices
- Manual restraint
- Prompting (physical)
- Satiation
- Suspension (in-school)
- Suspension (out-of-school)
- Time-out (isolation/quiet room)

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C. Highly Restrictive Interventions (Interventions listed as highly restrictive are deemed inappropriate in most circumstances.)

- Aversive mists, aromatics, tastes
- Aversive stimulus
- Denial or restriction of access to regularly used equipment/devices that facilitate the child's educational/physical functioning, except when such equipment is temporarily at risk for damage
- Mechanical restraints (excludes restraints prescribed by physician or used as a safety procedure for transportation)

D. Prohibited Interventions (Interventions listed as prohibited are illegal.)

- Corporal punishment
- Expulsion with cessation of services
- Faradic skin shock
- Physical manipulation or procedure that causes pain and/or tissue damage when used as an aversive procedure

IV. Use of Behavioral Interventions

The following general guidelines shall apply to and govern the use of behavioral interventions in District 93:

A. Nonrestrictive Interventions

Nonrestrictive behavioral interventions are preferred and are to be implemented first, when appropriate, because of the low risk of side effects and because they emphasize positive behavior change rather than behavioral control. These interventions may be used without the development of a written behavioral management plan or inclusion in the student's individualized education plan (IEP). In accordance with this policy, the use of positive and nonaversive interventions shall be given the highest priority and should be directed at the development of positive student behaviors and skills.

B. Restrictive Interventions

Interventions listed as restrictive may be appropriate during emergency situations or when less restrictive interventions have been attempted but have failed. Restrictive interventions include aversive and deprivation procedures that are associated with a higher risk of negative side

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effects. Therefore, greater caution shall be exercised in their use. Restrictive interventions shall be used only after a functional analysis of behavior has been completed and documented, a behavioral management plan has been written, and appropriate modification of the student's IEP has been completed. Except in emergencies, restrictive interventions shall be used only when less restrictive interventions have been attempted without reasonable success. Restrictive interventions shall be used only for the minimum amount of time necessary to control the student's behavior, shall be used only in conjunction with positive interventions designed to strengthen competing behaviors, and shall be replaced by less restrictive procedures as soon as reasonably possible.

C. Highly Restrictive Interventions

Interventions listed as highly restrictive are deemed inappropriate in most circumstances. These types of interventions shall only be used in School District No. 93 with the prior written consent of the Superintendent of Schools.

D. Prohibited Interventions

Interventions listed as prohibited are illegal. These types of interventions shall never be used in School District 93 under any circumstances.

V. Behavioral Management Plan

A. Elements of the Behavioral Management Plan

Each student receiving special education services who requires the use of a restrictive behavioral intervention shall have a written behavioral management plan developed by the IEP team and included in the student's IEP. This plan shall include the following:

1. A functional analysis of the target behavior of concern utilizing procedures which may include direct observation of the student across times and settings, interviews with the student as well as his/her teachers and parents, systematic manipulation of the student's environment, and completion of other instruments to gain a more complete understanding of the behavior. The functional analysis shall include the following components:
 - a. a detailed description of the target behavior of concern including data on the intensity, frequency, and duration of the behavior;
 - b. a description of the settings in which the behavior occurs and an analysis of antecedents to and consequences of the behavior;

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- c. a description of other environmental variables that may affect the behavior (e.g., medication, medical conditions, sleep, diet, schedule, social factors);
- d. an examination and review of the known communicative behavior and the functional or practical intent of the behavior;
- e. a description of environmental modifications made to change the target behavior;
- f. an identification of appropriate behaviors that could serve as functional alternatives to the target behavior.

If as a result of the functional analysis the student's disability classification or eligibility for special education services is questioned, a case study evaluation shall be conducted.

- 2. A description of previous interventions attempted.
- 3. A detailed description of the intervention(s) to develop or strengthen alternative, more appropriate, behaviors (e.g., personnel involved in the intervention, all procedures used, data collection and monitoring procedures).
- 4. A detailed description of any restrictive intervention procedures to be used (e.g., personnel involved in the intervention, all procedures used, data collection and monitoring procedures).
- 5. A list of measurable behavior changes expected and method(s) of evaluation.
- 6. A schedule for review of intervention effectiveness.
- 7. A list of provisions for coordinating with the home.

The selection of an intervention for use with an individual student or group of students shall be based on information derived from the functional analysis. Before an intervention is selected, a continuum of possible interventions designed to produce the desired behavioral changes(s) shall be considered. The least restrictive intervention that is reasonably calculated to produce the desired effect shall be selected for implementation. When evaluating an intervention for possible use, the impact of an intervention on the student's physical freedom, social interaction, personal dignity, and privacy shall be carefully considered. The following additional issues shall also be considered when evaluating a potential intervention:

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1. Speed and degree of effects. How rapidly and to what extent will the intervention impact the presenting problem(s)?
2. Durability. Is the influence exerted by the intervention likely to be long-lasting or permanent?
3. Generalization. Is the influence exerted by the intervention likely to extend to a range of settings?
4. Side effects. What negative side effects are likely to occur as a result of the intervention?
5. Empirical/clinical validity. Does the intervention have a reasonable scientific and clinical basis for use in attempting to influence this behavior for this person?
6. Social acceptability. How easily can the intervention be implemented without stigmatizing or otherwise devaluing the person experiencing the intervention?

A copy of the Behavioral Management Plan Summary shall be provided to the Behavioral Interventions Advisory Committee.

B. Guidelines for Implementation of Behavioral Procedures

Guidelines for implementation of behavioral procedures are on file in the Office of the Assistant Superintendent of Special Education.

C. Evaluation of Restrictive Interventions

To insure the ultimate effectiveness of behavioral interventions, ongoing evaluation of the intervention shall be conducted and appropriate modifications based on this evaluation shall be made.

The evaluation of the behavioral intervention shall include:

1. Baseline data taken from the functional analysis concerning the frequency, duration, and intensity of the target behavior prior to initiation of the intervention;
2. Data concerning the frequency, duration, and intensity of the target behavior after initiation of the intervention; and
3. Evaluation by the teacher, parents, and other parties involved in the intervention at appropriate planned intervals.

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If significant modifications or new interventions are needed, additional functional analyses shall be conducted. Based on these analyses, modifications shall be proposed and parental notification and input obtained. If significant changes in the intervention are deemed necessary, appropriate modification of the child's IEP shall be made.

D. Generalization and Maintenance of Behavioral Interventions

The long-term impact of an intervention will be determined substantially by the degree to which it generalizes across settings and is maintained over an extended period of time. When designing behavioral interventions, school personnel shall make every effort to plan for generalization and maintenance. Methods for enhancing generalization and maintenance shall include:

1. Teaching new behaviors that are reinforced naturally in the child's everyday environment;
2. Involving multiple others in training and reinforcing a new behavior;
3. Teaching new behaviors in many different settings;
4. Changing the timing of reinforcement (e.g., from continuous to intermittent);
5. Moving from tangible to social reinforcers;
6. Reinforcing the child's spontaneous use of new behavior;
7. Phasing out the reinforcement program gradually;
8. Developing self-reinforcement skills; and
9. Planning periodic follow-up monitoring and "booster" training sessions, as necessary.

VI. Emergency Use of Restrictive Interventions

Restrictive interventions may be used in the case of an emergency. For purposes of this policy, "emergency" refers to a situation in which an immediate restrictive intervention is necessary to protect students, other individuals, or the physical site from:

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- physical injury (to self or others)
- severe emotional abuse due to verbal and nonverbal threats and gestures
- severe property damage
- serious and continuous disruption of the classroom environment

When confronted with an emergency, school personnel shall utilize interventions that are the least intrusive possible to reasonably respond to the situation. Staff shall respond to the individual in a calm, professional manner, exhaust all alternative means before using force, and if force is necessary, use only as much force as needed to regain control of the situation.

If a restrictive emergency intervention is used more than two days in a thirty-day period or if a pattern of behavior occurs which interferes significantly with student learning, an IEP team meeting shall be convened. The IEP team shall meet no later than ten days after emergency procedures have commenced. Prior to the IEP meeting, a functional analysis of the student's behavior which caused the implementation of the emergency procedure shall be completed. A new behavioral management plan may be developed from this analysis.

The parents or guardian of a student shall be notified within twenty-four (24) hours if a restrictive procedure is used in an emergency situation. The Behavioral Interventions Advisory Committee shall also be notified. The use of an emergency intervention shall be documented and shall include the following information:

1. A description of the time, place, events, and participants in the incident that required emergency intervention;
2. A description of the emergency intervention used, including all staff involved with the intervention;
3. A description of any injuries and/or property damage;
4. A description and dates of any previous incident(s) leading to the present event;
5. A description of all intervention approaches attempted prior to the incident;
6. A description of the student's response to the emergency intervention;
7. Recommendations for avoiding similar incidents in the future.

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VII. Protections and Due Process Rights

A. Family Involvement

Parents and/or guardians shall have the right to be actively involved in the development of any behavioral management plan utilizing restrictive procedures. Such involvement shall include, but is not limited to, participation in the design, implementation, and evaluation of interventions. Parents and guardians shall be provided with copies and/or explanations of the functional analysis conducted and the behavioral management plan developed for their child.

B. Notification

The student's parent or guardian shall be fully informed of the rationale, procedures, and possible outcome of a behavior management plan developed at an IEP meeting. In addition, the parents shall receive written notification of the development of any behavior management plan.

C. Documentation

Because behavioral procedures represent powerful interventions designed to enhance the benefits a student derives from the educational setting, the use of such procedures shall be documented in the child's IEP. This action may take the form of a notation on the IEP that a behavioral management plan has been developed to address a specific behavior, and a copy of the plan is to be attached to the IEP document. Under no circumstances shall a behavioral management plan be implemented without its inclusion in the child's IEP. For a student who already has an IEP established, an IEP meeting shall be reconvened for the purpose of modifying the existing IEP.

D. Appeal and Due Process Procedures

All procedural safeguards, including rights to conflict resolution, mediation, and an impartial due process hearing, as required through the Individuals with Disabilities Education Act and the Illinois School Code, shall be applicable to the resolution of disputes involving behavioral intervention plans.

If a parent or guardian disagrees with a proposed restrictive behavioral intervention or any aspect of the implementation of a restrictive intervention, the District will coordinate with the parent to attempt resolution of the dispute. The parents may also request a due process hearing as provided by Section 226.615 of Title 23 of the Illinois Administrative Code.

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VIII. State Board of Education Guidelines

This policy has been adopted after careful review and consideration of the State Board of Education's guidelines relating to behavioral interventions. Copies of the State Board of Education's guidelines entitled, "Behavioral Interventions in Schools: Guidelines for Development of District Policies for Students with Disabilities," may be obtained by writing the State Board of Education at the following address:

Illinois State Board of Education
100 N. First St.
Springfield, Illinois 62777

IX. Dissemination of Policy

Copies of this policy, and any other policies and procedures adopted in relation to the use of behavioral interventions for students with disabilities who require behavioral intervention, shall be provided to parents and guardians of all students with individualized education plans at each child's annual review. Copies of such policies and procedures shall also be provided to the parents and guardians of a student at the time an individualized education plan is first implemented for the student. In addition, the Principal of each school shall be responsible for informing students of the existence of such policies and procedures on an annual basis. At the annual individualized education plan review, the Board shall (1) explain those policies and procedures, (2) furnish a copy of the policies to parents and guardians, and (3) make available, upon request of any parents and guardians, a copy of those procedures.

LEGAL REF.: Illinois School Code, Sec. 10-20.14, 14-8.05, and 24-24 (105 ILCS 5/10-20.14, 5/14-8.05, and 5/24-24).

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