

# PARAPROFESSIONAL HANDBOOK

2015-2016



COMPREHENSIVE SPECIAL EDUCATION SERVICES FOR NORTH CENTRAL MINNESOTA SCHOOLS



# WELCOME!





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Kelliher Lake of the Woods Laporte Littlefork - Big Falls Waubun-Ogema Admin Office-Bemidji

Welcome Paraprofessionals,

Welcome to the Bemidji Regional Interdisrict Council (BRIC) school district 998. I would like to extend my appreciation for your dedication and work as a paraprofessional within one of the 11 member districts served by BRIC. The work of our paraprofessionals is a valued and integral part of the special education team.

This Paraprofessional Manual is provided to assist paraprofessionals in understanding BRIC expectations of policies, procedures and remaining currents in training requirements. The handbook includes information on employment paperwork, training expectations, preparing for a substitute and resources to assist you in performing your duties as a paraprofessional.

As a BRIC paraprofessional employee, you are responsible for all materials within the handbook. It is important that you take the time to review all materials in this handbook and that you maintain current in training for your paraprofessional position. If you have any questions or concerns, please feel free to contact myself, your BRIC Supervisor or the BRIC office.

Together, we make a difference in the lives of students with disabilities. Have a wonderful school year.

Brenda Story
Executive Director
Director of Special Education

# EMPLOYMENT PAPERWORK

- > **JOB DESCRIPTION**
- **➢ WORK AGREEMENT**
- DEGREES OF KINDRED
- > TIME SHEET
- > REQUEST FOR LEAVE FORM
- > LCTS MEMO
- PERFORMANCE APPRAISAL





#### Position Description Paraprofessional

Position:

BRIC Paraprofessional (may be Child Specific or Program Paraprofessionals)

Reports to:

Directing Teacher → Special Education Supervisor/Building Administrator

#### **Major Iob Responsibilities**

#### Curriculum and Instructional Support

- 1. Carry out activities and duties as assigned and planned by the directing teacher.
- 2. Assist with monitoring and reporting student academic performance.
- 3. Reinforce instruction previously presented in the general or special education classroom.
- 4. Assist students in accessing supplementary aids and services and assistive technologies such as communication devices, visual supports, and sensory diets as trained and directed.
- 5. Adapt instructional materials and strategies to the needs of the learner under the supervision of the directing teacher.
- 6. Carry out functional (informal) assessment activities to assist teachers/providers in documenting information about learner strengths and needs.

#### > Behavior Management Support

- 1. Interact effectively with students individually, in small groups and large groups.
- 2. Assist with monitoring and reporting student behavior according to established behavior management system.
- 3. Perform monitoring duties for students with special needs in other learning environments (i.e. lunchroom, playground, library, bus).

#### > Personal Cares Support

- Assist students with personal cares such as toileting and diapering activities, feeding/eating, hand washing, clothing changes, and grooming as trained and directed.
- 2. Assist students with other necessary personal cares as trained and directed (lifting/transfer, health-related procedures).

#### > Self-Development & Interpersonal Skills

- 1. Demonstrate a willingness to grown and learn.
- 2. Display a positive attitude (warm, enthusiastic, friendly, and caring).
- 3. Communicate effectively (openly and honestly).
- 4. Work effectively as a team member.

- 5. Respect individual differences among children, their families, and school personnel.
- 6. Be perceptive see things that need to be done such as keeping the room clean and organized and preparing materials for the next activity.
- 7. Demonstrate initiative and motivation.
- 8. Participate in professional development opportunities when approved or as assigned.
- 9. Participate in meetings as scheduled and assigned by the directing teacher.

#### District Responsibilities

- 1. Be punctual.
- 2. Be loyal and supportive of the program and the BRIC mission to provide quality service for students with disabilities.
- 3. Maintain strict confidentiality regarding individual learners and their needs.
- 4. Comply with Federal and State statutes and regulations, BRIC Paraprofessional Agreement, and BRIC and District School Board Policies and Administrative Procedures.
- 5. Inventory supplies and ordering materials as assigned by the directing teacher.
- 6. Assist directing teacher and other team members in maintaining required learner records.
- 7. Practice standards of professional and ethical conduct.
- 8. Follow the chain of command established by BRIC and the district to address policy questions, systems issues and personnel practices.
- 9. Perform other job duties as apparent or as assigned by the special education supervisor or directing teacher.

#### **Qualifications**

Knowledge, Skills, Abilities required to qualify for this position:

#### **Education:**

- o Associate of Arts Degree in Area of Assignment or closely related field -or-
- o Two years of postsecondary education -or-
- o High School Diploma or GED and passing score on the ParaPro Exam
- > Verbal and written communication skills, management skills, organizational skills, and student supervision skills sufficient to carry out the essential functions of the job.
- > Ability to participate in physical activities which may include lifting, bending, running, squatting, swimming, and other activities.
- > Previous experience working with students or adults with special needs is preferred.

#### Work Environment

- > Work is directed by a licensed special education teacher.
- > Work is typically performed in an inside, temperature-controlled environment although periods of time may be spent outside in support of students at recess, gym class, or on field trips.
- ➤ Work may involve potential exposure to communicable diseases via bodily fluids encountered during personal cares, behavior management, or student monitoring.

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#### PARAPROFESSIONALS AGREEMENT School Years 2013-14 & 2014-15

	2012-13	2013-14	2014-15	
451	ć42.00	=	4.2.2	
1 <sup>st</sup>	\$13.08	\$13.39	\$13.85	
2 <sup>nd</sup>	14.04	14.37	14.87	
3 <sup>rd</sup>	15.06	15.41	15.95	
4 <sup>th</sup>	16.03	16.41	16.98	
5 <sup>th</sup>	16.75	17.40*	18.00	

<sup>\*</sup>One-time Adjustment to Step 5 to bring in line with Steps 1 through 4.

Increase of 2.35% Year 1 and 3.48% Year 2

#### 403(b) Contribution Matching Plan

Eligible and participating employees must elect to participate in the 403(b) annuity matching program pursuant to the annuity plan requirements at the beginning of the plan year. The BRIC matching contribution to employees participating in the 403(b) annuity matching program shall be as follows:

Year of Continuous	Annual Max
Service with BRIC	Matching Contribution
1st-3rd	No Match
4th-10th	\$600
11th-15th	\$750
16th+	\$1,000

Maximum Career matching contribution for an individual = \$25,000

#### **General Policy**

Supervision: Program – IEP Case Mgr and/or Gen Ed Classroom Teacher; Building-Bldg Principal; General-BRIC Supervisor

**Paid Holidays:** Labor Day, Thanksgiving Day, Christmas Day, New Years Day, Presidents Day, Good Friday and Memorial Day.

Work Day: Work each school day unless specified otherwise in advance by the BRIC administration.

Paid Lunch Period: Paraprofessionals have a paid 30-minute lunch period scheduled by their immediate supervisors and are to remain on school campus and be on-call during this time period.

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Time Sheets: Be responsible for submitting time sheets to the BRIC Office at the end of each pay period. BRIC's pay periods run from the 1st of the month through the 15th and from the 16th to the last day of the month. If the 15th or the last day of the month falls on a weekend or a holiday, pay day will be the first business day before that. The time sheet is to be signed by the supervising teacher. Pink "Request for Leave" forms need to be attached when appropriate. "Request for Leave" forms must be completed for any time missed during a day – even if that time is being taken without pay. Finally, any special circumstances (school cancelled, late start, early out, etc.) should be noted on the timesheet.

Paid Lunch Period: Paraprofessionals have a paid 30-minute lunch period scheduled by their immediate supervisors and are to remain on school campus and be on-call during this time period.

Absence Reporting: When a need to be absent occurs, contact the school office as soon as possible or before 7:00 a.m. of the day of the absence so a sub may be secured. Contact the BRIC office at 888-473-2742 before 9:00 a.m. unless advance notice of the absence has been provided. If an absence needs to continue, contact the school office each day before 3:00 p.m. so a sub may be secured.

Change in Hours: Any change in a Paraprofessional's hours or job assignment/status must be pre-approved by the BRIC Supervisor. The supervising teacher should then submit a white "BRIC Adjust Program/Pupil Support Assistant Hours" form to the BRIC Supervisor.

**Overtime:** Any overtime whether on a daily or weekly basis must be pre-approved by your BRIC Supervisor and the reasons for such documented on your time sheet for that time period.

Evaluation: BRIC supervising teachers will complete performance appraisals for PARAPROFESSIONAL's working in their programs or assigned areas. These are to be completed by November 1<sup>st</sup> and April 1<sup>st</sup> during the first year of employment and thereafter by December 1<sup>st</sup> of each year.

24-Pay Period: Upon completion of 3 years of service, a Paraprofessional may choose to be paid on a 24-pay schedule. If you choose to have your pay spread out over 12 months, you must make that choice by Fall Orientation Day each year. Once chosen, your method of payment cannot be changed until the next school year.

Flexibility: The nature of the paraprofessional's work requires flexibility. Changes in assignment, job activities and general daily work may occur at any time. Participation in field trips and other classroom activities including crisis intervention, care of basic needs of children such as toileting and providing other support services may be required.

#### **Leave Policy**

**Professional:** Defined as pre-approved hours of leave to attend workshops/in-service training or events as may be directed by the agency. Professional leave does not affect sick leave accumulation.

**Sick Leave:** Accrue sick leave days at the rate of 1 day per month for a full-time employee and prorated for a part-time employee to a maximum of 9 days per regular school year. Sick leave may accumulate to a maximum of 90 days. Employer reserves the right to request verification of illness from a medical doctor.

Sick leave shall cover absences resulting from: Personal illness or disability including illness or disability resulting from, caused or contributed by pregnancy and/or childbirth. In the case of pregnancy, a Paraprofessional shall notify BRIC at least 4 weeks prior to beginning leave and the notice shall provide the date of the expected delivery date and expected return date.

Sick leave allowance also includes in-patient or out-patient hospital care for the employee, member of employee's household, or member of the employee's immediate family requiring the employee's absence from work to assist

in care when no one else is available to so assist. Immediate family is defined as parents, spouse and spousal parents, children (including foster children under the immediate care of the employee and living within the employee's household), brothers/sisters, and grandparents of an employee, excluding Uncles/Aunts and Nephews/Nieces. Step-parents, spousal step-parents, step-children, step-brothers or sisters and step-grandparents shall also be included as immediate family.

Also included is non-hospital illness of a member of an employee's immediate family as defined above, requiring the attention of a physician and requiring the employee's absence to assist in care when no one else is available to so assist.

**Bereavement Leave:** Up to 3 days for local and 5 days for out-of-town will be granted to attend the funeral of members of the employee's immediate family as defined above (1st and 2nd degrees of kindrend). This leave may also be used for 3rd degree of kindred (aunts and uncles) if deducted from sick leave.

Personal Leave: Will be granted 2 days of personal leave upon prior application and approval. Personal leave will be deducted from sick leave and may accumulate to a maximum of five days in any given year. An additional 1 day of personal leave will be granted annually which will not be deducted from sick leave and will not be accumulative. Leave requests must be submitted 3 working days before requested leave date. In an emergency, contact your Supervisor.

**Leave Without Pay:** All other appropriate leave must be exhausted before leave without pay will be granted. Leave without pay must be pre-approved by your BRIC Supervisor and an appropriate substitute must be secured that meets with the approval of the supervising instructor and BRIC Supervisor.

Other Conditions Related to Leave: All leave must be taken in either half- or full-day increments. In a 7- to 8-hour day, a paraprofessional who is gone for 2 hours or less, may take those hours without pay. When over 2 and/or up to 5 hours are missed, a half-day must be used. When a paraprofessional is gone more than 5 hours in a day, a full-day must be used.

School Cancellations and Late Starts/Early Outs: BRIC Paraprofessionals will have 3 options for school cancellations and late starts/early outs. Option #1 will be to take the time without pay. Option #2 will be to use either a half or full personal day (if available) to cover that time. Option #3 will be to actually come in and work even though there are no students in attendance. This option should be discussed in advance with your supervising teacher and/or BRIC Supervisor in order to confirm there would be appropriate tasks to complete.

#### **Termination**

This agreement may be terminated by either party via mutual consent or by the Employer (BRIC) for due cause, including the event that there are no students in need of services at any particular point in time. In this case, the Employer would seek additional assignment options, should they be available, prior to determination of end of employment status.

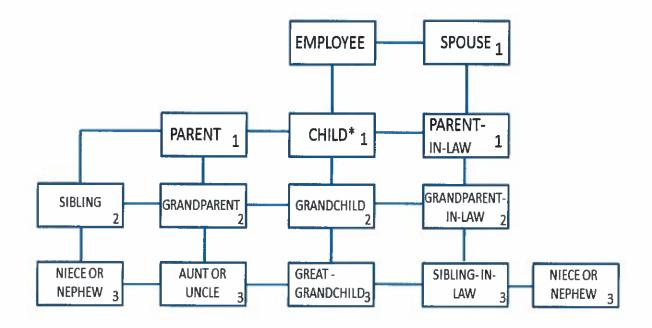


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#### **DEGREES OF KINDRED**

according to Civil Law



<sup>\*</sup>Includes Son- and Daughter-in-Laws

-- All Levels Include "Step" relationships.

Bemidji Regional Interdistrict Council
PO Box 974, Bemidji, MN 56619-0974 – 888-ISD-BRIC – 218-751-6622 – 218-751-6625 (FAX)

#### TIME SHEET W/BUS HOURS

ame:				S	chool: _		
	MON	TUES	WED	THURS	FRI	TOTAL HOURS	Notes:
Date							
Time Worked or Leave Code							
BUS # of Hours							
REGULAR # of Hours							
	MON	TUES	WED	THURS	FRI	TOTAL	Notes:
Date						HOURS	
Time Worked or Leave Code							
BUS # of Hours							
REGULAR # of Hours							
	MON	TUES	WED	THURS	FRI	TOTAL HOURS	Notes:
Date							
Time Worked or Leave Code							
BUS # of Hours							
REGULAR # of Hours							
Leave Code	es: "S" – Sic			Holiday; "B" - Leave as Appro		nent; "N" – No	School
т	OTAL HO	OURS WO	RKED: _				
nediate Supervisor		D	ate	BRIC Supe		-	Date



### Bemidji Regional Interdistrict Council REQUEST FOR LEAVE

Name:	Date: _	
Type of Leave Requested:		
Sick (Also Includes Bereavement Leave for 3 <sup>rd</sup> Degree of Kindred)	Professional (See Below)	Leave w/o Pay
Personal / Vacation	Bereavement (1st & 2st Degree of Kindred Only)	OTHER
Explanation:		
Date(s) of Absence:		otal Days:
Will a substitute be needed, or in case of sick leave	, was substitute needed?	
PROFESSIONAL LEAVE:		
Please estimate expenses and attach registration for	m & workshop/conference descri	iption.
I will register myselfPl	ease register me for this worksho	p/conference.
If lodging is necessary: I will arrange m	y own lodgingPlease a	rrange lodging for me.
Special Lodging Requests:	- (T	
Estimate Cost of Transportation:		
Estimate Cost of Lodging:		
Estimate Cost of Meals:		
Cost of Registration:		
Approved with Pay IF Leave Available If no leave available, approved without Pay	Approved with Pay IF If no leave available, a	
Not Approved	Not Approved	
NOTES:	NOTES:	
rrogram Supervisor:	Directory	
Date:	Director:	

#### **LCTS**

BRIC participates in The Local Collaborative Time Study (LCTS). This is a random moment time study administered by the MN Department of Human Services (DHS) that documents time spent by staff on various work activities on randomly selected dates and times.

Before you can be added to the list of participants, you will need to go to <a href="https://www.bric-k12.com">www.bric-k12.com</a> and scroll down to the Resources & Services heading and locate the section that says random moments. Please review everything that is in that section.

Once you have done this, e-mail Angie Rust at <a href="mailto:arust@bric.k12.mn.us">arust@bric.k12.mn.us</a> and let her know that you have reviewed the information and she will add you to the list.

When you receive a random moment, we ask that you respond within 3 days of receiving it. The random moments are somewhat infrequent, but you will want to make sure that you check your e-mail at least every couple of days so you don't miss one.

If you have any questions, please feel free to contact Angie Rust at 218-751-6622 x28.



# PARAPROFESSIONAL PERFORMANCE APPRAISAL

Performance appraisals will be conducted by the pa and the second by April 1st). Thereafter, a performa	Performance appraisals will be conducted by the paraprofessional's directing teacher twice during the first year of employment (one by December 1st and the second by April 1st.
Paraprofessional Name:	Building/District:
Directing Teacher Name & Classroom:	
	SIGNATURE UPON REVIEW
I understand that copies of my Paraprofessional F the Building Principal of my assigned school an Appraisal within 10 school days if I so desire by pr agreement v	I understand that copies of my Paraprofessional Performance Appraisal will be shared with the Special Education Supervisor and may be shared with the Building Principal of my assigned school and/or the Director of Special Education. I understand I may respond in writing to this Performance Appraisal within 10 school days if I so desire by providing a written response to my directing teacher. My signature below does not necessarily indicate agreement with the appraisal but rather signifies awareness of the content.
Evaluation Date: Paraprofessional Signature & Date:	Directing Teacher Signature & Date: Supervisor Initial & Date:
Evaluation Date:	Directing Teacher Signature & Date: Supervisor Initial & Date:

# INSTRUCTIONS

Description and listed below. Not all roles and responsibilities listed will be applicable to all paraprofessionals. The paraprofessional should complete the self-evaluation The directing teacher is asked to provide feedback regarding the roles and responsibilities within each of the five broad areas identified within the Paraprofessional Job prior to each appraisal and provide the self-evaluation to the directing teacher during the appraisal meeting.

paraprofessionals and as the annual appraisal for all other paraprofessionals. Upon completion of written feedback, the directing teacher is asked to review the appraisal Complete the left-hand column by December 1st for first-year paraprofessionals. Complete the right-hand column by April 1st as a second appraisal for first-year with the paraprofessional and provide him/her a copy.

The paraprofessional and directing teacher should then sign and date in the section above and forward the signed appraisal form along with a completed paraprofessional training checklist to the assigned special education supervisor for review and placement in the paraprofessional's BRIC personnel file.

ctional Support	om. es such as communication devices, visual supports, and sensory diets as trained and	ervision of the directing teacher. locumenting information about learner strengths and needs.	Spring -or- Annual Appraisal	
Curriculum and Instructional Support		<ul> <li>Adapt instructional materials and strategies to the needs of the learner under the supervision of the directing teacher.</li> <li>Carry out functional (informal) assessment activities to assist teachers/providers in documenting information about learner strengths and needs.</li> </ul>	Fall Appraisal	

Paraprofessional Performance Apprai:

Behavior Manage. .nt Support

s Support	dng, hand washing, clothing changes, and grooming as trained and directed. sfer, health related procedures, etc.)	Spring -or- Annual Appraisal	
Personal Cares Support	<ul> <li>Assist students with personal cares such as tolleting and diapering activities, feeding/eating, hand washing, clothing changes, and grooming as trained and directed.</li> <li>Assist students with other necessary personal cares as trained and directed (lifting/transfer, health related procedures, etc.)</li> </ul>	Fall Appraisal	

AAAA AAAAA	Be punctual.  Be loyal and supportive of the program and the BRIC mission to provide quality service for students with disabilities.  Maintain strict confidentiality regarding individual learners and their needs.  Comply with Federal and State statutes and regulations, BRIC Paraprofessional Agreement, and BRIC and District School Board Policies and Administrative Procedures.  Inventory supplies and ordering materials as assigned by the directing teacher.  Assist directing teacher and other team members in maintaining required learner records.  Practice standards of professional and ethical conduct.  Pollow the chain of command established by BRIC and the district to address policy questions, systems issues and personnel practices.  Perform other job duties as apparent or as assigned by the special education supervisor or directing teacher.	District Responsibilities  to provide quality service for students with disabilities.  Ind their needs.  Paraprofessional Agreement, and BRIC and District School Board Policies and Adidirecting teacher.  Ing required learner records.  Indict to address policy questions, systems issues and personnel practices.  Incite to address policy questions, directing teacher.	inistrative
	Fall Appraisal	Spring -or- Annual Appraisal	
If necessary, performance	Follow-Up Plans  If necessary, please provide follow-up plans agreed to by the directing teacher and paraprofessional. Follow-up plans might be in response to a targeted area of need within the performance appraisal, in response to a specific area of interest for the paraprofessional, etc.	Follow-Up Plans and paraprofessional. Follow-up plans might be in response to a targeted area n'essional, etc.	f need within the
Updated 8.6.15		Paraprofessional Performance Apprais	rmance Apprais

Paraprofessional . . j-Bvaluation

Please complete this self-evaluation tool prior to meeting with your directing teacher to discuss overall performance appraisal. Please rate yourself based on the quality of service you feel you provide with regard to each role or responsibility. Then, discuss with your directing teacher. This self-evaluation will be forwarded to the Special Education Supervisor along with your performance appraisal for inclusion in your personnel file.

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Role/Responsibility	Excellent	Very Good	Cood	Fair	Unsatisfactory	Not Applicable
Monitor and report student academic progress.						
Interact effectively with students.						
Follow established behavior management system.						
Assist students with personal cares.						
Demonstrate a willingness to learn and grow.						
Display a positive attitude.						
Communicate effectively.						,
Work effectively as a team member.						
Respect individual differences.						
Demonstrate initiative and motivation.						
Participate in professional development.						
Be punctual.						
Maintain confidentiality.						
Loyal to and supportive of the program.						
Practice standards of professional/ethical conduct.						
Follow the chain of command.						
Attend regularly (few absences).						
Overall Self-Rating						
		Additional Comments	nents			

## TRAINING GUIDE

- > TRAINING CHECKLIST
- > TRAINING RESOURCE GUIDE
- > Infinitec Instructions
- > FEDERAL LEGISLATION FOR PARAS
- > DISABILITY CATEGORIES
- > APPROPRIATE ROLES FOR PARAS
- > CONFIDENTIALITY
- > GENERAL ETHICAL CONSIDERATIONS
- > VULNERABILITY AND REPORTING
- **→** ADDITIONAL GENERAL TRAININGS
  - CLEANING AND DISINFECTION
  - DIAPERING AND HANDWASHING
  - GUIDE TO CHALLENGING BEHAVIORS
  - GUIDE TO ADHD





#### **Paraprofessional Training Checklist**

Paraprofessional Name:			
		107 00	

MN § 125A.08 states that for paraprofessionals employed to work in programs for students with disabilities, the school board shall ensure that "before or immediately upon employment, each paraprofessional develops sufficient knowledge and skills in emergency procedures, building orientation, roles and responsibilities, confidentiality, vulnerability, and reportability." MN § 120B.363, Subd.3 also requires paraprofessional to be provided training in discipline policies. Member district Restrictive Procedures Plans require BRIC Paraprofessionals to receive training in verbal de-escalation and physical restraint and seclusion via CPI. The following training protocol is designed to meet these requirements and to provide disability-specific and behavior management training to all BRIC paraprofessionals.

#### **Training Protocol**

- Upon hire, BRIC paraprofessionals will be assigned an Online Learning Path through ENGAGE by Infinitec. The paraprofessional will be expected to complete this learning path as soon as possible, but no later than 60-days after being hired. Paraprofessionals will be required to pass each quiz within the learning path and then print and retain the certificate of completion for each training module.
- Additionally, upon hire, BRIC paraprofessionals must read and review the required trainings listed below and found within this manual with their directing teacher as soon as possible, but no later than 60-days after being hired. Directing teachers and paraprofessionals are required to maintain this training checklist and verify when each required training has been completed.
- Paraprofessionals will need to register, attend, and become certified via a full-day CPI upon hire.
- > Specialized and ongoing trainings may be provided via Infinitec, by service providers, or through other professional development opportunities and should be documented on the second page of this form.
- An updated copy of this checklist must be attached to each paraprofessional performance appraisal and forwarded to the assigned special education supervisor for review and inclusion in the paraprofessional's personnel file.

#### Required Training - ALL BRIC Paraprofessionals

Training / Topic	Date Completed	Verification (Directing Teacher & Para Initials)
Emergency Procedures		
Building Orientation		
Roles & Responsibilities		
Confidentiality		-
Vulnerability / Reporting		
Discipline Policies		
CPI / Restrictive Procedures		
ENGAGE Learning Path		

Training / Topic	Date Completed	Verification
		(Directing Teacher & Para Initials)
Disability-Specific Training		<u> </u>
Communication Systems	A.	
Behavior Plans / Systems		
Sensory/Motor		
Lifting/Transfer		
Visual Supports		
Personal Cares		
Emergency Health Plan		
Assistive Technology		
CPR/First Aid		
Other:	81	
Other:		
Other:		

#### Ongoing Training – ALL BRIC Paraprofessionals

Training / Topic	Date Completed	Verification (Directing Teacher & Para Initials)
-1907 37 909 72		
	+	

Full descriptions of each training topic / requirement can be found on the next page.

Updated 8.6.2015

Paraprofessional Name: \_\_

#### **Definitions**

#### **Emergency Procedures**

Review of building/staff procedures in the event of fire, tornado, bomb or weapons. Verification includes paraprofessional being provided a copy of the building emergency procedures plan, where available.

#### **Building Orientation**

Review the layout of the building and grounds, including playground, parking lot, and areas designated for emergency response. Verification includes a building tour with the directing teacher or other staff member.

#### Roles & Responsibilities

Review job description. Articulate responsibilities. Verification includes discussion with directing teacher clarifying teacher roles versus paraprofessional roles.

#### Confidentiality

Review the handout on confidentiality, including: respect for the basic dignity of each student, information that is sensitive/confidential, legal rights of students to have their data maintained as private, and legal ramifications for violating data privacy as an employee. Verification includes discussion with directing teacher regarding specifics about how confidentiality is maintained within the assigned program.

#### Vulnerability

Review of mandated reported obligations for indications of abuse or neglect for students who are 18 or older and who are considered adults. Verification includes discussion with directing teacher regarding the required process and BRIC recommendations that paraprofessionals inform and consult with their directing teacher, supervisor, or building principal if concerns arise.

#### **Reporting Obligations**

Review mandated reporting obligations for indicators of abuse and neglect for students who are 18 or younger. Verification includes discussion with directing teacher regarding the required process and BRIC recommendations that paraprofessionals inform and consult with their directing teacher, supervisor, or building principal if concerns arise.

#### **Discipline Policies**

Review discipline policies and procedures section of the building/district student handbook. Review classroom discipline expectations and general behavior guidance methods. Verification includes discussion with directing teacher regarding commonly occurring behaviors within the assigned program and effective methods for handling these behaviors.

#### CPI / Restrictive Procedures

Crisis Prevention Institute's full-day Non-Violent Crisis Intervention training provided by BRIC. Verification includes receipt of a "Blue Card" outlining the training received and the instructor's signature.

#### **ENGAGE Learning Path**

Online coursework assigned to all BRIC paraprofessionals to ensure competencies in required and core areas of job responsibilities. Verification includes copies of a certificate of completion for each of the required courses.

#### **Training Resource Guide**

The following online resources will be helpful to you in completing trainings as a BRIC paraprofessional.

- > Bemidji Regional Interdistrict Council
  - o http://bric-k12.com
    - Helpful information regarding the organization, upcoming events, regional trainings and registration. Also includes electronic copies of employment forms and links to a number of helpful websites.
- > Infinitec
  - o http://mvinfinitec.com
    - Includes tons of resources for special educators, including the ENGAGE pathways log-in for required learning paths, additional webinars covering a wide variety of topics within the online classroom, a search function for apps, and a library of searchable topic-specific information. All BRIC paras are required to create a member log-in to access this resource.
- > Minnesota Department Education
  - o http://education.state.mn.us/mde/index.html
    - Information specific to education in the state of Minnesota.
- Minnesota Paraprofessional Consortium
  - o <a href="http://ici2.umn.edu/para/">http://ici2.umn.edu/para/</a>
    - Helpful links to additional training and resources for paraprofessionals.
- National Resource Center for Paraprofessionals
  - o <a href="http://www.nrcpara.org/">http://www.nrcpara.org/</a>
    - A national resource for people across the country with similar roles and responsibilities to those of your position.



#### Registration and Sign-in Process for the Website, <a href="http://www.myinfinitec.org/">http://www.myinfinitec.org/</a>

In the upper corner of the screen, click Register.



First, complete the Screen Name field. This will be your user name, the name you use to sign into the website. We suggest you use your first initial, last name, i.e., jsmith. Special characters or spaces are not permitted.

Your screen name will be used to log in to myInfinitec. We recommend you use your first initial and last name for screen name, with no spaces or special characters.

Screen Name

Then, complete the remainder of the information on the registration screen.

You may use a work email or a personal email. If you have more than one position or serve more than one age level, hold the Control key (PC) or Command key (Mac) while selecting those fields.

Please fill out all fields.

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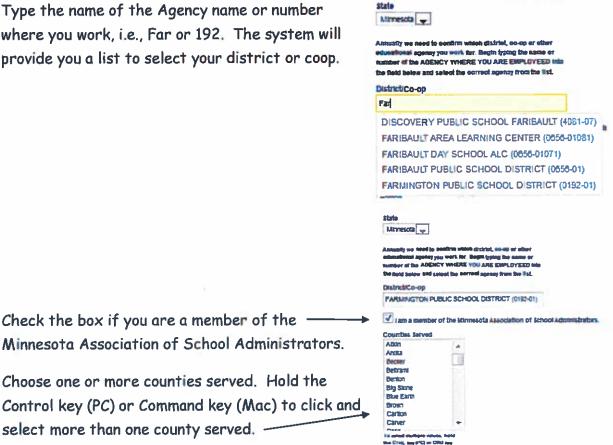
Check the box if you are a member of the

Minnesota Association of School Administrators.

Choose one or more counties served. Hold the

select more than one county served. -

Click Save. .



Once all fields are completed, Save will become available.



You will then see a message indicating an email has been sent with your password.

Thank you for creating an account. Your password has been sent to mbettlach@gmesl.com. Please check your inbox and spem folders.	U.S.
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Click "Remember Me" if you are using a computer you	Password	
regularly use.		
Click Sign In.	Remember Me	
<b>→</b>	Sign In	

You will then be shown a Terms of Use page. Read the information and select one of the buttons.

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1 Disagree

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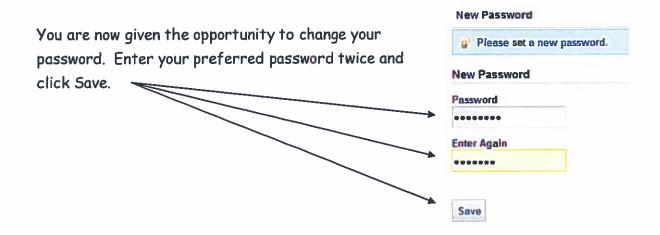
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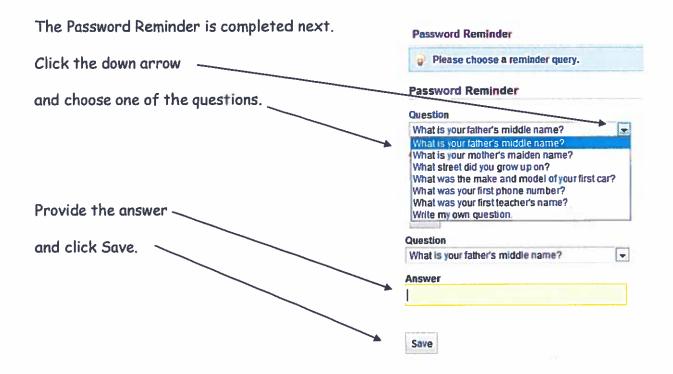
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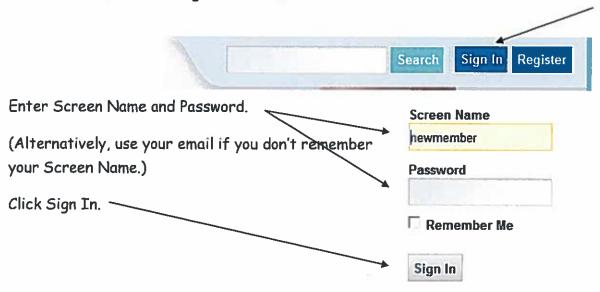




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#### IDEA 2004, Federal Legislation for Paraprofessionals Working with Students with Disabilities

Paraprofessionals were formally identified in federal legislation with the 1997 Amendments to the Individuals with Disabilities Education Act (P.L. 105-17). The term paraprofessionals continues in the reauthorization to the Individuals with Disabilities Education Act of 2004. The new regulations are listed below.

#### Part B - State and Local Eligibility: Personnel Qualifications 34 C.F.R. Section 156(b)(2) (iii)300.156 (iii)

Allow paraprofessionals and assistants who are appropriately trained and supervised, in accordance with state law, regulation, or written policy, in meeting the requirements of this part to be used to assist in the provision of special education and related services under this part to children with disabilities.

#### Professional Development Activities IDEA sec. 654(a)(3)(B)(i-vi)

Each state is to require that: Public schools improve the knowledge of special education and regular education teachers and principals and, in appropriate cases, paraprofessionals, concerning effective instructional practices, and provide training in:

- learning styles;
- · behavior interventions;
- · scientifically based reading instruction;
- early interventions;
- effective instruction;
- transition; and collaboration.

#### Part C (Birth to Three) Comprehensive System of Personnel Development 34 CFR Section 303.360 (b)

"The personnel development of this part must: (3) provide for the training of a variety of personnel needed to meet the requirements of this part, including public and private providers, primary referral source, paraprofessionals, and persons who will serve as case coordinators."

#### Legal Issues Surrounding the Appropriate Use of Paraprofessionals

Katsiyannis, Hodge and Lanford (2000) reviewed summaries of national due-process hearings, Office for Civil Rights rulings, Office of Special Education Programs memos, and court rulings from 1990-1999 regarding the legal parameters associated with the use of paraeducators in special education and found the following:

- 1. Public schools must supply services provided by paraeducators if these services are necessary for a student to receive free appropriate public education (FAPE).
- 2. Paraeducators must be qualified to perform assigned services as indicated in the individualized education plan (IEP).

3. Paraeducators who lack appropriate training may not directly provide special education services.

Appropriately trained paraeducators may assist in the provision of special education services only if certified special education personnel supervise them. (Wallace and McNerney 2002)

Currently there are no rulings regarding the use of paraprofessionals in Connecticut. In 2004, courts in Iowa examined a case where a paraprofessional, not certified in special education, was improperly responsible for the student's instruction, the selection of instructional materials, data collection and behavior management. The court determined the student had not received a FAPE because the IEP and behavior intervention plan (BIP) must be developed, implemented and evaluated by a trained professional. The court ordered three years of compensatory education [(Linn-Mar community School District, 41 IDELR 24 (SEA IA 2004)].

# Federal Legislation for Title I Paraprofessionals — No Child Left Behind Act of 2001 (P.L. 107-110)

#### Title I, Part A Paraprofessional Requirements:

Title I, Part A of the No Child Left Behind Act of 2001 requires that paraprofessionals meet higher standards of qualification to ensure that students who need the most help receive instructional support only from qualified paraprofessionals. For the purposes of Title I, Part A, a paraprofessional is an employee of a local education agency (LEA) who provides instructional support in a program supported with Title I, Part A funds. Therefore, the following requirements apply only to paraprofessionals who provide instructional support in Title I-funded programs. Instructional paraprofessionals who are paid with Title I funds in Title I targeted assistance schools and all instructional paraprofessionals in Title I schoolwide program schools (regardless of funding source) must meet the Title I requirements. Included also are Title I paraprofessionals who provide instructional support to eligible private school students and preschool children.

Title I paraprofessionals described above who provide instructional assistance must have a high school diploma or its recognized equivalent, a General Educational Development (GED) diploma, and:

- two years of college credit; OR
- an associate (or higher) degree; OR
- pass a State Board of Education adopted paraprofessional assessment, which assesses content knowledge in mathematics, reading and writing and an understanding of how to assist in the instruction of these topics. (The Connecticut State Board of Education adopted Educational Testing Services' ParaPro Assessment in December 2002 and established a passing score of 457.)

Paraprofessionals working primarily as translators or solely on parental involvement activities must have a high school diploma or GED, but do not have to meet the other requirements. Individuals who work solely in noninstructional roles, such as those who provide personal care services, perform clerical duties, work in food services, cafeteria or playground supervision, and provide noninstructional computer assistance are not considered paraprofessionals under Title I, Part A and the requirements do not apply.

#### A Title I, Part A paraprofessional may be assigned to:

- provide one-on-one tutoring for eligible students, if the tutoring is scheduled at a time when a student would not otherwise receive instruction from a teacher;
- assist with classroom management, such as organizing instructional materials;
- provide instructional assistance in a computer laboratory;
- · conduct parental involvement activities;
- provide instructional support in a library or media center;
- act as a translator; or provide instructional support services to students. (A Title I paraprofessional may
  not provide any instructional support to a student unless he/she is working under the direct supervision
  of a highly qualified teacher.\*)

\*According to federal guidance: "A paraprofessional works under the direct supervision of a teacher if (1) the teacher prepares the lessons and plans the instructional support activities the paraprofessional carries out, and evaluates

the achievement of the students with whom the paraprofessional is working, and (2) the paraprofessional works in close and frequent proximity with the teacher [§200.59(c)(2) of the Title I regulations]. As a result, a program staffed entirely by paraprofessionals is not permitted.

"A program where a paraprofessional provides instructional support and a teacher visits a site once or twice a week but otherwise is not in the classroom, or a program where a paraprofessional works with a group of students in another location while the teacher provides instruction to the rest of the class would also be inconsistent with the requirement that paraprofessionals work in close and frequent proximity to a teacher."

This means "a paraprofessional who provides services to eligible private school students and is employed by an LEA must be under the direct supervision of a highly qualified public school teacher throughout the duration of the services/program being offered."

Because paraprofessionals provide instructional support, they should not be providing planned direct instruction, or introducing students to new skills, concepts or academic content.

Paraprofessionals may assume limited duties that are assigned to similar personnel who are not working in a program supported with Title I funds, including duties beyond classroom instruction or that do not benefit participating children, so long as the amount of time spent on such duties is the same proportion of total work time as prevails with respect to similar personnel at the same school.

LEAs receiving Title I funds shall require that the principal of each school operating a Title I program attest annually in writing as to whether the school is in compliance with the requirements for teachers and paraprofessionals. Copies of attestations shall be maintained at each school operating a Title I program and at the main office of the LEA and shall be available to any member of the general public on request.

Federal nonregulatory guidance regarding Title I paraprofessionals may be found at: http://www.ed.gov/policy/elsec/guid/paraguidance.doc or in Section IV, Paraprofessionals in the Connecticut Birth to Three System.

#### ParaPro Assessment:

The CSDE worked collaboratively with 16 other states and the Educational Testing Service (ETS) in the development of the ParaPro Assessment that meets the federal requirements for a state assessment for paraprofessionals.

The ParaPro Assessment measures skills and knowledge in reading, math and writing, and measures the ability to use these skills and knowledge to support instruction. It is a 2½-hour multiple choice test with 90 questions. This test is available in two formats. The paper and pencil version is offered three times a year at select locations throughout the state; test results are available in four weeks. The assessment may also be completed through the Internet, with unofficial results immediately available upon completion. At the time of this publication, the cost of the assessment is \$45. A school district receiving Title II funds may use these funds to pay for the test and to support paraprofessionals in meeting the requirement through ongoing training and professional development. The ParaPro Assessment can be retaken if an individual does not pass. There are no limits on the number of times a paraprofessional can take the test. A paraprofessional must obtain a passing score of 457 to meet the Connecticut standard. The paper and pencil version of the test can be retaken after 60 days. The Internet version can be retaken after 30 days. Individuals planning to retake the test should participate in the same type of remedial intervention such as attending a workshop or use of the study guides before retaking the test.

ETS offers the Test at a Glance, which includes a sample test explanation, format, content and practice questions. This sample test and additional tutorial support is available on the ETS website at www.ets.org/parapro/index. html. There is also a study guide available for purchase from ETS. The study guide contains detailed descriptions of test content, tutorial assistance and a complete practice test (with answers and explanation of answers). Preparation

workshops are also available by request through the regional education service centers (RESCs). The CSDE highly recommends that paraprofessionals go through either of these preparation options or through options provided by local agencies/districts before taking the assessment.



#### **Categories of Disability**

#### Taken from nichey.org

#### **Autism**

A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance.

#### **Deaf-Blindness**

Simultaneous hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or blindness.

#### Deafness

A hearing impairment so severe that a child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance.

#### **Developmental Delay**

For children from birth to age three (under IDEA Part C) and children from ages three through nine (under IDEA Part B), the term developmental delay, as defined by each State, means a delay in one or more of the following areas: physical development; cognitive development; communication; social or emotional development; or behavioral development.

#### **Emotional Disturbance**

A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- (a) Inability to learn that cannot be explained by intellectual, sensory, or health factors.
- (b) Inability to build or maintain satisfactory interpersonal relationships with peers and adults.
- (c) Inappropriate types of behavior or feelings under normal circumstances.
- (d) A general pervasive mood of unhappiness or depression.
- (e) Tendency to develop physical symptoms or fears associated with personal or school problems.

#### Hearing Impairment

An impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but is not included under the definition of "deafness."

#### Intellectual Disability (Mental Retardation)

Significantly sub average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

Categories of Disability Page 2

### **Multiple Disabilities**

Simultaneous impairments, the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness.

### **Physical Impairment**

A severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease, and impairments from other causes (e.g. cerebral palsy, amputations, and fractures).

### Other Health Impairment

Having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—

- (a) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and
- (b) adversely affects a child's educational performance.

### **Specific Learning Disability**

A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities; of mental retardation; of emotional disturbance; or of environmental, cultural, or economic disadvantage.

### Speech or Language Impairment

A communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance.

### Traumatic Brain Injury

Acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

### **Visual Impairment Including Blindness**

An impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

### Appropriate Roles for Paraprofessionals

There has been much attention paid to what paraprofessionals cannot and should not be doing in regard to assisting teachers, and this has created an environment for paraprofessionals in which they tend to be underused and relegated to the role of clerk or babysitter.

The No Child Left Behind Act of 2001 cites appropriate roles for paraprofessionals who:

- 1. Provide one-on-one tutoring if such tutoring is scheduled at a time when a student would not otherwise receive instruction from a teacher.
- 2. Assist with classroom management, such as organizing instructional materials.
- 3. Provide instructional assistance in a computer laboratory.
- 4. Conduct parental involvement activities.
- Provide instructional support in a library or media center.
- 6. Act as a translator.
- 7. Provide instructional support services under the direct supervision of a highly qualified teacher [Title I, Section 1119(g)(2)].

According to these guidelines, paraprofessionals have the instructional responsibility to do the following (page 2):

- 1. Assist professionals with building and maintaining effective instructional teams.
- 2. Assist professionals with maintaining learner-centered supportive environments.
- 3. Support professionals with planning and organizing learning experiences.
- 4. Assist professionals with engaging students in learning.
- 5. Assist professionals in instruction.
- 6. Assist professionals with assessing learner needs, progress and achievement.

The following are 10 examples of appropriate and effective utilization of paraprofessionals, taken from the model of roles, responsibilities and training of paraprofessionals identified in this guideline document:

- 1. Participation in regularly scheduled meetings and sharing relevant information.
- 2. Implementation of proactive behavior and learning strategies.
- Use of strategies that provide learner independence and positive self-esteem. 4. Assistance in accommodating
  and modifying learning strategies based on learning styles, ability levels and other individual differences.
- 4. Review and reinforcement of learning activities.
- 5. Assistance in engaging learners through an awareness of cognitive, physical, social, emotional and language development.
- 6. Use of developmentally and age-appropriate reinforcement and other learning activities.
- 7. Collection of data on learner activity.
- 8. Carry out functional (informal) assessment activities.
- 9. Participation in continuing professional development.



### BEMIDJI REGIONAL INTERDISTRICT COUNCIL

### Confidentiality

Confidentiality is one of the most critical and important aspects of your job as a paraprofessional. It's your legal responsibility to observe both the rights of individuals with disabilities and of parents in regard to data privacy. Follow these guidelines where issues of confidentiality are concerned:

- > Never refer to other students or clients by name in another staffing or conference with other parents.
- > Don't share specific information about an individual's program or unique needs in the lounge or out in the community.
- > Take questions you have about the organization's policies on confidentiality to the building supervisor or principal.
- > Go through the proper channels to access confidential information. Make sure you are authorized to do so.
- ➤ If you question policies and procedures used with an individual, discuss this privately with your directing teacher. There is often confidential information that directs specific programming of which you may not be aware.
- > Speak and write responsibly when passing on information. Be aware of who might hear you or read what you have written.

You have access to a variety of information regarding students. This information may include test scores, behavior, attendance, family history, and personal records. The most important aspect of ethical practice is for you to maintain confidentiality regarding the students and their families. All school staff is required by law to keep student and family information confidential. Information regarding the student should only be shared with teachers and staff who work directly with the student.

How will you ensure that you maintain confidentiality for the students and families you serve?



### General Ethical Considerations for Working with Students with Disabilities

As an integral part of the educational team, paraprofessionals have a commitment to maintain ethical standards of behavior in their relationships with students, parents, their supervisor, and other school personnel. Teachers have a responsibility to help the paraprofessional develop ethical responses to situations that arise. The code of ethics below is designed to establish guidelines for appropriate behavior.

### **Accepting Responsibilities**

- Engage only in activities for which you are qualified or trained.
- Do not communicate progress or concerns about students directly to parents.
- Refer concerns expressed by parents, students, or others to your directing teacher.
- Recognize that the directing teacher has the ultimate responsibility for the instruction and behavior management of children and follow the directions prescribed by him or her.

### Relationship with Students and Parents

- Discuss a child's progress, limitations, and educational program only with the directing teacher in the appropriate setting.
- > Discuss school problems and confidential matters only with appropriate personnel and only when students are not present.
- Refrain from engaging in discriminatory practices based on student disability, race, sex, cultural background, or religion.
  Respect the dignity, privacy, and individuality of all students, parents, and staff members.
- Present yourself as a positive adult role model.
- Use behavior management strategies consistent with standards established by your school district and directing teacher.

### Relationship with the Teacher

- Recognize the role of the teacher as the supervisor of his/her classroom.
- Express differences of opinion only when students are not present.
- Establish communication and a positive relationship with the teacher.
- Discuss concerns about the teacher or teaching methods directly with the teacher.
- If issues are not resolved, then discuss concerns only with the teacher's direct supervisor.
- Do not discuss teacher problems with students, other teachers, paraprofessionals or parents.
- > Follow the behavior management approach established by the teacher.

### Relationship with the School

- Accept responsibility for improving skills.
- Become familiar with school policies and procedures.
- Represent the school and its programs in a positive manner.
- > Refrain from gossiping about problems with those who cannot assist in the solution.

Ultimately, these ethical guidelines mean that both the teacher and the paraprofessional must take responsible action to insure that the best interests of individual students are being met. The ethical responsibility for the proper use of paraprofessionals rests with the special education teacher and administrator. The paraprofessional must be specifically prepared to uphold the ethics of the teaching community.

How can you ensure adherence to ethical practice within your roles and responsibilities as a paraprofessional?



### BEMIDJI REGIONAL INTERDISTRICT COUNCIL

### **Vulnerability and Reporting**

Information taken from: Area Special Education Cooperative Special Education Paraprofessional Handbook and Minnesota Department of Human Services Online Mandated Reporting Trainings

### **Definitions**

Abuse: A physical, emotional, or sexual act against a child or vulnerable adult, including hitting, kicking, biting, pinching, corporal punishment, aversive procedures such as unreasonable confinement, and any sexual contact.

*Neglect*: The failure to provide for food, clothing, shelter, medical care and/or supervision.

Financial Exploitation: The misuse of funds, assets, or property which results in or is likely to result in detriment to a vulnerable adult.

Maltreatment: Abuse, neglect, or financial exploitation.

Vulnerable Adult: In the school setting, a vulnerable adult is a student 18 years or older who possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and because of the dysfunction or infirmity and the need for care of services, the individual has an impaired ability to protect the individual's self from maltreatment.

### **Mandated Reporting**

All professionals working in education MUST make a report if they have reason to believe that the abuse, neglect, or financial exploitation of a child or vulnerable adult has occurred. Each county has a Common Entry Point designated to receive calls from mandated and voluntary reporters. Paraprofessionals are responsible to contact an official in the building to which they are assigned if they need assistance in accessing the information to contact the Common Entry Point.

### **Child Abuse and Neglect**

Children who are experiencing abuse or neglect need help from the people in their community. Providing a safe community for children takes determination and commitment on the part of everyone. As a paraprofessional who works with children and families, you are in a key position to help protect children from harm. In Minnesota, as a mandated reporter, you have a legal obligation to make a report if you know or have reason to believe a child is being neglected or abused or has been neglected or abused in the preceding three years. Although BRIC recommends you discuss your concerns with your directing teacher or building principal, you are personally responsible for making the report and cannot shift the responsibility to anyone else.

Anyone who reports child abuse or neglect in good faith is immune from any civil or criminal liability. The reporter's name is confidential, accessible only upon consent of the reporter or by

court order. If you are uncertain whether or not a situation should be reported, you may call your local social service agency. The child protection staff there will help you decide if a report should be made based on the information you have.

The following points taken from What Can I Do to Prevent Harm to Children prepared by the Minnesota Department of Human Services Child Protective Services, may be helpful in identifying children in need of protection, and are based on materials developed by school personnel. While no one indicator is proof that a child is being neglected or abused, these are some signs to be aware of.

### Abused or neglected children may:

- seem unduly afraid of their parents;
- often have welts, bruises, untreated sores, or other injuries;
- show evidence of poor overall care;
- be given inappropriate food, drink, or medication;
- exhibit behavioral extremes (i.e.: crying often or crying very little and showing no real expectation of being comforted; being excessively fearful, or seeming fearless of adult authority; being unusually aggressive and destructive, or extremely passive and withdrawn).
- be wary of physical contact, especially when an adult initiates it, or become apprehensive when an adult approaches another child, particularly one who is crying. Others are inappropriately hungry for affection, yet may have difficulty relating to children and adults. Based on their past experiences, these children cannot risk getting too close to others.
- > exhibit a sudden change in behavior. For example: displaying regressive behavior-pants wetting, thumb sucking, frequent whining, becoming disruptive or becoming uncommonly shy and passive.
- take over the role of parent, being protective or otherwise attempting to take care of the parent's or younger sibling's needs.
- having learning problems that cannot be diagnosed. If a child's IQ and medical tests indicate no abnormalities, but the child still cannot meet normal expectations, the answer may well be problems in the home; one of which might be abuse or neglect. Particular attention should be given to the child whose attention wanders and who easily becomes selfabsorbed.
- > be habitually truant or late to school. Frequent or prolonged absences sometimes result when a parent keeps an injured child at home until the evidence of abuse disappears, or when an older child is kept home to care for younger siblings. In other cases truancy may indicate a lack of parental concern or ability to regulate the child's schedule.
- > arrive at school too early and remain after classes rather than going home.
- be tired frequently and sleep often in class.
- be inappropriately dressed for the weather. Children who never have coats or shoes in cold weather are receiving less than minimal care. On the other hand, those who regularly wear long sleeves or high necklines on hot days may be dressed to hide bruises, burns or other marks of abuse.

### **Reporting Procedures**

A mandated reporter who has reason to believe a child or vulnerable adult is being or has been maltreated must immediately (as soon as possible, but within 24 hours) make an oral report to the Common Entry Point. The Common Entry Point will be able to tell you if your report must be made to a different agency (example: suspected maltreatment by a school employee may need to be

reported to the Department of Education). If the situation is an emergency or poses imminent danger to the child or vulnerable adult, a call to the local law enforcement agency will need to be made.

When you call to make a report, you will be asked for information which will assist the social service agency to identify the child and family, evaluate the problem, and respond quickly and appropriately. You will be asked:

- > The name, age, and address of the child or vulnerable adult
- > Your name and contact information (are you calling on behalf of an agency or personally making the complaint);
- > What happened to the child or vulnerable adult and when and where it occurred;
- > Where the child or vulnerable adult is now;
- ➤ The names and addresses of the parents/caretakers; and
- Firsthand knowledge you have about the child or vulnerable adult or their family.

As a mandated reporter, you must file a written report within 72 hours, exclusive of weekends and holidays, of your verbal report. Child protection must respond immediately to a report of infant medical neglect or a child in imminent danger. If a child is not in imminent danger, child protection must initiate an assessment within one working day with the following exception: initiating an assessment can be delayed up to 72 hours if more serious reports prevent the agency from responding within one working day and if the child will not be in imminent danger during that time.

Because of confidentiality and privacy laws, child protection is limited in what they can discus with you, even when you are working with the family, unless the family consents to an exchange of information. Any mandated reporter can, upon request to the local social service agency, receive a summary of the disposition of the report, unless such release would be detrimental to the best interests of the child.

### Failure to Report

Failure by a mandated reporter to make a mandated report is a misdemeanor offense and can be pursued for prosecution.

What is the phone number and name of the Common Entry Point in the county where your assigned school district is located?

Who is one person you could confidentially consult to assist you in meeting your reporting requirements if you felt uncomfortable with the process?



Paraprofessionals often have strong relationships with the students with whom they work and can be an important support to the implemention of the Behavior Intervention Plan.







### Connecticut PARAPROFESSIONALS' Guide to Challenging Behaviors

Paraprofessionals have an important role in supporting students who exhibit challenging behaviors; they are often called upon to prevent, manage, and de-escalate problem behaviors which may include the implementation of the student's behavior intervention plan (BIP). This brief will give readers an overview of how to respond to challenging behaviors and will outline the development and implementation of a BIP.

We welcome your comments and suggestions regarding this publication. Comments should be directed to Iris White, Bureau of Accountability and Improvement, at iris.white@ct.gov.

### A PARAPROFESSIONALS' GUIDE TO CHALLENGING BEHAVIORS

The development of a BIP occurs after the student has undergone a functional behavior assessment (FBA). The FBA determines the function or purpose of the student's difficult behavior. All behavior should be considered a means to an end. Students who are compliant behave that way because it works for them and their behavior meets their needs. Unfortunately, students who are more difficult to manage likely engage in challenging behaviors because it meets their needs. Therefore, the FBA allows educators to determine the need that the student is trying to meet and gives opportunities to find alternate, more appropriate ways to meet the student's need. This approach may seem counterintuitive. Traditionally, we approach students with challenging behaviors by trying to control them or "punish" them into producing more appropriate behaviors (see Figure 1). However, this very approach may make the behaviors that we are trying to eliminate stronger and more entrenched. If we try to understand the purpose of the behavior, we are able to give students opportunities to use more appropriate and, perhaps, more efficient behaviors instead.

### Understanding Challenging Behaviors

Challenging behaviors often occur due to some unmet need which may include the need for freedom; a desire for sense of belonging; a need for feeling of competence or recognition; a craving for attention; or quite simply pleasure or entertainment. To build effective behavioral supports, we must understand not only why the student behaves the way he or she do, but also the conditions or context under which the behavior occurs. The development of a functional behavior assessment allows us to determine both of these important factors.

### FUNCTIONAL BEHAVIOR ASSESSMENT (FBA)

A FBA is a problem-solving process for addressing challenging student behavior by looking beyond the behaviors to assess the purpose that it serves. The assessment

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involves teacher, student, and family interviews as well as direct observations of student behavior. The data must be organized into at least three areas: (1) events before the behavior occurs (antecedents); (2) the conduct itself (behavior); and (3) events after the behavior (consequences). This sequence of events is sometimes referred to as the ABCs of behavior.

When addressing students with challenging behaviors, we often focus on the consequences in an attempt to correct the behavior and neglect the changes we can make with the antecedents or the behavior itself. Thus, we try to punish students for poor behavior and reward them for good behavior. This can sometimes be a rather frustrating approach when students are exhibiting extremely inappropriate behaviors. If we choose the punishment route, we sometimes have to escalate the punishments in order to see the same effects – presuming that the punishment worked at all. Conversely, some students provide very few opportunities for rewarding behaviors and never get reinforcement that would encourage better behavior. Research has indicated that a positive approach to managing behavior is more effective at maintaining long-term behavioral change than punishment (Carr, et al., 2002). Prevention is the most efficacious way of addressing concerning behavior. Controlling the antecedents should eliminate the conditions under which the behavior occurs, thus preventing the need for a punitive response (Sugai, Horner, & Algozzine, 2010). This is because the manipulation of the antecedents actually may prevent the undesired behavior. If we can understand the conditions that are supporting the behavior, we limit the opportunities for students to exhibit problematic behaviors.

### BEHAVIOR INTERVENTION PLAN (BIP)

Based on what we learn about the student and the student's behavior through the FBA process, a BIP may be developed. The purpose of the BIP is threefold - to make the behavior irrelevant, ineffective, and inefficient. A good BIP should include components which support our efforts when working with students: Prevention, Teaching, and Responding.

**PREVENTION.** This includes changes in the environment (physical and social) as well as changes in instructional practices. Adults can play a vital role in preventing the escalation of behaviors. The old adage, it takes two to tango, is relevant when considering adult-student interactions. While the student's role is quite obvious to us, our role in the escalation of behaviors may be less so. When a student's behavior begins to escalate, we must step back, take a breath, and consider how we can intervene rather than punish or control. Specifically, we must draw upon what we currently know about this student and their triggers.

**TEACHING.** We cannot make assumptions about students' prior learning. Therefore, the teaching of appropriate behavior is a crucial part of the plan. Teaching involves providing the student with the strategies and skills for coping as well as teaching students replacement behaviors. Students engage in behaviors that work for them and may need to be taught other behaviors that can work as well or better than the inappropriate behavior. This increases the student's ability to self-regulate and manage their own behaviors better.

**RESPONDING.** The responding section of the BIP gives information about the types of cues and feedback that the student needs as well as how to reinforce students for appropriate or close approximations to appropriate behavior.

There are two aspects to the plan: the technical and the adaptive. The technical part of the plan provides the framework of a BIP as was indicated in the previous paragraph. However, another important part of the plan is the adaptive component and this has implications for how well the plan is implemented. Paraprofessionals often have strong relationships with the students with whom they work and can be an important support to the implementation of the plan.

### STRATEGIES

Frequently, educators ask for prescriptions to improve student behavior. However, these decisions need to be made on an individual basis given our understanding of what maintains that student's behavior. It is important to remember that regardless of who students are individually, strategies will be more effective in a positive and supportive environment where faculty, staff, students, and their families feel respected and both physically and emotionally safe. In such an environment, it will be easier to build relationships with even the most challenging students and practice techniques to de-escalate problem situations when they arise.

### Building Strong and Positive Relationships

Having strong and positive relationships with the students with whom you work may decrease the likelihood that they will exhibit inappropriate behavior. When students feel a connection with an adult they want to please that adult. Here are some ways to contribute to a positive learning environment and connect with students:

- Make an effort to get to know each student individually. Call them by name, ask them questions
  about their weekend, learn what they like to do in their spare time, etc.
- Communicate happiness and excitement to see each student. Remember to smile, make positive comments and always avoid sarcasm.
- Offer choices whenever possible. Allow students to make decisions such as the order in which to complete assignments, where to sit, who their partner will be, etc.
- Ask questions. Rather than assume what a student needs, ask questions such as: How can I help you? Is there an easier way for you to do this? Would you like me to repeat the directions?
- Start fresh each day. Every day is a new day and every student should begin each day with a clean
  slate. If you follow this guideline, students learn to trust that no matter what may have occurred
  the previous day, this day can be different.

### DE-ESCALATION

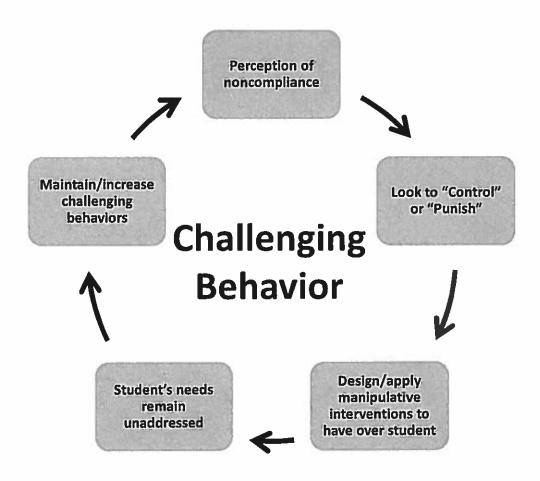
When it comes to the de-escalation of a volatile situation, the primary goal is to avert physical aggression and diffuse angry outbursts. The situation can then be processed at a later time with the student. Simple steps for de-escalation follow.

- Remain calm and use a quiet, even tone of voice. When being yelled at, our automatic response is
  to raise our voices right back. However, reacting in this way can further agitate the student. Use
  a quiet voice and a calming tone. An additional benefit to replying calmly is that it sets a good
  example for the other students.
- Listen to what the student is saying. Often students will calm down once they verbalize what is
  upsetting them. Interrupting them or shutting them down may have the effect of increasing the
  student's anger.
- Validate the student's feelings. When the student pauses, say something non-judgmental such as, "I understand that you are upset, \_\_\_\_" and conclude with the student's name.
- Offer choices and clear consequences. For example: "If you come back into the classroom, we can continue this discussion. If not, this discussion is over for the time being."

If you are working with a student with challenging behaviors, here are a few questions that you may want to ask your supervisor:

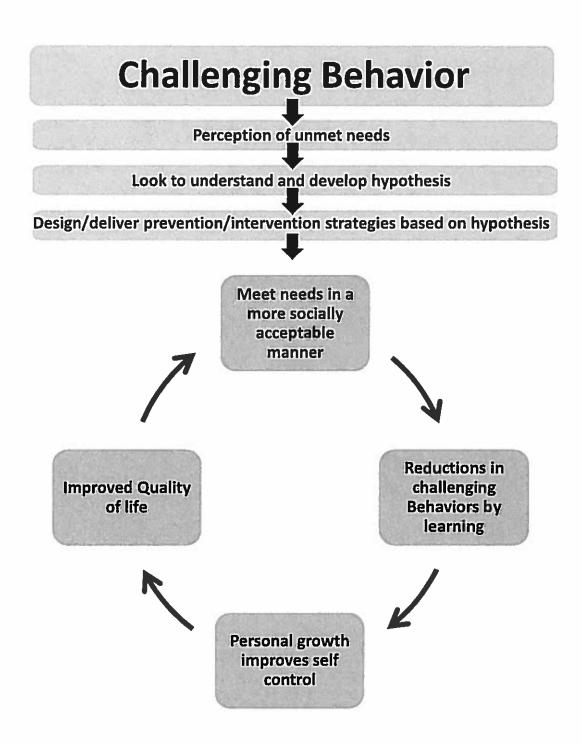
- Has an FBA been conducted for this student?
- If an FBA has been done, is there a BIP?
- Can you explain the BIP?
- What are your expectations for me in supporting the implementation of the BIP?

Figure 1. Traditional approaches to managing behavior



(Knoster and Lapos, 1993)

Figure 2. More effective approaches to managing challenging behaviors



(Knoster and Lapos, 1993)



Before making decisions regarding the appropriate role of paraprofessionals in providing support, schools and districts should examine how they are currently training, supervising, and evaluating their paraprofessionals.



Attention Deficit Disorder/Attention Deficit
Hyperactivity Disorder (ADD/ADHD)

Paraprofessionals play an integral role in student achievement and are an invaluable resource in providing instructional support. Before making decisions regarding the appropriate role of paraprofessionals in providing such support, schools and districts should examine how they are currently training, supervising, and evaluating their paraprofessionals. The Connecticut Guidelines for Training and Support of Paraprofessionals was published and endorsed by the Connecticut State Department of Education (CSDE) to inform and guide district personnel in the many important factors to consider in the use of paraprofessionals, specifically their training and effective use of their skills. The CSDE highly recommends that the Guidelines be used as the foundation for identifying and clarifying appropriate paraprofessional roles related to instruction. It is important that once these roles are identified, the paraprofessional continues to work under the direct supervision of a certified teacher and receive ongoing specialized training and professional development.

We welcome your comments and suggestions regarding this publication. Comments should be directed to Iris White, Bureau of Accountability and Improvement, at iris.white@ct.gov.

### A PARAPROFESSIONALS' GUIDE TO ADD/ADHD

According to the Diagnostic and Statistical Manual of Mental Disorders-4th edition revised (DSM-IV-TR) (APA, 1994), a prominent characteristic of ADHD is "a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and is more severe than is typically observed in individuals at a comparable level of development." Students identified with the ADD/ADHD disability are eligible for special education services under the Individuals with Disabilities Education Act (IDEA). IDEA is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers,

children, and youth with disabilities. In order for a child in a public school to be identified with ADD/ADHD, the child must first meet the overall eligibility requirements for "other health impairment" (OHI), and then meet the more specific requirements for ADD/ADHD. According to IDEA, other health impairment means having limited strength; vitality alertness, including a heightened alertness to environmental stimuli; and limited alertness with respect to the educational environment, due to chronic or acute health problems such as asthma or ADD/ADHD, that adversely affects a child's educational performance. Symptoms of ADHD must be present before age 7 years, and must interfere with developmentally appropriate social, academic, or occupational functioning in at least two settings (for example, at home and at school, or at home and at work).







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Guide to ADD/ADHD

Facts about ADD/ADHD

Instructional Strategies to Support Students with ADD/ ADHD

Professional Development Resources

### FACTS ABOUT ADD/ADHD

- Estimates of incidence rates of ADHD vary widely, from less than 1 percent to more than 20 percent of the population. This variation occurs because of the imprecision of terms such as "hyperactivity" and "impulsivity." The best current estimates are that between 3 percent and 5 percent of school-age children have this disorder.
- Although it is most often diagnosed in children, ADD/ADHD is a lifespan disorder that affects individuals at all ages.
- Boys are diagnosed at least 3 times more often than girls, although available evidence indicates that girls are probably underdiagnosed.
- ADHD is often inherited. It is very common to find that relatives of a child with ADHD
  were, or are, considered to be hyperactive, impulsive, inattentive, or all three, at school, in
  the community, or at work.

### **SYMPTOMS**

The symptoms of ADHD are divided into inattentiveness, hyperactivity, and impulsivity. Those children with the inattentive type are less disruptive and are more likely to miss being diagnosed with ADHD. **Inattentive ADHD symptoms:** 

- 1. Fails to give close attention to details or makes careless mistakes in schoolwork.
- 2. Has difficulty sustaining attention in tasks or play.
- 3. Does not seem to listen when spoken to directly.
- 4. Does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace.
- 5. Has difficulty organizing tasks and activities.
- 6. Avoids or dislikes tasks that require sustained mental effort (such as schoolwork).
- 7. Often loses toys, assignments, pencils, books, or tools needed for tasks or activities.
- 8. Is easily distracted.
- 9. Is often forgetful in daily activities.

### Hyperactivity symptoms:

- 1. Fidgets with hands or feet or squirms in seat.
- 2. Leaves seat when remaining seated is expected.
- 3. Runs about or climbs in inappropriate situations.
- 4. Has difficulty playing quietly.

### APPROACHES:

**Behavioral Approaches:** Used in treatment of ADHD to provide structures for the child and to reinforce appropriate behaviors. Best practice research indicates a child may benefit from a positive behavioral intervention plan that clearly outlines expectations and includes positive support.

**Pharmacological Approaches:** Decision to prescribe any medicine is the responsibility of medical -not educational- professionals, after consultation with the family and agreement on the most appropriate treatment plan.

Children with ADHD are often bright, enthusiastic, creative individuals. With early diagnosis, understanding, treatment, and management, they can be helped to realize their potential and make valuable contributions to society. The successful social and academic education of the child with ADHD, however, cannot be left to chance. It requires long-term cooperation and collaboration among family members, educators, physicians, and other professionals. Behaviors of impulsivity, inattention, and hyperactivity can make functioning in the school setting difficult. The following chart lists some of these behaviors and possible strategies.

### Instructional Strategies to support students with ADD/ADHD

Behaviors	Instructional Strategies/Tools
Difficulty Getting Started - slow/ unable to begin a new task, activity, assignment	<ul> <li>provide written AND oral directions;</li> <li>check that directions are clear;</li> <li>begin work with mentor;</li> <li>segment the work into small initial steps; and</li> <li>fold student's paper in halves, quarters, accordion patterns and ask him or her to work on just the first space.</li> </ul>
Disorganized - poor time management skills; inability to plan ahead; difficulty with sequencing; messy desk/locker; failure to turn in work although it is complete; misplaces books/materials; written work appears messy and lacks coherence	<ul> <li>external organizers (calendars, watch with alarm);</li> <li>instructional chart with sequence of steps articulated;</li> <li>instruction chart posted on index cards or stickies;</li> <li>daily schedule, routines, rituals;</li> <li>study buddy;</li> <li>assistive listening devices; and</li> <li>keyboarding instruction and computer.</li> </ul>
Distractible - not responding when called upon; poor task completion; difficulty distinguishing important information/main idea from less important; skipping from one activity to the next	<ul> <li>preferential seating;</li> <li>instruction on appropriate academic level;</li> <li>assignments that are highly engaging;</li> <li>hands-on learning, based on interests and strength;</li> <li>reducing the number of items per assignment;</li> <li>alternating response modes;</li> <li>permitting students to work problems in an unusual order (bottom to top);</li> <li>using external nonverbal cues to prompt student to return to task;</li> <li>increasing the amount of immediate feedback (e.g., circulate during independent work and correct some of each student's work to provide immediate feedback); and</li> <li>using cooperative learning after the strategies have been taught to whole class.</li> </ul>
Hyperactive - difficulty staying in chair; high level of gross-motor activity (younger children); restlessness (adolescents); seeks sensory stimulation (chewing, tapping, leg swinging)	<ul> <li>provide acceptable opportunities for movement rather than attempting to restrict activity;</li> <li>providing a specific number of walking passes (e.g., sharpening pencil, drinks of water, access to books, wall charts);</li> <li>providing small manipulatives to channel activity from gross to fine motor (e.g., clay, stress balls);</li> <li>establishing work centers as opportunity to move to choice activity;</li> <li>standing-random drills;</li> <li>restating rules before the opportunity for rule infraction;</li> <li>increasing proprioceptive feedback (consult with OT or PT); and</li> <li>use of tactile materials.</li> </ul>
Impulsive - shouts out answers without being called upon; exhibits risk-taking behaviors; does not think about consequences of behavior; difficulty following rules; difficulty taking turns	<ul> <li>teaching self-monitoring skills;</li> <li>teaching self-regulating skills;</li> <li>teaching the behavior you want to see;</li> <li>giving positive feedback 5 to 8 times more frequently than negative ones; and</li> <li>teaching student verbal or motor response to use while waiting (e.g., holding up a "HELP" card, writing note to self so he will remember).</li> </ul>
Memory - inconsistent and/or poor recall of previously learned information; reduced reading comprehension with long and/ or complex sentences; forgetting assignments, social commitments	<ul> <li>segment study time into smaller units;</li> <li>structured breaks, alternating subject matter;</li> <li>multisensory instruction;</li> <li>establish lesson context and links to prior knowledge;</li> <li>highlight most important features (color coding, shapes, size emphasis); and</li> <li>provide opportunity for novel repetitions until student achieves automaticity of basic skills/facts.</li> </ul>
Self-Monitoring and Evaluation - lacks "internal voice," the internal dialogue to self-coach and/or guide thinking and behavior; unaware that his/her behavior is inappropriate, annoying to others; difficulty checking work once completed	<ul> <li>role model by thinking out loud;</li> <li>provide nonjudgmental feedback to establish sequence and causality of events; and</li> <li>provide rubric on desktop for correcting work and provide structured practice in using it.</li> </ul>
Transition - difficulty transitioning between activities, subjects, classes; repeats same idea/question after receiving a response; repeats same error even when told it is incorrect	provide three-part transition cues (stopping, moving to, and starting); develop transition rituals; and create transition songs, games, activities (primary grades).  93  Adapted from Report on Attention Deficit Hyperactivity Disorder (ADHD), Connecticut ADHD Task Force, 3rd Edition, Spring 2005

### CLEANING, SANITIZING, AND DISINFECTION

This section provides general information about cleaning, sanitizing, and disinfecting; guidelines for specific items commonly used in the childcare and school setting; and a checklist for choosing a disinfectant other than bleach.

### **Definitions**

Cleaning Mechanical process (scrubbing) using soap or detergent and water to remove dirt,

debris, and many germs. It also removes invisible debris that interferes with

disinfection.

Sanitizing Chemical process of reducing the number of disease-causing germs on cleaned

surfaces to a safe level. This term is usually used in reference to food contact

surfaces or mouthed toys or objects.

Disinfecting Chemical process that uses specific products to destroy harmful germs (except

bacterial spores) on environmental surfaces.

### General information

• Lessen the harmful effects of germs (bacteria and viruses) by keeping their numbers low.

- Control germs effectively by frequent, thorough handwashing; cleaning and disinfecting surfaces and objects that come into contact with children; and proper handling and disposal of contaminated items
- Follow proper cleaning and disinfecting practices whether dirt is seen or not. Germs can live on wet and dry surfaces and on those items that do not look soiled or dirty.
- Increase the frequency of cleaning and disinfecting to control certain communicable diseases.
- Treat all body fluids as infectious because disease-causing germs can be present even in the absence of illness.
- Know that children who do not show symptoms of illness may be as infectious as those children who do have symptoms.

### Glove use

- Wear disposable gloves (consider using non-latex gloves as a first choice) when:
  - Handling blood (e.g., nosebleeds, cuts) or items, surfaces, or clothing soiled by blood or body fluids.
  - Covering open cuts, sores, or cracked skin.
  - Cleaning bathrooms, diapering areas, or any areas contaminated with stool, vomit, or urine.
- Remove gloves properly and discard after each use.
- ALWAYS WASH HANDS IMMEDIATELY when gloves are removed. Also wash hands
  when there has been contact with any body fluids. Follow handwashing and gloving procedures.

### When using cleaning, sanitizing, or disinfecting products ALWAYS:

- Consider the safety of children.
- Choose a product appropriate for the task.
- Follow the label instructions for mixing, using, and storing solutions.
- Read the warning labels.
- Store these products safely out of reach of children.
- Clean soiled surfaces and items before using sanitizers or disinfectants.

### Cleaning

- Use warm/hot water with any household soap or detergent.
- Scrub vigorously to remove dirt and soil. Use a brush if item is not smooth or has hard to reach corners, such as toys and bottles.
- Change water when it looks or feels dirty, after cleaning bathrooms and diaper changing area, and after cleaning the kitchen.
- Always clean the least dirty items and surfaces first (for example, countertops before floors, sinks before toilets).
- Always clean high surfaces first, then low surfaces.
- Disposable towels are preferred for cleaning. If using reusable cloths/rags, launder between cleaning uses. DO NOT use sponges since they are hard to clean.
- · Clean completely on a regular schedule and spot clean as needed.

Sanitizing or Disinfecting Products (See pg 38 for guidelines for specific items.)

### Bleach (Sodium hypochlorite)

Bleach solutions of differing concentrations can be used for sanitizing and disinfecting. You can prepare your own bleach solutions by mixing specified amounts of household bleach and water (see pg 37 for how to mix different solutions and for information on handling, storage, and safety concerns), or you can purchase commercially prepared bleach-containing products. Make sure the bleach solution is appropriate for the type of item to be sanitized or disinfected.

Bleach is safe when used as directed, is effective against germs when used at the proper concentration, is inexpensive if you make your own solutions, and is readily available. However, bleach is corrosive to metals and can strip floor wax, is ineffective in the presence of body fluids and soil (you must always clean first), is unstable when mixed with water (needs to be made fresh daily), and can be dangerous if mixed with other products.

### Bleach solution 1 - disinfectant (See pg 37.)

This solution contains approximately 800 parts per million (ppm) of sodium hypochlorite. Use to disinfect surfaces that will not have contact with food or the mouth (e.g., changing tables, potty chairs, activity tables, floors).

This solution is recommended by the Centers for Disease Control and Prevention, American Academy of Pediatrics, and American Public Health Association for use in childcares and schools where there is a high potential for fecal contamination. Your local environmental health professionals or licensing agency may have different recommendations.

### Bleach solution 2 - sanitizer (See pg 37.)

This solution contains approximately 200 parts per million (ppm) of sodium hypochlorite. Use to disinfect mouthed toys and other objects, eating utensils, and food-contact surfaces.

The Minnesota Food Code states that the range of the sanitizing solution must be from 50-200 ppm. It must not exceed 200 ppm. Chlorine test kits are available for purchase to check the concentration of your solution. Commercially licensed facilities are required to use a test kit to measure the strength of the sanitizing solution.

### Quaternary ammonia products (quats)

There are many types of quaternary ammonia products, and they are not all the same. However, a common chemical name of the active ingredient is *dimethyl benzyl ammonium chloride*. It is important to read the label and to follow the instructions carefully to make sure you are using a product that is appropriate for the type of item to be sanitized or disinfected.

Use the checklist on pg 39 to determine if the product meets the criteria for both a sanitizer and/or disinfectant. For example, if using for disinfection after a blood spill or splatter, it must meet OSHA requirements for the bloodborne pathogen exposure plan, that is, be EPA-registered as tuberculocidal, or list that HIV and hepatitis B viruses are killed by the product.

Use test kit daily to monitor the correct concentration of the product used in the food areas (200-400 ppm). A separate test kit is needed to measure the concentration of the quat solution. Obtain test kits from your chemical supplier.

Use separate bottles and label each clearly with its intended use with the name of product, date mixed, food/mouthed contact use, or general disinfection. Always STORE OUT OF CHILDREN'S REACH – undiluted quats can be fatal if ingested.

### **REMEMBER** when using QUATS:

### Read the label and follow the manufacturer's directions exactly for:

- how to mix product.
- how to apply the solution.
- how long to leave on the surface.
- whether to rinse after exposure time.
- safety concerns when used around children.

The solution for use on food contact surfaces may differ from that used for general disinfection. Read the label and follow the directions exactly. For more information about a specific product call the distributor or the company.

### • Other sanitizing or disinfecting products

Use the checklist on pg 39 to determine if the product can be used in your facility. Always read the label and follow the directions carefully.

### **Disinfecting Procedures**

- Surfaces or objects that will NOT have contact with the mouth or food (immediately after each soiling)
  - 1. Clean first with soap or detergent and water.
  - Rinse.
  - 3. Spray the area thoroughly with *bleach solution 1* or another appropriate disinfecting product.
  - Wipe the area to distribute the disinfectant evenly using single-service, disposable paper towels
  - 5. Discard paper towels in a plastic-lined container.
  - 6. Allow surface to air dry.
  - 7. Wash your hands.

### • Water play tables¹ (before and after each use)

- 1. Wipe table with bleach solution 1 or another appropriate disinfecting product.
- 2. Let dry before filling with water.
- 3. Soak all water table toys in *bleach solution 2* or another appropriate sanitizing product for two minutes prior to use.
- 4. Ensure that all children and staff wash hands before and after play.
- 5. Exclude any child with open sores or wounds from play.
- 6. Watch carefully so children do not drink the water.
- 7. Drain the water after play is over and between groups of children.
- 8. Clean with soap or detergent and water.

### Blood and body fluid spills or soiling

- 1. Wear a disposable medical glove for any blood and body fluid cleanup. (See pg 55.)
- 2. Use disposable towels to ALWAYS clean objects and surfaces contaminated with blood and body fluids (stool, urine, vomit) and discard in a plastic-lined, covered waste container.
- 3. Scrub the area with soap or detergent and water to remove blood or body fluids and discard paper towels. Rinse the area with clean water.
- 4. Disinfect immediately using bleach solution 1 or another appropriate disinfecting product on any items and surfaces contaminated with blood and body fluids (stool, urine, vomit).
- 5. Allow surface to air dry.
- 6. Discard disposable gloves. If using utility gloves, follow cleaning/disinfecting procedure.
- 7. Wash hands immediately.

### Washable items like linens, towels, bedding

- 1. Use hot water in a washing machine. This is acceptable for soaking, cleaning, sanitizing, and disinfecting washable articles.
- 2. Read the label on the laundry detergent.
- 3. Read the label and follow directions exactly if using bleach.
- 4. Dry items in a dryer on high heat.

### Sanitizing Procedures

### • Surfaces that come in contact with food or are mouthed

- 1. Clean first with soap or detergent and water.
- 2. Rinse.
- 3. Spray the area thoroughly with *bleach solution 2* or another appropriate sanitizing product.
- 4. Wipe the area to evenly distribute the sanitizer using single-service, disposable paper towels.
- 5. Discard paper towels in a plastic-lined container.
- 6. Allow to air dry.

<sup>&</sup>lt;sup>1</sup> ABC's of Safe and Healthy Child Care, Centers for Disease Control and Prevention, 1996.

- Items in contact with food or are mouthed (toys, eating utensils, dishes, formula bottles)
  - Three separate sinks (or basins) method
    - 1. Sink/Basin #1: wash items in hot water using detergent (bottle brushes as needed).
    - 2. Sink/Basin #2: rinse in clear water.
    - 3. Sink/Basin #3: soak items in bleach solution 2 for at least two minutes.
    - 4. Remove items, DO NOT rinse, and place on rack to air dry.
  - Dishwashers

To be acceptable a dual process for cleaning with the detergent and agitation and sanitizing with heat or chemicals must be provided.

Two types are available, commercial and household:

- National Sanitation Foundation (NSF) approved commercial dishwashers are required in commercial childcare or school food service. The NSF standards require that the water temperature reach 180° F, or that there is 50 ppm chlorine in the final rinse of the dishwasher.
- Household dishwashers must have a heat sanitizing setting. If at the end of the cycle when the machine is opened the dishes are too hot to touch, then the items are sanitized. It is strongly recommend that household dishwashers carry the NSF mark of approval.

### **Green Cleaning Products**

There has been an increased interest in using "green" cleaning products in childcare settings, schools, and homes. This interest is twofold: first is due to reports about increased allergies, sensitivities, and illness in children associated with chemical toxins in the environment and second, these products tend to cause less damage to the environment.

Children are more vulnerable to chemical toxins because of their immature immune systems, rapidly developing bodies, and their natural behaviors. They play on the floor, are very tactile having much body contact with the tables, desks, or play equipment, and have oral behaviors of mouthing toys and surfaces and putting their hands in their mouths.

Green cleaning products can be used in childcare and school settings. Green sanitizers or disinfectants must meet the criteria on pg 39 and be approved by your local environmental health agency or your childcare consultant.

For more information, call Hennepin County HSPHD-Epidemiology at (612) 543-5230 or call your local health department.

# CLEANING/SANITIZING/DISINFECTING GUIDELINES FOR SPECIFIC ITEMS/AREAS

Item/Area	How often	Clean	Disinfect	Sanitize
CHILD AREAS				
Shared objects (toys, mouthed objects, food utensils)	At least daily and when soiled.	7		7
Cribs and crib rails	Weekly if used by same child; before use by new child; or when soiled.	٨		7
Thermometers	Use disposable; if not, between each child.	^		7
Tabletops	Before and after food activity and when soiled.	7		7
Water play tables	Before and after each use.	<u>^</u>	٨	:
TOILET/DIAPERING AREAS	; ;			
Diaper Changing Area	After each child's use.		-	
Potty chairs (discouraged because of high		>	>	
risk of contamination)				

Diaper Changing Area	After each child's use.	-	-	
Potty chairs (discouraged because of high risk of contamination)		>	~	
Diaper and waste pails	Daily and when visibly soiled.	7	7	
Toilet seats, handles, door knobs	Daily and when visibly soiled.	7	7	
Toilet bowls	Daily.	7	7	
Handwashing sinks, faucets, counters, door knobs, soap dispensers	Daily and when soiled.	7	7	

### GENERAL

Mops and cleaning rags	After each use.	7	7	
Carpet	Vacuum daily; clean monthly in infant/toddler rooms, every 3 months in other areas. Spot	Use ca spot rer	Use carpet shampoo cleaners and commercial spot removers. Clean when children are gone,	s and commercial children are gone,
	clean/disinfect following a body fluid spill.		vacuum after carpet is dry.	et is dry.
Surfaces and objects contaminated with blood, urine, vomit or stool	Immediately after each soiling.	٨	7	If mouthed items
Floors	Vacuum or sweep and mop daily and when soiled.	7	٨	

## KITCHEN FOOD PREPARATION AREAS

Food preparation surfaces Before and after food preparation, between	otion 1		
preparation of taw and cooked todas.	oked foods.	~	7
Bottles, dishes, utensils Between each use, can use dishwasher.	asher.	<u> </u>	٨

Prepared by Hennepin County Human Services and Public Health Department (HSPHD)

### DIAPERING

### General information

Childcare providers and school health staff can help prevent the spread of infectious organisms by changing diapers in a separate designated area and by using effective cleaning and disinfecting practices. Germs found in the stool can be spread when the hands of caregivers or children contaminate objects, surfaces, or food. Infections that can be spread by contact with stool include: bacteria (e.g., Salmonella, Shigella, Campylobacter), parasites (e.g., Cryptosporidium, Giardia, pinworms), and viruses (e.g., rotavirus, norovirus, hepatitis A virus).

Note: The importance of using good body mechanics cannot be over emphasized when changing diapers of larger or older children, as well as infants and toddlers. Use appropriate bending and lifting techniques to prevent injury.

### **Basic principles**

- Change diapers in a designated diapering area.
- Follow safety procedures and do not leave children unattended.
- Use surfaces that can be easily cleaned and disinfected.
- Use a separate area for diapering that is away from the medication, food storage, food preparation, and eating areas.
- Dispose of soiled diapers in a covered waste container.
- Wash hands of both staff and children after diapering.
- DO NOT allow objects such as toys, blankets, pacifiers, or food in the diapering areas.
- Consult with your childcare health consultant or school nurse for any special diapering issues.

### **Equipment**

### Changing surface

- The changing surface should be separate from other activities.
- The surface should be smooth, moisture-resistant, and of an easily cleanable material.
- For extra protection use a non-absorbent, disposable paper under the child.
- The changing surface should be next to a handwashing sink.

### Handwashing sink and supplies

- Adequate handwashing facilities should be available to school staff when diapering children in school settings.
- The handwashing sink should be equipped with both hot and cold running water mixed through one faucet (hot water temperature not greater than 120° F).
- The water controls should ideally be foot-operated or knee-operated to avoid contamination of hands and/or water controls.
- If faucets are not foot-operated or knee-operated, turn off faucet handles with a disposable paper towel.
- The changing sink should not be the same as the food preparation sink.
- Liquid soap, paper towels, and fingernail brush should be within reach.
- Single-service, disposable towels should be used instead of cloth towels.

### Handwashing procedures

The hands of the provider and child must be washed after each diaper change. Refer to handwashing information on pgs 56-59. Check with your childcare health consultant or school nurse to determine which handwashing procedures are appropriate for different age groups of children.

### **Diapers**

- High-absorbency disposable diapers are preferred because cloth diapers do not contain stool and urine as well and require more handling (the more handling, the greater chances for spread of germs).
- All diapers must have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of stool and urine.
- Soiled clothing should be placed in a plastic bag and sent home each day.
- If cloth diapers are used, talk with your childcare health consultant about concerns and procedures.

### Cloth diaper considerations

- The outer covering and inner lining must both be changed with each diaper change.
- Outer coverings must not be reused until they are laundered.
- Each child should have an individually labeled, covered, and plastic-lined diaper pail.
- Soiled diapers or clothing should NOT be rinsed in sinks or toilets.
- The diaper or clothing soiled with stool must be put in separate plastic bags before placing into the diaper pail.
- Soiled cloth diapers and/or clothing should be sent home each day in clean plastic bags.
- An adequate supply of diapers and diaper coverings must be available for each day.

### Diapering procedures, see pg 44.

### Changing pull-ups/toilet learning procedures, see pg 45.

### Disposable gloves

- Non-latex gloves without powder should be considered because of possible allergy to latex in staff and children.
- Gloves should be worn when changing the diaper of a child with diarrhea or a known infection that is spread through the stool.
- Pregnant women or women considering pregnancy should wear gloves when changing any diaper.
- Staff should wear gloves if they have open cuts, sores, or cracked skin, or if the children have open areas on their skin.
- Gloves should be discarded and hands washed after each diaper change.
- Gloves must be single use only. Food service gloves are not appropriate.

### Disposable wipes

- A sufficient number of pre-moistened wipes should be dispensed before starting the diapering procedure to prevent contamination of the wipes and/or the container.
- Each child should have an individually labeled container of wipes that is not shared with others. Put the child's full first and last name on the container.

### Skin care items

- Childcare providers and schools must have policies regarding use of these products.

  Parents/guardians or healthcare providers must provide written, signed directions for their use.
- If skin care items are used, keep them within the provider's reach and out of the reach of children.

### DIAPERING

- Each child must have an individually labeled container of skin care products that is not shared with others. Label the container with the child's full first and last name.
- Skin care products must be used according to package directions.

### Plastic bags

- Disposable plastic bags must be used to line waste containers and to send soiled clothing or cloth diapers home.
- Plastic bags must be stored out of children's reach.

### Waste containers and diaper pails

- A tightly covered container, preferably with a foot-operated lid, is recommended.
- The container must be kept away from children.
- The container must be lined with a disposable plastic trash bag.
- The waste container should be emptied before full and at least daily.
- The container should be cleaned with detergent and water, rinsed, and disinfected daily.

### Potty chair or commodes (not recommended)

- Flush toilets are recommended rather than commodes or potty chairs. However, if potty chairs or commodes are used, frames should be smooth and easy to clean.
- Empty the potty chair or commode into the toilet, clean with soap and water, rinse, and disinfect after each use. Empty dirty cleaning water into the toilet and not the hand sink.
- If a potty chair or commode has wheels, lock wheels into position while using.
- Utilize proper body mechanics when moving and positioning a child on a potty chair or commode.

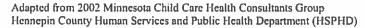
### Cleaning and disinfecting supplies needed

- Disposable gloves and towels.
- Cleaning solution.
- Disinfecting solution (Bleach solution 1 or another appropriate disinfecting product).

### Disinfecting procedures

- 1. Clean first with soap or detergent and water.
- Rinse.
- 3. Spray the area thoroughly with Bleach solution 1 or another appropriate disinfecting product.
- 4. Wipe the area to distribute the disinfectant evenly using single-service, disposable paper towels.
- 5. Discard paper towels in a plastic-lined container.
- 6. Allow surface to air dry.
- 7. Wash your hands.

If you have questions about cleaning and disinfecting procedures, ask your childcare health consultant or school nurse for specific instructions.



### **DIAPERING PROCEDURE**

Preparation	Assemble supplies (within reach)	Thoroughly with soap and warm running water for 15-20 seconds using posted procedure. Dry hands with paper towel.  Clean disposable diaper. Disposable wipes or paper towels. Clean paper (Roll paper or nonabsorbent paper sheets). Gloves, when used. Possibly: ointment, cotton swabs, clean clothes. Put ointment on a paper surface to avoid handling or contaminating the tube or container.					
	Cover diapering surface	The paper needs to be the length of the child; have clean paper within reach.					
	Put gloves on	See gloving recommendations per program policies.					
	Place child on diapering surface	Keep one hand on child entire time.     Keep others away from diapering area.     Remove child's clothing, put soiled clothing aside.					
Dirty Phase	Remove soiled diaper	Roll diaper inward. Place diaper directly into a covered waste container or out of child's kick space/reach.					
Dirty	Cleanse diaper area of child	Cleanse from front to back (once per wipe) including skin creases. Use the child's own disposable wipes or the three paper towel method (soap, rinse, dry).  2. Place wipes in waste container or out of child's kick space/reach.					
	Remove gloves	Place gloves in waste container or out of child's kick space/reach.					
81	Put clean paper under child	If soiled.					
sphase	Ointment, as directed	Use clean glove, swabs, or tongue blades to apply, remove glove.					
Clean Phase	Diaper and dress child	Thoroughly with soap and warm running water for 15-20 seconds using posted procedure.					
	Return child to activity	Staff returns to diapering area.					
Clean Up	Dispose of soiled items	Put soiled clothing, without rinsing, in a plastic bag for parent/guardian to take home.     Put diaper, wipes, paper towels, changing paper, cotton swabs, and gloves into the plastic-lined waste container. (Foot operated is recommended.)					
	Clean and disinfect	Diapering surface, waste container lid, faucet handles, and all surfaces touched.					
	Wash hands	Thoroughly with soap and warm running water for 15-20 seconds using posted procedure.					
Communicate	Record	Diaper change.  Concerns to parents (unusual color, odor, frequency, or consistency of stool; rash).					

Rev. 06/11/02 Minnesola Child Care Health Consultants Group



### Changing Pull-ups/Toilet Learning Procedure \*Note: This procedure is recommended for wet pull-ups only. For soiled pull-ups follow diapering procedure.

		pan-ups only. For some pan-ups follow diapering procedure.
Preparation	Wash hands  Assemble supplies (within reach)	Thoroughly with soap and warm running water for 15-20 seconds using posted procedure.  1. Clean disposable pull-up*. 2. Disposable wipes or paper towels. 3. Gloves, when used.
	Put gloves on	See gloving recommendations per program policies.
	Stand child by the toilet	Provide privacy.     Assist child to remove clothing, if necessary. Put soiled clothing in a plastic bag.
Dirty Phase	Teach child to remove pull-up	Tear sides of pull-up to remove. Place pull-up directly into plastic bag, tie and place in a plastic lined waste container.
Diri	Teach child to wipe bottom	<ol> <li>Teach child to wipe from front to back (once per wipe). Use the child's own disposable wipes.</li> <li>Place wipes in waste container.</li> </ol>
	Remove gloves	Place gloves in waste container.
Toileting	Encourage Independent Toileting	<ol> <li>Allow child to sit on toilet.</li> <li>Praise for toileting attempt/success.</li> <li>Allow child to wipe bottom.</li> <li>Encourage child to flush toilet.</li> </ol>
hase	Teach child to put on pull-up and clothes.	
Clean Phase	Wash child's hands	Thoroughly with soap and warm running water for 15-20 seconds using posted procedure.
	Return child to activity	Staff returns to diapering area.
(p)	Clean and disinfect	Any soiled areas including cleaning and disinfecting toilet seat.
Clean Up	Wash hands	Thoroughly with soap and warm running water for 15-20 seconds using posted procedure.
nicate	Acknowledge Toilet Learning Process	Praise child for all attempts/successes in toilet learning process.
Соттиністе	Record	Toileting results.
C	Report	Toileting results and any concerns to parents (rash, unusual color, odor, frequency, or consistency of stool).

<sup>\*</sup> A disposable diaper may be substituted for a pull-up if necessary

Rev. 5/5/2008

Minnesota Visiting Nurse Agency Child Care Consultants

### **GLOVING**

The following information is provided as general recommendations. Always follow the glove use policies established by your facility.

### General information

- Gloves are NOT a substitute for handwashing.
- Throw away single-use gloves after each use.
- Hands must be washed after removing gloves.
- Use non-latex gloves when touching people or food whenever possible.
- Gloves should fit well.
- Gloves should be durable, so they do not rip or tear during use.

### Types and use of gloves

### Medical glove (e.g., surgical glove, examination glove)

- Used for exposure-related tasks where there is contact with blood and body fluids. For
  example, when handling blood (e.g., nosebleeds, cuts) or items, surfaces, or clothing soiled
  by blood or bloody body fluids. Follow procedures outlined in the childcare or school's
  Bloodborne Pathogen Exposure Plan.
- Used when changing the diaper of a child with diarrhea or with an infection that is spread through stool, or if the child has open areas on the skin.
- Worn by staff if they have open cuts, sores, or cracked skin.
- Must be approved by the FDA. Plastic film food handling gloves are not considered to be appropriate for use for these activities.<sup>1</sup>

### Utility gloves

- Used for cleaning and disinfecting bathrooms, diapering areas, or any areas contaminated with stool, vomit, or urine.
- After use, follow cleaning and disinfecting procedures.

### • Food handling gloves

 May be recommended for handling ready-to-eat foods in some jurisdictions. Check with your local environmental health agency.

<sup>1</sup> MNOSHA Instruction CPL2-2.44E, October 24, 2005

Prepared by Hennepin County Human Services and Public Health Department (HSPHD)

### HANDWASHING

### General information

Hands are warm, moist parts of the body that come into frequent contact with germs that cause communicable illnesses. Young children have not yet learned healthy personal habits. They suck their fingers and/or thumbs, put things in their mouths, and rub their eyes. These habits can spread disease, but good handwashing can help reduce infection due to these habits. Caregivers who teach and model good handwashing techniques can reduce illness in childcare settings and schools. Gloves are not a substitute for handwashing.

Handwashing is the single most effective way to prevent the spread of infections. Included in this section are instructions on WHEN to wash hands (see pg 58) and pictures to demonstrate HOW TO do the correct handwashing procedure (see pg 59).

### Childcare and school staff information

- Learn why, how, and when to correctly wash their hands and the children's hands.
- Follow a procedure that ensures safety for the infant or child.
- Teach young children to wash hands and supervise them as they do.
- Encourage children to wash hands.

### Recommendations for hand hygiene products

### · Liquid soap

- Recommended in childcare and schools since used bar soap can harbor bacteria. Regular liquid soap is effective in removing soil and germs.
- Soap and water are necessary if hands are visibly soiled.
- When using liquid soap dispensers, avoid touching the tip of the squirt spout with hands.
- If the liquid soap container is refillable, the container and pump should be emptied, cleaned, and dried completely before being refilled.

### • Antimicrobial soaps

- Are not recommended by the American Medical Association and the CDC.
- Many scientists are concerned that use of these soaps could lead to strains of resistant bacteria. There is no need to use these soaps, which may actually do more harm than good.
- Must be left on hands for about two minutes in order to have any effect on bacteria.

### Alcohol-based hand rubs

- 60% to 90% alcohol (usually 70%). Read the label and follow manufacturer's instructions.
- Advantages of alcohol-based hand rubs are:
  - Require less time and are more effective than handwashing with soap and water.
  - Act quickly to kill germs on hands.
  - More accessible than sinks.
  - Reduce bacterial counts on hands.
  - Do not promote bacterial resistance.
  - Less irritating to skin than soap and water (product contains moisturizers).
- Disadvantages of alcohol-based hand rubs are:
  - Should not be used on visibly soiled hands since they are ineffective in the presence of dirt, soil, or food.

June 2008

### HANDWASHING

Any product should be safely stored out of reach of children.

### Procedure for using alcohol-based hand rubs

- Use enough alcohol-based hand rub to cover all surfaces of the hands and fingers.
  - 1. Apply alcohol-based hand rub to palm of one hand.
  - 2. Rub hands together covering all surfaces of hands and fingers.
  - Rub until hand rub is absorbed.

### When soap and running water are not available

- When soap and running water are not readily available, for example, on a field trip, an alcohol-based hand rub can be used. The alcohol-based hand rub must be applied vigorously over all hand surfaces. If hands were visibly soiled, hands must be washed with soap and warm running water as soon as it is available, because the alcohol-based hand rubs are not effective in the presence of dirt and soil.
- DO NOT use a common water basin. The water can become contaminated very quickly.

### Towels

- Use single-use paper towels to dry hands or use hand dryers.
- DO NOT use multi-use towels such as hand towels, kitchen towels or dish cloths.

### Fingernail care for staff and children

- · Keep fingernails short and clean.
- Staff should moisten cuticles to avoid hangnails.
- Clear fingernail polish that is well maintained may be worn; avoid colored nail polish since it is difficult to see dirt under nails.
- Use fingernail brushes to remove dirt and stool from under nails. Use the nailbrush after diapering or assisting with the toilet activities, before and after food preparation, and whenever nails are soiled.
- Artificial nails are highly discouraged from use since they are known to harbor germs even with
  good handwashing techniques. They can break off into food and have been implicated in disease
  outbreaks in hospital nurseries. Check with the local licensing agency regarding any food codes
  that may restrict staff from wearing artificial nails when handling and preparing food.

### Ways for staff to keep hands healthy

- Cover open cuts and abrasions less than 24 hours old with a dressing (e.g., bandage).
- Use warm water, not extremely hot or cold and just enough soap to get a good lather.
- Rinse and dry hands completely.
- Use the soap product that is least drying to hands.
- Use hand lotion regularly to keep skin moist. Use products with a squirt spout so hands do not have contact with the container.
- Wear gloves outside in the cold weather.
- Wear utility gloves for direct hand contact with harsh cleaners or chemicals.
- Wear work gloves when doing yard work, gardening, etc.

Prepared by Hennepin County Human Services and Public Health Department (HSPHD)

### **HANDWASHING**

The single most effective thing that can be done to prevent the spread of disease is to correctly wash your hands thoroughly and often.

### Both STAFF and CHILDREN WASH:

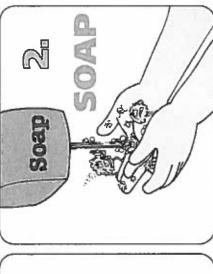
- · When arriving.
- Before and after eating, before preparing or serving food, or setting the table.
- Before and after preparing or giving medication.
- After using the toilet, before and after diaper change, or after assisting a child with toilet use.
- After handling items soiled with body fluids or wastes (blood, vomit, stool, urine, drool, or eye drainage).
- After coughing, sneezing, or blowing your nose.
- After playing with or caring for pets or other animals.
- After playing outside.
- Before and after using water tables or moist items such as clay.
- Whenever hands look, feel, or smell unclean.
- · Before going home.



## e A Germ-Buster



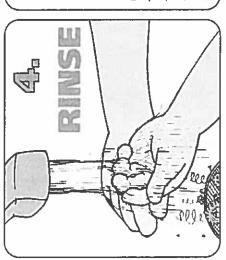


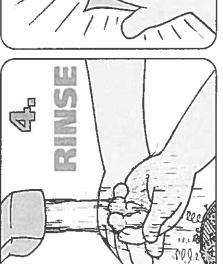














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### SUBSTITUTE FOLDER





### BEMIDJI REGIONAL INTERDISTRICT COUNCIL

### Substitute Folder

One important aspect of your role as a paraprofessional is to work hard at maintaining consistency for the students you serve. Obviously, the most consistent programming occurs when you are able to be in attendance every day. However, since illness, injury, and other unexpected events might occasionally require your absence, it is key that you develop a substitute folder to be used by the person who steps into your role in your absence.

Generally speaking, you will want to create your substitute folder a few weeks after school has begun so that schedules and expectations are fairly well set. Your substitute folder should be clearly labeled and stored in a way that will maintain confidentiality. However, it should also be readily available (this can be accomplished by letting both your directing teacher and other paraprofessionals in your program know where it is stored). Information maintained within your substitute folder should include:

- > A brief thank you note to the sub for temporarily providing supports to your student(s) in your absence.
- Your daily schedule (more than one schedule if your daily responsibilities rotate), including the classroom you are in, the name of the teacher, the names of students you work with during each time period, and any notes regarding the type of supports provided, differences in student schedules, and any extra duties assigned (recess, lunch room, hallways, ensuring students check with nurse for medications, etc.).
- > Basic information regarding student behavior plans, goals, etc. necessary to understand the basic roles and responsibilities of the position.
- Basic information regarding emergency plans (lockdowns, fired drills, tornado drills) along with a map of the school.
- > Procedures for accessing resources (i.e. pencils and paper for students without materials).
- > A few activities that can be easily pulled and done with students if there is down time or an unexpected schedule change.
- An absence contract signed by students with whom you work (this can be a basic agreement to be helpful and respectful to your substitute, to reiterate expectations in your absence, etc.).
- > Paper for comments/notes -or- a feedback sheet for the substitute to complete at the end of the day.

Basic templates and further guidance for these components follow. However, it is important that you make the information user friendly and applicable to your unique situation so that consistency can be maintained and student success can be supported! Please remember to approve all sub folder content with your directing teacher to ensure that confidentiality is being maintained.

Substitute Folder Page 2

### Thank You Note

Sample language for a thank you note: "Thank you for subbing for me today! I hope that you find this substitute folder to be a helpful resource in working with the students to whom I provide support. I appreciate your efforts to maintain consistency for these students during my absence. Have an excellent day! —Insert Your Name Here"

### **Daily Schedule**

Use a format appropriate to your setting. Your directing teacher might provide you a schedule that could be used in this section —or- added to for clarification of responsibilities for your substitute. See next page for a daily schedule template.

### **Behavior Plans and Goals**

You may need to provide slightly more information regarding individual students' behavior plans or individualized goals in order for the substitute to perform his or her responsibilities. If this is the case, you might use the behavior plan or goals/objectives page provided by your directing teacher. Otherwise, you might provide information on the daily schedule template as well.

### **Emergency Plans**

Many districts provide emergency plans, a copy of which can be placed in this section along with a map of the building. If you are not provided emergency plans, brief notes about what to do in possible emergencies, including fire, tornado, and lockdown, should be included here. If you have any specific responsibilities in an emergency, these should also be well documented in this section.

### **Procedures for Accessing Resources**

Do you keep a drawer full of extra writing utensils and notebook paper in the resource room? Do specific teachers have extra supplies on hand for students with whom you work when they are in the general educational setting? Who should the substitute go to with any needs such as this that arise throughout the day? Information addressing this type of concern should be included in this section.

### **Activities for Down Time**

Word finds, games the students know and how to access the games, favorite books to read, etc. might be included in this section so that the sub is not left without activities to keep the students engaged if there happens to be down time or unexpected schedule changes.

### **Absence Contract**

Sample language for your students to sign might be as simple as: "Sometimes (insert your name) will need to be gone. When that happens, I know that I need to be helpful to the substitute. I will be helpful to him or her by being honest and respectful and by doing my best to follow the classroom and school rules." Each student can either read this or have it read to them and then sign it. Having the contract in the substitute folder provides a tool for the sub to refer back too if/when a student is struggling to maintain appropriate behavior in your absence.

### Substitute Feedback Sheet

See the following pages for a feedback sheet you could use in your sub folder.

COMPREHENSIVE SPECIAL EDUCATION SERVICES FOR NORTH CENTRAL MINNESOTA SCHOOLS

## Daily Schedule

Notes	Provide prompts for participation, clarify understanding of directions, provide for sensory breaks for JH and JS as needed. Emily leaves at 8:45 for a band lesson on Mondays.							
Students	Johnny B., Jacob S., Emily O. & Jaimeson H.			eritor.				
Teacher	Mr. Hinckley							
Classroom	Gymnasium							
Time / Period	Example: 1st Hr							

### **Substitute Feedback Sheet**

Time / Period	Notes
Example: 1 <sup>st</sup> Hr	All four students participated well. J.H. became frustrated when he was tagged so we took a sensory break for approximately five minutes. Then he was ready to re-join the group and everyone finished out PE without any other problems.
)	
	General Notes
)	



# RESOURCES AND REFERENCES





# BEMIDJI REGIONAL INTERDISTRICT COUNCIL

## References

Guidelines for Training and Support of Paraprofessionals: Working with Students Birth to 21. 2012. Connecticut State Department of Education.

Hennepin County Medical Documents. Retrieved from: http://www.hennepin.us/~/media/hennepinus/residents/health-medical/documents/1085-s2a-clean.pdf

Long, C (1996). <u>Piecing Together the Paraprofessional Puzzle: A handbook for orientation and training of first year paraprofessionals</u>. St. Paul, MN: Minnesota Department of Children, Families, & Learning, p. 42.

# Resources

- American Federation of Teachers (AFT). Standards for a profession efforts to assist paraprofessionals in meeting NCLB requirements. http://www.aft.org/psrp/certification/midterm report/index.html
- Ask Eric Home Page This website provides access to the ERIC database and other information about the Educational Resources Information Center. http://www.eduref.org/
- Association for Supervision and Curriculum Development (ASCD) This website provides information about ASCD's professional development activities, and affiliates and networks. http://ascd.org/portal/site/ascd/index.jsp/
- B.E.S.T. Education Search by Topic Search by keyword or by the topic list, or browse the awards for extensive reviews on current education sites. http://education-world.com/
- Career Development for Non-Traditional Community College Students as SpecialEducation Paraprofessionals. http://schoolhousedoor.com/media/teacher/pickett-careerdevt.txt
- Center on Disability and Community Integration. Paraeducator Support of Students with Disabilities in General Education
- Classroom. http://www.uvm.edu/~cdci/parasupport/ The Center for Comprehensive School Reform and Improvement (CCSRI) CCSRI houses a variety of tools, guides, and links relating to school improvement. http://www.centerforcsri.org
- Center on Personnel Studies in Special Education (COPSSE) paraprofessional issue brief http://www.coe.ufl. edu/copsse/ Connecticut State Department of Education (CSDE) Paraprofessional Information and Resources Page: www.ct.gov/sde/para-cali.
- Council for Exceptional Children information on CEC's knowledge and skill standards for beginning paraeducators in special education. http://www.cec.sped.org//AM/Template.cfm?Section=Home&WebsiteKey=ccc2b576-80bf-48af-8827-0acb530166fb
- Council of Great City Schools This website contains links and resources selected by this coalition of school districts in the 66 largest U.S. cities. http://www.cgcs.org/
- The Education Alliance This Brown University organization offers research-based solutions for school reform. The Education Alliance addresses the needs of diverse student populations in the public schools by offering a variety of educational resources. http://www.alliance.brown.edu/
- Education Testing Service: Parapro Assessment. http://www.ETS.org/parapro/index.html The Education Trust Ed Trust is an independent nonprofit organization whose mission is to make schools and colleges work for all of the young people they serve. This organization provides credible information about what works in high performing, high poverty schools. http://www.edtrust.org
- ERIC Database of publications pertaining to Paraprofessionals, U.S. Department of Education. http://eric.ed.gov/
- Guide for Effective Paraeducator Practices in Iowa. This guide describes the services that are necessary to support effective paraeducator services in Iowa schools. http://www.aea267.k12.ia.us/paraeducators/index.php?page=guidelines.

IDEA Practices Home Page http://www.ideapractices.org/

IMPACT: Explores the growing role of paraeducators in our schools. http://www.ici.umn.edu/products/newsletters.html

Minnesota Paraprofessional Consortium http://ici2.umn.edu/para/

National Center for Culturally Responsive Teaching http://nccrest.edreform.net/portal/nccrest/people/paraeducators

National Clearinghouse for Paraeducators http://www.usc.edu/dept/education/CMMR/Clearinghouse.html

National Coalition for Parent Involvement in Education (NCPIE) NCPIE is a coalition of major education, community, public service and advocacy organizations working to create meaningful family-school partnerships in every school in America. This website offers up-to-date information about policies and practices that affect education, and practical ways that parents can become effective partners with schools in improving their children's education. http://www.ncpie.org

National Clearinghouse for Paraeducator Resources Resources for paraeducator training programs. http://www.special-ed-careers.org/educator\_resources/para\_osep\_grants.html

National Education Association - Education Support Professionals http://www.nea.org/home/3165.htm

National Joint Committee on Learning Disabilities Discusses ethical responsibilities, educational requirements, roles and responsibilities of paraprofessionals, plus responsibilities of qualified teacher/service providers. http://www.ldonline.org/about/partners/njcld/paraprof298.html

National Resource Center for Paraeducators. Addresses paraeducator policy questions and other needs of the field, provides technical assistance. http://www.nrcpara.org/

No Child Left Behind Act of 2001, The http://www.ed.gov/nclb/landing.jhtml

No State Left Behind: The Challenges and Opportunities of ESEA 2001 http://www.ecs.org/clearing-house/32/37/3237.doc

Northwest Regional Educational Laboratory Policy paper designing state and local policies for the professional development of instructional paraeducators. http://www.nwrel.org/planning/reports/paraeducator.pdf "Working Together for Successful Paraeducator Services: A Guide for Paraeducators, Teachers, and Principals." http://www.nwrel.org/request/may2002/index.html "Designing State and Local Policies for the Professional Development of Instructional Paraeducators." http://www.nwrel.org/planning/reports/policypaper2002.pdf

OSPI Successful Assistance in the Classroom: A Teacher's Guide to Working with Paraedcucators http://www.k12.wa.us/SpecialEd/pubdocs/Paraeducator\_Guide.pdf

PARA2 Center University of Colorado in Denver http://www.paracenter.org

Paraeducator Career Profile http://www.special-ed-careers.org/career\_choices/profiles/profession/para\_edu.html

Paraeducator Support of Students with Disabilities in General Education Classrooms, University of Vermont http://www.uvm.edu/~cdci/parasupport/

Paraprofessional Academy http://web.gc.cuny.edu/dept/case/paracad/index.htm

Paraprofessional Database Research Navigator. The Education Commission of the States has compiled a large

amount of research from each of the 50 states regarding paraprofessional certification and qualification requirements, professional development for paraprofessionals and assessment tests and passing scores for those tests, which are accepted and designated by states. http://www.ecs.org/clearinghouse/63/52/6352.pdf

Professional Development for Paraprofessionals Across the States Describes what states are doing regarding competency for paraprofessional requirements. Professional development has come to the forefront of the paraprofessional occupation with new requirements and timelines for "highly qualified" status under NCLB. http://www.ecs.org/clearinghouse/63/53/6353.pdf

Project Para - University of Nebraska Lincoln Online Training. http://www.para.unl.edu/

Rhode Island Teacher Assistants Project Focuses on policy, skill standards and training for teacher assistants http://www.ritap.org/ta/

SERC Paraprofessionals as Partners Initiative. http://ctserc.org/s/index.php?option=com\_content&view=categor y&id=90:paraprofessionals&Itemid=110&layout=default.

Special Education News Focuses on special education and current legislation affecting paraeducators. http://www.specialednews.com/

Study of Personnel Needs in Special Education (SPENSE) Fact Sheets http://ferdig.coe.ufl.edu/spense/

Technology, Research and Innovation in Special Education Provides information on training programs for paraprofessionals and supervising teachers and includes links to dozens of other sites. http://www.trisped.org/

Washington State Guidelines and Competencies for Paraeducators http://www.paraeducator.com/

WestEd WestEd provides valuable information on improving learning from infancy to adulthood, both while in and out of school. This website also contains numerous sources of research-based products and resources. http://www.wested.org/cs/we/print/docs/we/home.htm



# ARTICLES & NEWSLETTERS



# Helping or Hovering? Effects of Instructional Assistant Proximity on Students with Disabilities

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ABSTRACT: This study presents data on the effects of the proximity of instructional assistants on students with multiple disabilities who are placed in general education classrooms. Based on extensive observations and interviews, analyses of the data highlighted eight major findings of educational significance, all related to proximity of instructional assistants. Categories of findings and discussion include (a) interference with ownership and responsibility by general educators, (b) separation from classmates, (c) dependence on adults, (d) impact on peer interactions, (e) limitations on receiving competent instruction, (f) loss of personal control, (g) loss of gender identity, and (h) interference with instruction of other students. The article concludes with implications for practice related to policy development, training, classroom practices, and research.

s students with disabilities increasingly are placed in general education schools and classes, the use of instructional assistants has greatly expanded. Recent national figures estimate that over 500,000 instructional assistants are employed in public schools, and increases are anticipated in the coming years (Schelble, 1996). Although their changing roles and responsibilities have gained recent attention (Pickett, 1986; Pickett, Faison, & Formanek, 1993), the proliferation of instructional assistants

in public schools often has outpaced conceptualization of team roles and responsibilities, as well as training and supervision needs of instructional assistants. Nowhere is this more evident than in schools where students with severe or multiple disabilities are included in general education classrooms.

In our work in public schools, we have noticed instructional assistants playing increasingly prominent roles in the education of students with disabilities. With pressure from parents, who

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want to ensure that their children are adequately supported, and general educators, who want to make sure they and their students are adequately supported, the use of special education instructional assistants has become a primary mechanism to implement more inclusive schooling practices. Although we have been encouraged by situations where students with disabilities have been provided with previously unavailable educational opportunities, we are concerned that some current approaches to providing instructional assistant support might be counterproductive. Current research on the use of instructional assistants to support students with disabilities in general education classes is limited to a small number of studies that sought to clarify existing roles and responsibilities (Doyle, 1995), to explore the expanded use of natural supports (Erwin, 1996), and to use activity schedules and decreased prompts to foster greater student autonomy (Hall, McClannahan, & Krantz, 1995).

The purpose of this study was to further extend this recent research by highlighting some of the key issues we observed in general education classrooms where students with disabilities were supported by instructional assistants. The nature of these findings holds important implications for evaluating how we use, train, and supervise instructional assistants so that their work can be supportive of valued educational outcomes for students with disabilities and their peers without disabilities in general education classrooms.

### METHOD

### Research Sites and Study Participants

Throughout the 1994-95 and 1995-96 school years, data were collected in 16 classrooms in 11 public schools in Connecticut, Massachusetts, Utah, and Vermont where students with multiple disabilities were educated in general education classrooms. The grade levels included preschool (with students without disabilities), kindergarten, and Grades 1, 2, 3, 5, and 11 (Grade 11 was primarily education within integrated community and vocational settings). Primary study participants included students with disabilities and the

adults who supported their education in these general education classes.

The seven female and four male students with disabilities all were identified as deaf-blind, though each had some residual hearing and or vision. The students ranged in age from 4 through 20 years. All of these students were reported to have significant cognitive delays and additional disabilities such as orthopedic impairments (n = 10, 91%), health impairments (n = 7, 64%), and behavioral impairments (n = 4, 36%).

A total of 134 educational team members participated in this study, including 123 females (92%) and 11 males (8%). This number does not include the many special area teachers (e.g., physical education, music, art, library), other school personnel or volunteers, and classmates encountered in the course of our observations. Thirtyfour of the team members were related services providers (i.e., speech/language pathologists (n = 14), physical therapists (n = 13), nurses (n = 8), occupational therapists (n = 7), itinerant teachers of the blind and visually impaired (n = 4), itinerant teachers of the deaf and hearing impaired (n =4), deaf-blind specialist (n = 2), orientation and mobility specialist (n = 1), employment specialist (n = 1), and family support consultant (n = 1). The remaining respondents included 20 special educators, 17 instructional assistants, 16 general education teachers, 15 parents (i.e., mothers [n =11], fathers [n = 4]), and 9 school administrators. In all but one classroom, one or more instructional assistants were assigned to support the student with disabilities. Four of the instructional assistants had completed a bachelor's degree, 12 had graduated from high school, and one had not completed high school.

### Data Collection

This qualitative research study relied primarily on extensive classroom observations (n = 110) of the students with disabilities and their teams, averaging 2 to 3 hr each. Observations consisted of typical school day activities such as large and small groups with peers who did not have disabilities, individual and community-based activities, lunch, recess, class transitions, and individual therapy sessions. Field notes were collected using laptop computers by the five-person research team.

Semistructured interviews were conducted with team members in an effort to more fully understand the classroom observations. From May through September 1995, the research team conducted 40 semistructured interviews with a subset of team members from each team, including related services providers (n = 14), special educators (n = 9), parents (n = 8), classroom teachers (n =4), instructional assistants (n = 3), and administrators (n = 2). Interviews typically lasted between 45 and 75 min; they were audiotaped and later transcribed. Each interviewer asked questions pertaining to (a) how support service decisions were made by the team historically, (b) the interactions among classroom staff providing and receiving support (e.g., classroom teacher, instructional assistant, special educator, related services providers), (c) the roles and responsibilities of the instructional assistants, (d) strengths and weaknesses of the teams' approach to providing classroom support, and (e) potential improvements in the provision of support services.

### Data Analysis

The observational and interview data were analyzed by the first author inductively using categorical coding (Bogdan & Biklen, 1992). These analyses were reviewed by the other research team members in an attempt to clarify the data presentation and ensure accuracy. The first author ensured his familiarity with the data by (a) participating in data collection (i.e., 31 observations, 17 interviews), (b) reviewing all transcripts of observations and interviews conducted by other research team members, (c) maintaining ongoing contact with research team members, and (d) being involved with research sites over an extended period of time.

First, transcripts of observations and interviews were read and marked by hand using over 150 separate codes consisting of words or phrases descriptive of text content (e.g., scrutiny, fringe, defer); particularly descriptive passages were highlighted and separate notes were maintained on emerging themes. Each observation and interview transcript was imported from a word processing program into HyperQual2 (Padilla, 1992), a text-sorting program designed to assist in qualitative data analysis. Each observation and interview was reread and codes were rearranged and collapsed

into 25 categories using HyperQual2 to generate 25 code-specific reports. Inductive analysis (Patton, 1990) was applied to the code-specific reports to assist in the identification of themes. One theme with extensive data pertained to the proximity between the student with disabilities and the instructional assistants. Further analysis of this data highlighted eight distinct subthemes, which are presented in the results.

Triangulation was employed, using a series of techniques that can, "contribute to verification and validation of qualitative analysis" (Patton, 1990, p. 464). Credibility of the finding in this study was supported using methods triangulation to explore the consistency of findings generated by different methods. In this case, extensive observations and interviews allowed for comparison across time at the same sites. Additionally, this allowed for comparison of what was actually observed with what people reported in their interviews. Triangulation of sources was also used to explore the consistency of different data sources using the same method. For example, because teams were studied, it provided a unique opportunity to explore the nature of participant responses to the same issues queried during interviews.

### RESULTS

One of the most prominent findings that emerged from the data was that instructional assistants were in close proximity to the students with disabilities on an ongoing basis. This was evidenced by (a) the instructional assistant maintaining physical contact with the student (e.g., shoulder, back, arms, hands) or the student's wheelchair; (b) the instructional assistant sitting in a chair immediately next to the child; (c) the student sitting in the instructional assistant's lap when classmates were seated on the floor; and (d) the instructional assistant accompanying the student with disabilities to virtually every place the student went within the classroom, school building, and grounds.

Although study participants indicated that some level of close proximity between students with disabilities and instructional assistants was desirable and sometimes essential (e.g., tactile signing, instructional interactions, health management), they also recognized that unnecessary and excessive adult proximity was not always necessary and could be detrimental to students. As one mother who had observed her son's classroom stated:

At calendar time in the morning she (instructional assistant) doesn't have to be right by his side. She could kind of walk away. She doesn't have to be part of his wheelchair. That's what it feels like. I just think that he could break away a little bit (from the instructional assistant) if he were included more into all the activities with the regular classroom teacher.

A speech/language pathologist from the same team independently stated, "I think there is some unnecessary mothering or hovering going on."

Analysis of the data revealed eight subthemes pertaining to proximity between instructional assistants and students with disabilities that are presented in the following sections (see Figure 1).

Interference with Ownership and Responsibility by General Educators

Most of the classroom teachers in this sample did not describe their role as including responsibility for educating the student with disabilities who was placed in their class. Team members reported that the proximity and availability of the instructional assistants created a readily accessible opportunity for professional staff to avoid assuming responsibility and ownership for the education of students with disabilities placed in general education classrooms.

Different expectations regarding the role of the classroom teacher was a point of conflict within many of the teams. As one related services provider stated, "She (the classroom teacher) doesn't take on direct instruction (of the students with disabilities). In fact, . . . she stated at meetings that she doesn't see that as her role. And I disagree with that. I mean she is a teacher."

Although special educators and related services providers were involved in each case, almost universally it was the instructional assistants who were given the responsibility and ownership for educating the students with disabilities. Teachers were observed having limited interactions with

the student with disabilities, proportionally less than those with other class members. Involvement by the teachers that did occur most often was limited to greetings, farewells, and occasional praise. Instructional interactions occurred less frequently (e.g., being called on to answer a question in class). A special educator summed up the need for clarification sought by many educational team members when she said, "What should the classroom teacher's role be? Even in our most successful situations we don't have a lot of classroom teachers who are saying, 'I have teaching responsibility for this kid." Most teams we observed had not confronted this issue. "We haven't as a team come out and said, 'All right, what is the role of the classroom teacher in teaching this child?"

Data consistently indicated that it was the instructional assistants, not the professional staff, who were making and implementing virtually all of the day-to-day curricular and instructional decisions. One speech pathologist said, "[W]e (the team) have talked about this many times. We have our most seriously challenging students with instructional assistants." A special educator explained, "The reality is that the instructional assistants are the teachers. Though I'm not comfortable with them having to make as many instructional decisions." An experienced instructional assistant explained, "I never get that kind of information (about instruction related issues and planning). I just wing it!"

The instructional assistants demonstrated unfettered autonomy in their actions throughout the day as evidenced by entering, leaving, and changing teacher-directed whole class activities whenever they chose with no evidence of consulting the teacher. As one instructional assistant said, "We do not do a lot of what the class does. I do what I think he can do." She justified her role as decision maker by saying, "I am the one that works with him all day long." Instructional assistants reported becoming increasingly comfortable with their role as the primary instructor for the student with disabilities, as one stated, "[We are] the only people who really feel comfortable with Holly."

The instructional assistants in this study reported that they received mostly on-the-job training from other instructional assistants by talking with each other and job shadowing so that pat-

### Interference with Ownership and Responsibility by General Educators

- "I'm not sure how Holly is going to be involved in this activity, but that's her aide's job."
   (Physical education teacher)
- "The teachers tend to kind of let the individual (assistants) kind of run the program." (Mother
  of a student with disabilities)

### Separation from Classmates

- An instructional assistant waited until all the other students had lined up at the teacher's direction and had filed out of the classroom before prompting the student with disabilities to leave the room, trailing the group by about 10 yards.
- In the middle of an activity, after James had one turn, the instructional assistant quietly removed him from the group while the class continued their activity.

### Dependence on Adults

During a large group literacy activity, the instructional assistant had positioned herself near
the back of the group, a few feet away from Annie (the student with disabilities). Annie
looked away from the teacher and toward her instructional assistant every few seconds as the
instructional assistant offered her signed instructions (e.g., look at the teacher, sit down).
After a couple of minutes, Annie walked back to the instructional assistant and sat on her lap.

### Impact on Peer Interactions

- "A shadow is not necessarily good. It's more of a stigma. I really hadn't considered the fact
  that Mrs. Kinney (the instructional assistant) is always very close to Jaime, although there are
  times when she is out on a break or whatever and he is in very capable hands with his peers. I
  think it would be better to have her integrated more in the classroom and maybe not feel that
  she needs to hover so much. (Classroom teacher)
- "It (close proximity of instructional assistants) may be kind of intimidating to them (peers). It
  may sort of be a barrier to them interacting with him." (Speech/language pathologist)

### Limitations on Receiving Competent Instruction

In attempting to use discrimination learning to teach the differences between named objects,
pictures, symbols, or colors, lessons yielded little because the instructional assistants demonstrated limited knowledge or application of basic instructional design issues such as position
bias, use of negative exemplars/distracters, and establishing mastery criteria prior to introducing new items.

### Loss of Personal Control

 Did Holly really want to eat lunch apart from her classmates in a separate room? Did Helen really want to play the math game with an adult rather than a classmate like all the other students were doing?

### Loss of Gender Identity

Loss of gender identity was most commonly observed in reference to bathroom use when a
male student was taken into a women's bathroom by a female instructional assistant.

### Interference with Instruction of Other Students

 An occupational therapist reported that the students without disabilities were more distracted by the instructional assistant doing different activities than by the "noises" of the student with disabilities.

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terns of interaction by instructional assistants were passed on. Inservice training that a small number received typically was conducted in groups that included only other instructional assistants. Ironically, experienced professionals who said things like, "We do not have the training to work with these high needs kids" turned over the education of their most challenging students to instructional assistants, many of whom were high school educated, had no previous classroom experience, and had minimal training. As one special educator acknowledged, from a logical perspective, "It doesn't make sense."

In one site where an instructional assistant was not present, the classroom teacher, with support from special educators and related services providers, successfully assumed the primary role for instructing the student with disabilities. She directed his instructional program, spent time teaching him within groups and individually, used sign language to communicate with him, and included him in all class activities. This teacher stated, "You know the teacher needs to be the one who makes the decisions a lot because she is working with Mark (student with disabilities) and she knows Mark and knows which areas he needs help in." A special educator in this site acknowledged that not every aspect of this student's individualized education program (IEP) requires significant support and that some aspects of the IEP, "left to the regular educator would be just fine." The specialist for the deaf-blind on this team said, "I think a lot of it (the teacher's success with the students with disabilities) is that she has high expectations for Mark. She does not do for him; instead she shows him how to do things. She considers him very much part of the class."

### Separation from Classmates

Instructional assistants were regularly observed separating the student with disabilities from the class group. For example, when it was time to go to a special area class (e.g., art, music, physical education) one instructional assistant consistently left class a couple minutes before the rest of the class to wheel the student with disabilities to the specialty classroom.

Even when the students were basically stationary, such as seated on a rug to hear a story, the instructional assistant often physically separated the student with disabilities from the group by positioning him on the fringe of the group (e.g., the farthest away from the teacher). Instructional assistants reported that their positioning of the student allowed them to leave the activity whenever they chose.

Sometimes separation from the class occurred during circumstances where the match between class activity and the student's individual needs appeared highly compatible. For example, Annie entered the classroom during an individual writing time. As the instructional assistant began an adapted writing activity using large chart paper and markers, a second instructional assistant approached her and said, "She can do this writing just as easily in the other room as here." With that prompt, the instructional assistants separated Annie from the class without consultation with, or resistance from, the classroom teacher.

### Dependence on Adults

Instructional assistants in close proximity to students with disabilities were observed prompting most every behavior exhibited by the students in this study (e.g., using writing implements, using gestures, following instructions, using materials). There was little evidence of fading prompts to decrease dependence and encourage students to respond to other people (e.g., school staff, peers) and more naturally occurring cues (e.g., the presence of certain toys or school supplies). Alternatively, an instructional assistant who was cognizant of Helen's dependence on her, encouraged her to do things for herself through redirection, especially when the student sought unneeded assistance with tasks such as dressing and grooming.

An example of dependence on adults was observed on the school playground during recess. The student with disabilities was being shadowed on a large wooden play structure by an instructional assistant. The student was capably crossing a wooden bridge where safety was not a concern. The student charged toward the bridge, letting go of her assistant's hand. A few steps onto the bridge she stopped abruptly and quietly turned back toward the instructional assistant who was only a foot behind her. The instructional assistant smiled, saying, "You know me. I stick right with you." The student reached back and took the in-

structional assistant's hand instead of crossing the short span of the playground bridge on her own. Sometimes the school system's dependence on instructional assistants was so strong that when the instructional assistants were absent, the family was asked to keep the child home from school or the mother was asked to be the substitute instructional assistant.

### Impact on Peer Interactions

Data indicated that close proximity of instructional assistants had an impact on interactions between students with disabilities and their classroom peers. As one special educator shared:

Sometimes I think it inhibits her relationship with her peers because a lot is done for Holly and Holly doesn't have the opportunity to interact with her peers because there is always somebody hovering over her, showing her what to do or doing things for her. I'd like to get the instructional assistant away from Holly a little bit more so that peers will have a chance to get in there and work more with Holly.

A classroom teacher offered her perspectives on how instructional assistants might be used differently.

I would definitely prefer having a paraprofessional assigned to the classroom and then just as necessary to have her work with a child (with special educational needs) when there is a specific activity, but not exclusively to work with just that child. I think it is important for two reasons. One is that you don't want to give the child any extra stigma that is associated with a special education label. Second is that it is more healthy for the paraprofessional to work with other children so that he or she doesn't get burned out with working with just one child all the time.

Interference with peer interactions did not occur in all cases. Some team members said that if the instructional assistant was well liked by the other children it had a positive impact on the student with disabilities' access to peers. As a physical therapist described, "I have also seen it (proximity of instructional assistants) be very, very positive, in that the instructional assistant is really well liked and has done a lot to establish wonderful friendships for the student."

Conversely, if the instructional assistant was not well liked it had a corresponding negative impact. Sometimes the close proximity students had with instructional assistants led peers to perceive them as a package deal. As one mother cautiously shared, "I don't know if I should say this or not, but a lot of it was that kids didn't like the aide, so they would stay away from Annie for that reason."

When teachers assigned students to student-directed pairs or small groups, instructional assistants were often observed dominating the group's interactions. In some cases, the involvement of the instructional assistant was so omnipresent that children without disabilities simply left the group with the instructional assistant and joined a different group with only classmates, no adults. In other cases when students without disabilities initiated interactions, they were rebuffed by the instructional assistant. Ronny (a student without disabilities) asked the instructional assistant, "Do you want me to help Jamie?" She answered, "No, not yet." Ronny was never asked back to assist his classmate. At other times instructional assistants interrupted initiations made by peers. For example, in a physical education class, Michael went over to Jaime and began to run with him in his wheelchair to participate in the activity. The instructional assistant interrupted this interaction saying to Michael, "If you want to run, I'll push Jaime." After a hesitant pause, Michael reluctantly gave way to the instructional assistant. At times, prolonged close adult proximity adversely affected peer involvement even when the instructional assistant was not present. As one special educator shared:

We've tried (reducing adult proximity) . . . like in the lunchroom. Like putting Maria or any of the other students (with disabilities) in the lunchroom and then backing off a little bit. But I think that it (close adult proximity) has been done for so long, that the peers have stayed away for so long, that they are just kind of hesitant to jump right in and do anything.

When the instructional assistant was not in close proximity to the student with disabilities, peers were more likely to fill the space the instructional assistant had vacated. The following example is typical of what we observed. As the instructional assistant leaves momentarily to get some materials, Mallory (student without disabilities) walks over to Elena (student with disabilities). She puts her hand gently on her shoulder and calmly says "easy hands" in response to Elena being a bit rough with her book. Elena turns to look at Mallory and then makes some vocalizations and moves her hands as Mallory talks to her about her book. As the instructional assistant starts to return, Mallory stops talking with Elena and returns to her seat.

### Limitations on Receiving Competent Instruction

Observations and interviews indicated that students in this study participated in classroom activities that typically were not planned by trained professional staff. While several team members praised the work of instructional assistants in their "caregiving duties" (e.g., feeding, dressing), they expressed concerns about their role as assistants of instruction.

Many classroom teachers expected capabilities and performance from instructional assistants that were potentially unrealistic. As one teacher explained, "My problem is that I will be teaching a class and my expectations are that the paraprofessional will get the gist of what I am doing and glean some kernel out of it that can be used right then on the spot." Making such on-the-spot decisions requires a depth of instructional knowledge and skill that many paraprofessionals and professionals do not possess.

When instructional assistants are assigned to a task, many of them say they feel compelled to go through the motions of an activity even when it seems apparent to them that their efforts are not being effective. As one instructional assistant explained, "Sometimes it gets discouraging because he is asleep, but I try. I just feel like I'm baby-sitting. I don't feel like I'm doing what I am supposed to be doing." This instructional assistant was observed repeatedly continuing to speak to the student and presenting activity-related objects, even though it was obvious that the student was asleep. In other cases, instructional assistants would both ask and answer questions posed to students with disabilities. "Would you like to paint the turkey?" (after a 1 sec pause with no observable response) "You would!", then the activity would begin.

### Loss of Personal Control

When students have significant communication, motor, and/or sensory difficulties, it can be a challenge for students to advocate for themselves, express their preferences, or at times to reject the decisions of the adults who control most aspects of their personal daily functions at school (e.g., eating, toileting, mobility, selection of leisure activities, choice of friends with whom to spend time). A vision specialist put it succinctly when she pointed out the limited opportunities for choices provided to students with disabilities who "can't verbalize and say stop talking to me like that' or can't run away." Instructional assistants frequently made such choices for the student under their supervision. In cases where student communication is unclear, we are left to wonder if the decisions are those the student would make. As one parent wondered, "I think it would be intimidating for me if I was a kid. Just being watched over all the time."

The following examples from our observations, presented as questions, highlight the kinds of decisions made every day that represent a loss of personal control by the students:

- Did Mary really want her cheeseburger dipped in applesauce before she ate each bite?
- Did James really need to be excused from the fun activities in the gymnasium early to have his diapers changed?
- Did James really want to stay inside during recess because it was too cold outside?

### Loss of Gender Identity by Students with Disabilities

In cases where the instructional assistant and the student were the opposite gender we observed some interactions that suggested the gender of the student with disabilities was secondary to the gender of the instructional assistant. For example, the gender of the instructional assistant superseded that of the student with disabilities in a physical education class. The teacher divided the class into two groups for warm-up activities. The girls were directed to take five laps around the gym and the boys were directed to do jumping-jacks. As the

physical education teacher said, "OK. Let's go!", the female instructional assistant grabbed James' wheelchair and began running around the gym with him along with all the other girls. When the activity was switched, she assisted him in moving his arms to partially participate in jumping-jacks, again with the girls.

### Interference with Instruction of Other Students

Students without disabilities did not seem to be distracted much by idiosyncratic behaviors of their classmate with disabilities (e.g., coughing, vocalizations, stereotyped body movements) or common classroom sounds and movements (e.g., small group discussions, questions being asked of the teacher, talk among classmates, computers, pencil sharpener being used, doors and drawers being opened and closed). However, in some cases instructional assistant behaviors were observed to cause distraction during large group lessons taught by the teacher. During these times, if the instructional assistant began doing a different activity with the student with disabilities in the midst of the teacher's large group activity (e.g., reading a story, playing a game, using manipulative materials), those students without disabilities closest to the instructional assistant turned their attention away from the teacher and toward the instructional assistant.

### DISCUSSION

Although many team members acknowledged that instructional assistants can and do play an important role in educating children with disabilities, our interviews and observations identified a series of concerns regarding their proximity to the students they are assigned to support. These data are limited to the cases that were studied, and any generalization to other situations should be approached cautiously, especially considering the modest number of sites, the limited geographic distribution of sites, and their homogeneity in terms of serving students with multiple disabilities in general education classrooms.

It is hoped that results from this study can be used to address related issues and practices in other situations where students with disabilities are supported using instructional assistants. Too

often students with disabilities are placed in general education classrooms without clear expectations established among the team members regarding which professional staff will plan, implement, monitor, evaluate, and adjust instruction. This absence of clarity helps create an environment in which the instructional assistant directs a student's educational program and maintains excessive proximity with the student. We believe this occurs not because instructional assistants seize control, but rather because instructional assistants are the people in the most subordinate position in the school hierarchy. When supervisory personnel (e.g., classroom teachers, special educators) engaged in limited planning and implemention of instruction for the student with disabilities, the responsibility fell to the assistants. These observations highlight that some decisions about the use of instructional assistants are not necessarily rational, but rather may be driven by teachers' (a) fear of difference or change, (b) adherence to customary routines, (c) a reluctance to add another substantial task to what many perceive as an already extensive set of responsibilities, or (d) lack of knowledge and/or support for teaching the student with disabilities. Instructional assistants can play a valuable educational role in assisting the teaching faculty, but generally we believe it is inappropriate and inadvisable to have instructional assistants serve in the capacity of "teacher."

Although awareness of the effects of proximity is an important first step in addressing its potential hazards, teachers and instructional assistants may need specific training in basic instructional methods designed to fade assistance and encourage students to respond to natural cues (e.g., chaining, time delay procedures, errorless learning, fading, cue redundancy, task analyses, correction procedures that use naturally occurring cues as prompts for the next steps; Alberto & Troutman, 1995; Snell, 1992). Otherwise adults may inadvertently be strengthening the student's cue and prompt dependence. To some extent, many students are initially dependent on cues and supports from the adults who teach them. This starting point needs to change so that adults are increasingly aware of fading their supports to allow students greater autonomy. While capable learners can often overcome less than stellar

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teaching approaches, those students with more significant learning difficulties often require more precise planning and instruction in our efforts to help them learn. We believe that this problem is not an issue of placement location, since these same problems can exist in special education classes. Therefore, the concern over increasing instructional integrity is appropriately an important issue that can and should be addressed within the context of general education classrooms. We suggest that the classroom involvement of instructional assistants must be compatible within the context of the broader plan for the classroom that is developed and implemented by the classroom team for the benefit of all the students.

# CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

The findings of this study demonstrate that there are a number of areas of concern regarding the roles of instructional assistants who support the education of students with disabilities in general education settings. The following is a list of considerations for future policy development, school-based practices, training, and research.

- School districts need to rethink their policies on hiring instructional assistants for individual students. We suggest that alternatives be explored that include hiring assistants for the classroom rather than an individual student. This would allow general and special education teachers to distribute instructional assistants' time and job responsibilities more equitably to benefit a variety of students, both with and without disabilities.
- School staff and families need to reach agreement on when students need the close proximity of an adult, when that proximity can be appropriately provided through natural supports such as classmates, and when to appropriately withdraw supports that require close proximity.
- School staff and community members (e.g., classroom teachers, special educators, parents) need awareness training on the effects and potential harm to children caused by excessive adult proximity, such as described in this study (e.g., loss of personal control, loss of gender

- identity, interference with peer interactions, dependence on adults).
- School teams need to explicitly clarify the role of the classroom teacher as the instructional leader in the classroom including their roles and responsibilities as the teacher for their students with disabilities. It is the classroom teacher's role to direct the activities of the classroom, including the activities of instructional assistants in their charge.
- School staff (e.g., classroom teachers, instructional assistants) should be afforded training in basic instructional procedures that facilitate learning by students with special educational needs in the context of typical classroom activities. Additionally, training should specifically include approaches related to decreasing dependence and fading prompts often associated with excessive and prolonged proximity of adults.
- Students with disabilities need to be physically, programmatically, and interactionally included in classroom activities that have been planned by a qualified teacher in conjunction with support staff as needed (e.g., special educators, related services providers). Such changes in practice should decrease problems associated with students with disabilities being isolated within the classroom.
- Instructional assistants should be provided with competency-based training that includes ongoing, classroom-based supervision by the teacher.
- Instructional assistants should have opportunities for input into instructional planning based on their knowledge of the student, but the ultimate accountability for planning, implementing, monitoring, and adjusting instruction should rest with the professional staff, just as it does for all other students without disabilities.
- Use of instructional assistants in general education classrooms must increasingly be done in ways that consider the unique educational needs of all students in the class, rather than just those with disabilities.
- Research on the aforementioned items should be ongoing in order to explore efficacious ways of supporting students in our schools.

This study suggests that assigning an instructional assistant to a student with special educational needs in a general education class, though intended to be helpful, may sometimes result in problems associated with excessive, prolonged adult proximity. In questioning the current use of instructional assistants, we are not suggesting that instructional assistants not be used or that the field revert to historically ineffective ways of educating students with disabilities (e.g., special education classes, special education schools). We are suggesting that our future policy development, training, and research focus on different configurations of service delivery that provide needed supports in general education classrooms, yet avoid the inherent problems associated with our current practices. Undoubtedly, these service provision variations will necessarily need to be individualized and flexible to account for the diverse variations in students, teachers. schools, and communities across our country. We hope that by raising the issues presented in this study, we can extend the national discussion on practices to support students with varying characteristics in general education classrooms and take corresponding actions that will be educationally credible, financially responsible—helping, not hovering!

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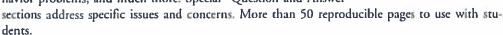
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