Guidelines for Determining Eligibility of Emotional Impairment

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Preface

These guidelines were developed with input from Kalamazoo RESA and Clinton RESA.

Introduction

To be eligible for special education services a student must meet the criteria within the eligibility category set forth by the *Individuals with Disabilities Education Improvement Act (IDEA-2004)*. The ultimate goal of this committee was to develop Montcalm Area ISD's guidelines to align with *IDEA-2004* and the *Michigan Revised Administrative Rules for Special Education (2003)*. Another goal was to assure appropriate general education interventions are implemented and documented to support students who will be educated in the least restrictive environment. Policies, practices, and issues facing the identification of students with an emotional impairment were examined. The information in this document is research based and reflects the collective knowledge and experience of many people. The purpose of these guidelines is to:

- Promote consistent identification of students with an emotional impairment within Montcalm Area ISD.
- Provide a link to federal regulations and state rules.
- Provide practical tools and resources for evaluation teams.
- Recommend required and appropriate evaluations for identifying a student with an emotional impairment.

It is the hope that this document will provide guidance, direction and clarification to those responsible for identifying students with an emotional impairment.

General Education Interventions

Pre-Referral Process

Response to Intervention and Positive Behavior Support

Past practice for identifying students with emotional impaired included the following: parent conferences, observations, a minimum number of general interventions, a review of educational and social records, and a psychological evaluation.

State and federal special education guidelines for identifying students with emotional impairments are changing in the way schools are expected to support students with behavioral problems prior to making a student eligible as emotionally impaired.

The following information will provide Montcalm school districts that are considering a child may have an emotional impairment with a framework to ensure that students are being educated in the least restrictive environment as required by Public Act 451 and the Individuals with Disabilities Education Improvement Act of 2004 (IDEAS-2004) **before being referred for emotionally impaired disability**. Most importantly it will assist school districts with understanding the process of how to use the support of the general education setting and encourage schools to turn towards proactive approaches that match the services/support a student will be given with his/her level of need.

Response to Intervention (RtI) is defined as "the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying child response data to important educational decisions" (Batsche et al., 2006). A problem solving model considers environmental factors in relation to the individual student's difficulty. Services and interventions are then implemented immediately within the general educational setting.

RtI is now the process used to think about both disability identification and early intervention. This includes even the "most vulnerable, *academically* unresponsive children" in schools and school districts (Fuchs & Deshler, 2007, p. 131).

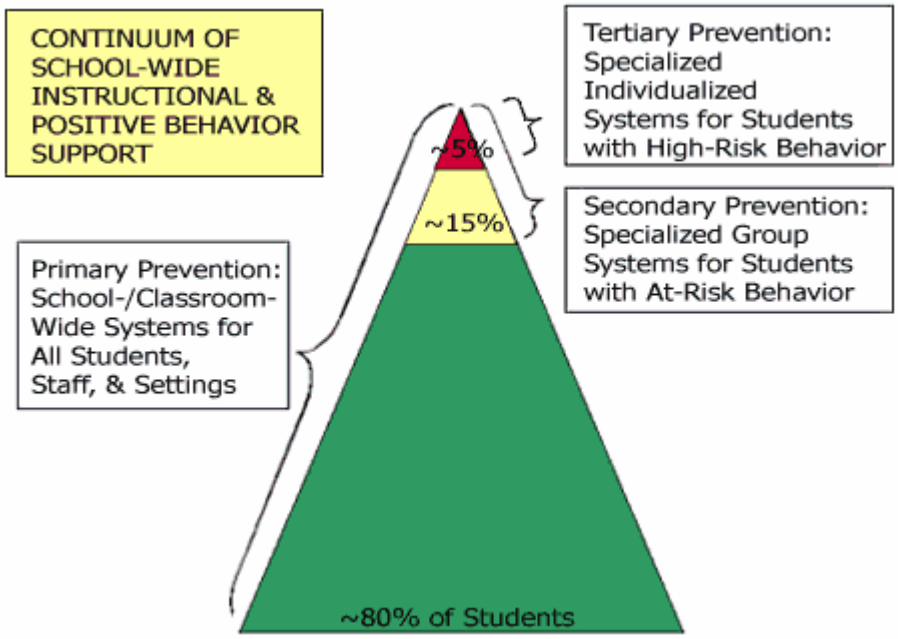
The implementation of Positive Behavior Supports (PBIS) within a general educational setting is similar to the RtI approach in that it uses proactive and positive strategies for preventing or reducing challenging behaviors for all students through a three tier model. PBS, just as RTI, uses a systematic approach, range of interventions based on a problem solving approach. The overall purpose is to teach/reinforce appropriate behaviors.

Furthermore, a collaborative problem solving approach is the frame work for the implementation of RtI/PBS. Collaborative Problem Solving (CPS) can be defined as brainstorming tasks, where the purpose is to get as many and creative ideas as possible. The team works together to identify innovative solutions to a problem. This document identifies many resources to assist with implementation of RtI/ PBS. Specific information to assist you with learning about and implementing the CPS approach can be found on the website **http://www.livesinthebalance.org**. Dr. Ross Greene, a child psychologist is the founder Live in the Balance, a non-profit organization. This website will provide an array of information such as, streaming video and listening library and will provide a foundation for understanding the research-based CPS and support for implementation.

Behavioral Instruction / Interventions

Three-Tier Process for Behavior

The following pages describe a three-tier process for teaching all students appropriate behaviors and developing interventions for students with at-risk behaviors. This process is used to determine the intensity level of behavioral instruction needed by every student in school. A brief description of each tier is given in the picture below (from the www.pbis.org website).



It is recommended that a school establish a positive behavior support team to help with the implementation of this process. The three main functions of the team would be to: (1) develop school-wide plans for establishing and teaching behavioral expectations, acknowledging and maintaining appropriate behaviors, and reteaching students who have difficulty learning the expectations; (2) develop a plan for continually assessing the school-wide positive behavior support implementation efforts and for tracking students with at-risk behaviors, and (3) act as a problem-solving group to develop intervention plans for school-wide or class-wide issues (e.g., playground problems, problems with transitions), provide immediate-access targeted interventions for groups of students needing specific instruction or support and to work with students with chronic and/or major social-behavioral concerns. The composition of the team may differ for each function.

In this portion of the document, the focus population, instructional goal, examples of effective procedures, time requirements, assessment procedures, parent notification requirements, and decision considerations are addressed for each tier.

Tier 1: School-Wide Positive Behavior Supports (PBIS)

Focus: Proactive and preventative supports for all students and staff in the school.

Instructional Program/Goal: Provide scientific, research-based behavioral instruction. The instructional goal is to have at least 80% of the student population at a benchmark level *using a school-Wide Positive Behavior Support system and evidence-based academic instruction*. (Benchmark level for any student is usually defined as having 0 – 1 major office discipline referrals for the year.)

Essential components of a research-based school-wide Positive Behavior Support system:

1. Three to five positively-stated, *school-wide* behavioral expectations.
2. Lessons for teaching these expectations.
3. Expectations for the classroom and non-classroom settings (i.e., hallways, cafeteria, media center, playground, bathrooms, bus lines/buses, etc.) with accompanying lessons for teaching the expectations through modeling, practicing, and reviewing.
4. Procedures for ongoing monitoring of behaviors in the various school settings in order to acknowledge and maintain appropriate behaviors.
5. Procedures for reteaching behaviors and correcting behavioral violations.
6. A list of which inappropriate behaviors will be office-managed and which will be staff-managed.
7. C*lassroom* management plans developed and implemented by every teacher that include:
   a. Three to five positively-stated general classroom expectations.
   b. Procedures for teaching, modeling, practicing, and reviewing the expectations.
   c. Specific expectations for common classroom activities (i.e., entering the classroom, large/small group instruction, independent work, transitions, going to lunch, etc.).
   d. A list of potential methods for acknowledging and maintaining appropriate class-wide and individual student behaviors related to academic achievement, social interactions with other students and adults, and meeting other behavioral expectations in classroom and non-classroom settings.
   e. A list of potential corrective consequences for behavioral violations.
   f. Procedures for monitoring students' academic learning and social/work behavior in the classroom.
   g. Procedures for managing serious behavioral violations in the classroom.

Assessment of school-wide PBIS:

Tools for assessing support system components:

1. Effective Behavior Supports (EBS) Self-Assessment Survey
2. Effective Behavior Supports (EBS) Team Implementation Checklist (TIC)
3. Benchmarks of Quality (BoQ) for School-wide Positive Behavior Support.
   All of the above can be found at: http://pbis.org/tools.htm
4. Questionnaires for staff, students, family/community - Sample questionnaires can be found in Foundations: Establishing Positive School-Wide Discipline Policies, Sprick, R.S., Garrison, M., Howard, L. (2002) Eugene, Oregon, Pacific Northwest Publishing.
   http://www.pacificnwpublish.com/sku_fd.php

Tools for assessing support system effectiveness:

1. School-Wide Information System (SWIS) http://www.swis.org
2. Common Area Observation Form - Foundations: Establishing Positive School-Wide Discipline Policies, Sprick, R.S., Garrison, M., Howard, L. (2002) Eugene, Oregon, Pacific Northwest Publishing. http://www.pacificnwpublish.com/sku_fd.php

Tier 1: Intervention

Focus: Individuals or groups of students who start to have behavioral concerns in school.

The concerns may be due to:

- social behavior skill deficits (e.g., large groups of students do not know how to share limited equipment on the playground, a small group of students do not know how to resolve a conflict affecting them, a student does not know how to ask to participate in a playground game and just barges into a group playing a game),
- academic deficits (e.g., a student disrupts the class to avoid working on division problems during independent work time),
- motivation issues (e.g., a class is continually noisy in hallway because students receive attention from other classes, a student needs attention and usually receives it by acting out in class).
- internal, emotional issues (e.g., a student appears to always be unhappy, unusually shy or very easily embarrassed).

One method to identify these students is to use a behavior screening tool, such as the Systematic Screening for Behavior Disorders which can be found at: http://www.sopriswest.com/.

Instructional Program/Goal: Provide interventions within the setting where the problem behaviors occur that should address both the deficit (by teaching the social behavior and/or providing extra academic assistance) and the motivation (by starting to provide more acknowledgements for behaving appropriately).

School-wide concerns may also involve issues with the numbers of monitors available and the training of the monitors (e.g., administrators, teachers, paraprofessionals, bus drivers) working in the specific area of concern.

The scope of Tier 1 interventions may be:

- School-wide: (e.g., bus, cafeteria, playground, or hallway issues.)
- Class-wide: (e.g., most or entire class has difficulty with transitions or treating each other with respect.)
- Group: (e.g., on-going conflict within the same group of students.)
- Individual: (e.g., a student bullies other students during less supervised parts of the school day, a student disrupts a class to avoid doing long writing assignments.)

By providing these interventions early, the likelihood of future office referrals will be reduced.

Tier 1 - Initial Teacher Responses to Minor, Inappropriate Student Behaviors

1. Praise other students who are behaving appropriately
   a. How – Praise students who are close to the student who is misbehaving. Name the student(s) and specifically mention the appropriate behavior. Try to avoid using the phrase, "I like the way _____." This implies to some students that they should only behave appropriately to please the teacher.
   b. When – As soon as you see the misbehavior. Most effective with students who are not following directions.
   c. Discontinue – Never.
2. Proximity
   a. How – Stand close to the misbehaving student, but do not say anything or look at the student. While doing this, you may want to praise other students who are behaving appropriately.
   b. When – As soon as you see the misbehavior. Most effective with students who are not following directions.
   c. Discontinue – When the student continues to misbehave after you have stood by him/her for 15 – 30 seconds.
3. Gentle verbal reprimand
   a. How – Immediately after the behavior happens, name the student or group and calmly tell them what is the appropriate behavior.
   b. When – The first week of school, whenever a new misbehavior begins, or with younger students who do not yet know exactly how they are expected to behave.
   c. Discontinue – When you find yourself constantly giving the same reprimand to the same person or group.
4. Ignore the behavior.
   a. How – When the student misbehaves, do not speak to the student or look at the student until the student stops the inappropriate behavior and starts behaving appropriately. When this happens, immediately praise the appropriate behavior.
   b. When – After you have used a gentle verbal reprimand so the student knows what you expect. Effective with attention-getting behaviors such as chronic blurting out, asking to have directions repeated over and over, or chronic complaining. Be aware that the rate of the inappropriate behavior may increase when you start ignoring before decreasing.
   c. Discontinue – When you see that the student's behavior is being maintained by the reinforcement of other students, when you don't think you can continue ignoring the behavior, or when the behavior starts to become dangerous to the student or others.
5. The 'look'
   a. How – You can decide if you want to use your 'questioning look' (eyebrows raised, head tilted slightly to the side) or your 'withering look' (eyebrows furrowed together, head tilted forward).
   b. When – Probably more effective with students who know what they should be doing and misbehave infrequently.
   c. Discontinue – When you find yourself constantly giving the same look to the same person or group.

When using these techniques, you are usually assuming that the student understands the directions and has the skills to complete an assigned task. When these techniques don't work, it is often because the student is misbehaving because s/he is avoiding a task that is too difficult and/or s/he is trying to get your attention (or other students' attention) by misbehaving.

5 Easy Ways to Increase Appropriate Behaviors

1. Increase the amount of praise to the student and class. The ratio of positive praise to redirections should be at least 3 to 1 with the entire class and at least 5 to 1 with a student who frequently misbehaves.
   a. How – Mention the student(s) name and the specific appropriate behavior. Try to avoid starting the praise with "I like the way ___" and try to avoid the use of general reinforcers (e.g. "good job) that do not tell the students exactly what they were doing correctly.
   b. When – Immediately after the students have learned new behaviors or immediately after a student has started behaving appropriately after being redirected. With other students, the immediacy of the reinforcer should be based on their maturity (less mature – more immediate) and difficulty of behavior (more difficult – more immediate).
   c. Discontinue – Never.

2. Goal setting. This involves having an individual conference with a student to set realistic and attainable goals. The goal and how to attain the goal can be written down on a standard form.

Goal Contract Form

Student's Name: _____ Date: _____

A goal for you to work on is to _____

You can show you are working on this goal by:

A: _____

B: _____

C: _____

Student's Signature: _____

Teacher's Signature: _____

Plan to meet with the student at least once a week to discuss progress. Revise, if necessary.

3. Goal setting with points and contract. This involves setting goals, as above, and then letting the student earn points throughout the day. At the end of a certain period of time (hour, half-day, whole day, week) if the student earned a certain amount of points, the student would have access to some type of reward. The points could be earned for completing academic work and/or for behaving appropriately for a certain amount of time. The contract should specify the goal, the appropriate behaviors that will lead to attaining the goal, how the points will be earned, how many points are needed to earn the reward, choices for the reward, and a beginning and end date. If a checklist is used to track points earned, the checklist should have 3 – 5 of the behaviors needed to attain the goal. Feedback to student on their performance should be given as frequently as necessary. See an itinerant staff member or special education teacher for assistance is setting up a contract and checksheet. For examples of contracts, see the Tough Kids Tool Box.

Generic Contract Sample

Student's Name: _____ Date: _____

What to Do to Earn Points:	What Not to Do:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

If I earn _____ points by _____, I will receive one of the following rewards:

_____ to be

provided by _____, on _____.

Student's Signature: _____

Teacher's Signature: _____

Start Date: _____ End Date: _____

4. Academic help. When many problem behaviors occur during a structured or independent academic work time, some of the following strategies may be helpful:
   a. During a large group time have the student sit close to you; check with the student frequently for understanding; have the student sit next to someone who could answer their questions; praise the student frequently for showing good attending skills; in between showing the students how to do something and then asking them to do it, provide some guided instruction by doing some problems with them (make sure this student is participating in this).
   b. During independent work time work with this student (and perhaps some other students) providing some small group help; provide the student with smaller goals before s/he can ask for help (ex. do two of the problems before asking for help); have the student sit next to a study buddy who can provide some assistance; reduce the quantity or difficulty level of the assignment; praise frequently for staying on-task and/or for completing work.

5. Graphing results. When a student is repeating a behavior daily or weekly, graphing results can provide an incentive to the student and feedback on his/her performance. A graph should contain the dates on the bottom (x-axis), the behavior being measured (e.g., points earned, problems completed, reading fluency score, spelling test score) on the left side of the graph (y-axis) and, if it can be easily calculated, a goal or aim line to provide the student with a target.

Reducing Behavior Problems in the Elementary School Classroom

An IES Practice Guide from the National Center for Education Evaluation and Regional Assistance
http://ies.ed.gov/ncee/wwc/pdf/practiceguides/behavior_pg_092308.pdf

Recommendations and corresponding level of evidence to support each

1. **Identify the specifics of the problem behavior and the conditions that prompt and reinforce it.** Every teacher experiences difficulty at one time or another in trying to remedy an individual student's behavior problem that is not responsive to preventative efforts. Because research suggests that the success of a behavioral intervention hinges on identifying the specific conditions that prompt and reinforce the problem behavior (i.e., the behavior's "antecedents" and "consequences"), we recommend that teachers carefully observe the conditions in which the problem behavior is likely to occur and not occur. Teachers then can use that information to tailor effective and efficient intervention strategies that respond to the needs of the individual student within the classroom context.

   Level of evidence: Moderate

   Checklist for Carrying out Recommendation 1:
   - Concretely describe the behavior problem and its effect on learning.
   - Observe and record the frequency and context of the problem behavior.
   - Identify what prompts and reinforces the problem behavior.

2. **Modify the classroom learning environment to decrease problem behavior**. Many effective classroom-focused interventions to decrease students' problematic behavior alter or remove factors that trigger them. These triggers can result from a mismatch between the classroom setting or academic demands and a student's strengths, preferences, or skills. Teachers can reduce the occurrence of inappropriate behavior by revisiting and reinforcing classroom behavioral expectations; rearranging the classroom environment, schedule, or learning activities to meet students' needs; and/or individually adapting instruction to promote high rates of student engagement and on-task behavior.

   Level of evidence: Strong

   Checklist for Carrying out Recommendation 2:
   - Revisit, re-practice, and reinforce classroom behavior expectations.
   - Modify the classroom environment to encourage instructional momentum.
   - Adapt or vary instructional strategies to increase opportunities for academic success and engagement.

3. **Teach and reinforce new skills to increase appropriate behavior and preserve a positive classroom climate.**
We recommend that teachers actively teach students socially- and behaviorally-appropriate skills to replace problem behaviors using strategies focused on both individual students and the whole classroom. In doing so, teachers help students with behavior problems learn how, when, and where to use these new skills; increase the opportunities that the students have to exhibit appropriate behaviors; preserve a positive classroom climate; and manage consequences to reinforce students' display of positive "replacement" behaviors and adaptive skills.

Level of evidence: Strong

Checklist for Carrying out Recommendation 3:

- Identify where the student needs explicit instruction for appropriate behavior.
- Teach skills by providing examples, practice, and feedback.
- Manage consequences so that reinforcers are provided for appropriate behavior and withheld for inappropriate behavior.

4. Draw on relationships with professional colleagues and students' families for continued guidance and support.

Social relationships and collaborative opportunities can play a critical role in supporting teachers in managing disruptive behavior in their classrooms. We recommend that teachers draw on these relationships in finding ways to address the behavior problems of individual students and consider parents, school personnel, and behavioral experts as allies that can provide new insights, strategies, and support.

Level of evidence: Moderate

Checklist for Carrying out Recommendation 4:

- Collaborate with other teachers for continued guidance and support.
- Build collaborative partnerships with school, district, and community behavior experts who can consult with teachers when problems are serious enough to warrant help from outside the classroom.
- Encourage parents and other family members to participate as active partners in teaching and reinforcing appropriate behavior.

5. Assess whether school-wide behavior problems warrant adopting school wide strategies or programs and, if so, implement ones shown to reduce negative and foster positive interactions.

Classroom teachers, in coordination with other school personnel (administrators, grade-level teams, and special educators), can benefit from adopting a school wide approach to preventing problem behaviors and increasing positive social interactions among students and with school staff. This type of systemic approach requires a shared responsibility on the part of all school personnel, particularly the administrators who establish and support consistent school wide practices and the teachers who implement these practices both in their individual classrooms and beyond.

Level of evidence: Moderate

Checklist for carrying out recommendation 5:

- Address school-wide behavior issues by involving a school improvement team.
- Collect information on the hot spots throughout the school, such as the frequency of particular school wide behavior problems and when and where they occur.
- Monitor implementation and outcomes using an efficient method of data collection and allow ample time for the program to work.
- If warranted, adopt a packaged intervention program that fits well with identified behavior problem(s) and the school context.

Tier 1 Intervention resources:

- Collaborative Problem Solving Approach: http://www.livesinthebalance.org
- *From Safe & Civil Schools:* http://www.safeandcivilschools.com
  "Administrator's Desk Reference of Behavioral Management" (Volumes I, II, III)
  "Cafeteria Discipline: Positive Techniques for Lunchroom Supervision"
  "CHAMPS: A Proactive and Positive Approach to Classroom Management"
  "CHAMPS: DVD In-Service Set"
  "On the Playground"
  "START on Time! Safe Transitions and Reduced Tardies" (for middle and high schools)
  "Teacher's Encyclopedia of Behavior Management: 100 Problems/500 Plans"
  "25 Minutes to Better Behavior: A Teacher-to Teacher Problem-Solving Process"
- From Sopris West: http://www.sopriswest.com/
  "RIDE (Responding to Individual Differences in Education)"
  "Tough Kid Series"
  "The Effective Elementary Classroom Book"
  "Best Behavior Book – Building Positive Behavior Support in Schools"
- Intervention Central: www.interventioncentral.org
- "Bullying Prevention in Positive Behavior Support":
  http://www.pbis.org/files/newwebfiles2008/pbsbullyprevention.pdf
- Behavior Doctor: http://www.behaviordoctor.org/
- From NASP (http://www.nasponline.org/publications/booksproducts/interventions.aspx):
  "Interventions for Academic and Behavior Problems II: Preventive and Remedial Approaches"
- Trouble-free playground program: http://www.playfiteducation.com/workshops/troublefree/

Assessment of Tier 1 Intervention: It is recommended that schools develop a method for progress monitoring student behavior when starting a Tier 1 intervention.

Progress monitoring is required if a problem continues and data is needed to determine the next step in the intervention process. (See appendix for examples of data collection ideas).

- For group interventions, behavior data should be collected at least weekly.
- For individual interventions, data should be collected more frequently, depending on the frequency of the targeted behavior.

When developing a data collection procedure, schools (for large group concerns) or teachers (for classroom or individual student concerns) should:

1. Set a specific goal for the targeted behavior.
2. Select the specific method (e.g. frequency counts, points earned, work completed, duration of behavior, latency between a stimulus and student response, etc.) for collecting the data.
3. Determine the frequency (e.g., daily, weekly) and time of day (e.g., during reading class, out on the playground, during hallway passing times in the afternoon, all day) for data collection.
4. Determine the person(s) responsible for collecting the data for school-wide concerns.

The data should be reviewed at least monthly in order to determine if the intervention is working or if modifications need to be made.

Parent notification for Tier 1 Intervention: Although not required, the school may want to contact parent(s) to inform of intervention plans and seek parental input.

General decision considerations (made at grade level meetings) before implementing a Tier 2 intervention:

1. Are the essential components of school-wide PBS in place?
2. Is evidenced-based academic instruction taking place in classrooms?
3. Were Tier 1 interventions implemented with fidelity for approximately three weeks?
4. Did progress-monitoring data related to targeted behavior for Tier 1 indicate that the student(s) are not making progress towards the specified goal?
5. Does a student or group of students have two or more office discipline referrals (ODRs)?
6. Are the office discipline referrals a result of a chronic behavior problem rather than the result of a temporary condition (e.g., inconsistent medication, family trauma, moving into district)?
7. Does a student or group of students demonstrate a *pattern* of chronic minor behavioral concerns that disrupt student learning or interfere with socialization among students *and* which *cannot* be addressed within the supports of Tier 1?
8. Has a teacher identified a student or group of students who exhibit behaviors of a more internalized nature (e.g., mood swings, depression) and demonstrate a need for additional supports beyond Tier 1?

Exceptions to these considerations:

1. If a student has received Tier 2 behavioral supports during the previous academic school year or in a previous setting, the school may want to start a Tier 2 intervention immediately coordinated with a Tier 1 intervention.
2. If a student has a history of chronic minor behavioral concerns that have not been successfully addressed through Tier 1 support, the school may want to start a Tier 2 intervention immediately coordinated with a Tier 1 intervention.
3. If a student's behavior presents a danger to the student or others, the school should start a Tier 3 intervention immediately coordinated with a Tier 1 intervention.
4. If the frequency and/or intensity of the student's behavior indicates the need for the school to start Tier 3 intervention coordinated with a Tier 1 intervention.

Tier 2: At-Risk Student Intervention

Focus: Students who have not responded to Tier 1 instruction and interventions or students who meet the criteria for exceptions.

Instructional Program/Goal: Provide additional instructional/motivational support through the use of published programs, the use of school personnel for mentoring or counseling and, if needed, academic assistance, for the approximately 15% of students who need a more intense and systematic intervention than Tier 1 support. The interventions may involve teaching the students more acceptable social/behavioral skills, academic assistance, and/or provide more feedback and incentives for behaving appropriately. In addition to a Tier 2 intervention, school should consider continuing any effective Tier 1 interventions that do not interfere with the goals of the Tier 2 intervention. Teams may also want to complete a quick functional behavior analysis to help determine an appropriate intervention.

Essential components of research-based Tier 2 Positive Behavior Supports intervention:

1. Continuous availability throughout the school year.
2. Rapid access (can be started within 3 days).
3. Consistent with school-wide expectations.
4. Implementation possible by any staff/faculty member in a school.
5. Flexibility in choosing intervention based on Tier 1 assessment data and staff input.
6. Continuous monitoring of student behavior for decision-making.
7. Easy to administer and track data for individuals or small groups of students.
8. The at-risk student's attention is focused on school-wide expectations.

Tier 2 Programs / Intervention Resources:

- Increasing Daily Behavioral Feedback, Positive Adult Attention, and Home/School Collaboration:
  - Collaborative Problem Solving Approach: **http://www.livesinthebalance.org**
  - Responding to Problem Behavior in Schools: The Behavior Education Program (Practical Interventions in the Schools) by Deanne A. Crone, Robert H. Horner, Leanne S. Hawken.

    "The purpose of this book is to describe a targeted system of positive behavior support called the Behavior Education Program (BEP)" also known as: Check-In, Check-Out (CICO). www.Amazon.com or other sites.
  - The Behavior Education Program (Check-in, Check-Out), 25-minute video training program: http://www.nprinc.com/classmgt/dbip.htm
  - Check and Connect: http://ici.umn.edu/checkandconnect/
- Social Skills Training (research-based):
  - Second Step: www.cfchildren.org (Committee for Children) Programs for Preschool/Kindergarten, Grades 1 – 6 and Middle School students
  - Stop and Think Program Social Skills Program by Howard Knoff, at Sopris West Educational Services: www.sopriswest.com
  - Center for Evidence-Based Practice: Young children with Challenging Behavior: www.challengingbehavior.org
  - Center on the Social and Emotional Foundations for Early Learning: http://www.vanderbilt.edu/csefel/

- Skillstreaming books and manuals can be found on www.amazon.com or other sites:
  - Skillstreaming in Early Childhood: New Strategies and Perspectives for Teaching Prosocial Skills by Ellen McGinnis and Arnold P. Goldstein
  - Skillstreaming the Elementary School Child: New Strategies and Perspectives for Teaching Prosocial Skills by Ellen McGinnis and Arnold P. Goldstein
  - Skillstreaming in the Elementary School: Lesson Plans and Activities by Ellen McGinnis
  - Skillstreaming the Adolescent: New Strategies and Perspectives for Teaching Prosocial Skills by Arnold P. Goldstein and Ellen McGinnis
- Mentoring Programs (research-based):
  - http://www.mentoring.org
  - http://www/reachoutmighigan.gov
- Individual or Group Counseling
- Class Wide Peer Tutoring (research-based):
  - http://www.specialconnections.ku.edu/cgi-bin/cgiwrap/specconn/main.php?cat=instruction&section=main&subsection=cwpt/main
  - www.interventioncentral.org (Tools for Educators, Kids as Reading Helpers: A Peer Tutor Training Manual)
- Increased Academic Supports as Needed (e.g. in-class small group instruction, tutoring, Title 1)

Assessment of Tier 2 Interventions:

Tools for assessing intervention effectiveness:

- School-Wide Information System (SWIS) http://www.swis.org
- Common Area Observation Form - Foundations: Establishing Positive School-Wide Discipline Policies, Sprick,R.S., Garrison, M., Howard, L. (2002) Eugene, Oregon, Pacific Northwest Publishing. http://www.pacificnwpublish.com/sku_fd.php
- Check-in, Check-out Student Graph
- Progress-monitoring data, such as time sampling and event counting documentation forms
- Any graph or sheet used to record points earned by student for appropriate behavior (e.g. appropriate interactions in class, work turned in on time, appropriate behavior on the playground, staying on-task during independent seatwork time, etc.)

Parent notification for Tier 2 intervention: Although not required, the school may want to contact parent(s) to inform of intervention plans and seek parental input.

Decision considerations (made at grade level or school assistance team meetings) when assessing Tier 2 intervention:

1. Consider discontinuing Tier 2 intervention when the following conditions exist:
    - The student has met the targeted goal for at least 3 -4 consecutive weeks.

Rather than completely discontinuing the intervention, the school may want to consider fading the supports gradually.

2. Consider continuing Tier 2 intervention (with Tier 1 intervention) when the following conditions exist:
    - The student is making steady progress in meeting the target goal, but has not yet met the goal or has not sustained the appropriate behavior for 3 – 4 consecutive weeks.
    - If the student's progress is slow or inconsistent (but still shows a positive trend), the school may want to continue the Tier 2 intervention with some adjustments (e.g., change how the behavior is acknowledged, change the frequency of acknowledgement, add academic support, teach social skills).

3. Consider Tier 3 intervention (with Tier 1 intervention) when the following conditions exist:
    - Tier 1 and Tier 2 interventions were implemented with fidelity, including making adjustments based on progress monitoring data.
    - Tier 2 interventions were implemented for approximately three to six weeks.
    - Data shows flat or downward trend.
    - Student has 5 or more ODR's.
    - Student has chronic or severe misbehaviors that have not responded to previous interventions.
    - Student's internalized problems have continued and are increasingly disrupting the student's academic progress and/or socialization.

Tier 3: Individual Student Intervention

(Most of the information on focus, goals, and components is from PBIS.org)

Focus: Students who have not responded to Tier 2 instruction and interventions or students who meet the criteria for exceptions. These students may have behaviors that are dangerous, highly disruptive, impede learning, and may result in social or educational isolation. Tier 3 interventions are also appropriate for students with other characteristics, such as developmental disabilities, autism, and emotional and behavioral disorders.

Instructional Programs/Goal: Diminish the problem behavior and increase the student's adaptive skills and opportunities for an enhanced quality of life. Tier 3 provides an individualized assessment, planning, intervention, and monitoring approach for the approximately 5% of students who need a more intense and systematic intervention than Tier 2 support.

Essential components of a research-based Tier 3 Positive Behavior Supports intervention:

1. **A functional behavioral assessment**

Functional Assessment is a Team Effort: A functional behavioral assessment should be conducted with the people that know a student's behavior – teachers, parents, guardians, counselors, the student, etc., as well as with professionals from the school based support team. It should never be one person, filling out a form to give to someone else. It is a process that a team should go through together.
Functional behavioral assessment is generally considered to be a problem-solving process that relies on a variety of techniques and strategies to identify the purposes of specific behavior and to help IEP teams select interventions to directly address the problem behavior. Functional behavioral assessment should be integrated, as appropriate, throughout the process of developing, reviewing, and, if necessary, revising a student's IEP. A functional behavioral assessment looks beyond the behavior itself. The focus when conducting a functional behavioral assessment is on identifying significant, pupil-specific social, affective, cognitive, and/or environmental factors associated with the occurrence (and non-occurrence) of specific behaviors. This broader perspective offers a better understanding of the function or purpose behind student behavior. Intervention plans based on an understanding of "why" a student misbehaves are extremely useful in addressing a wide range of problem behaviors.

We want to stress the role that teamwork plays in addressing student behavior problems. In conducting a functional behavioral assessment and developing a behavior intervention plan, education personnel should draw upon a range of communication and interpersonal skills. Like knowledge of assessment itself, IEP team members may need special training in the skills of successful collaboration, such as time management, group problem-solving (including "brainstorming" strategies), active listening, and conflict resolution processes, to mention a few. If team members are to conduct the assessment, they may also need training in the skills and knowledge required to conduct a functional behavioral assessment and use of behavior intervention techniques. As with other collaborative efforts, building-level administrative and collegial supports are essential to a successful outcome.

a. Identifies specific concerns and goals of intervention based on available information. Goals typically include:
   (1) Increasing participation and presence in the school and community.
   (2) Gaining and maintaining significant relationships.
   (3) Expressing and making choices.
   (4) Experiencing respect and living a dignified life.
   (5) Developing personal skills and areas of expertise.

b. Gathers relevant information through a variety of sources (e.g. existing records, interviews of support providers in school and home, direct observations).

c. Develops summary statements that describe relationships between the student's behaviors of concern and aspects of the environments.

Basic Beliefs Supporting Functional Behavior Assessment

- Problem behavior serves a specific purpose or function and can serve multiple purposes in the same setting or across settings.
- Behavior has a purpose, it does not occur randomly. Medical, emotional, socio-economic, neurological, sleep, or other types of problems may be the cause of challenging behavior. Problem behavior may serve as a means of communication.
- Behavior support must always protect the dignity of the person.
- The point of understanding the behavior is to teach and/or develop effective alternative not just to eliminate undesirable behavior.
- Functional assessment is a method for looking at relationships between behavior and the environment.

When is a Functional Behavior Assessment necessary or helpful?

- If a student's behavior interferes with learning or he or she is not progressing toward the written goals and objectives on the student's IEP.
- In planning a response to the behavior that results in a significant change of school placement due to expulsion or suspension.
- When a student with a disability is educated in an alternative education setting due to possession or use of illegal drugs, controlled substances, or weapons.
- To successfully and thoroughly complete the manifestation determination review.

2. A behavioral support plan

IDEA-2004 (Individuals with Disabilities Education Improvement Act) requires that IEP teams undertake Functional Behavior Assessment and Positive Behavior Intervention Plans also known as Behavior Intervention Plans (BIP) for students with emotional or behavior concerns. What is a Functional Behavior Assessment (FBA)? FBA is an assessment process for gathering information to develop student support plans. A comprehensive functional assessment identifies the consequences that continue to maintain behaviors and the contexts in which those behaviors reflect antecedents and setting events. It is flexible and revised as needed. The information obtained during the FBA is used to develop a BIP. The FBA and BIP can be undertaken by an individual teacher and the parent or a team with the parent. A simple plan, initiated early by the teacher may prevent more sever behaviors, which would require a more involved plan.

Four steps to a Functional Behavior Assessment and Behavior Intervention Plan:

1. Describe Behavior
2. Collect Additional Data
3. Develop a Hypothesis
4. Design an Intervention

Comparison of Traditional Behavior Management and Positive Behavior Support

Traditional Behavior Management	*Compared to*	**Positive Behavior Support**
Views the person as the problem		Views the system, setting, or skill deficiency as the problem
Attempts to "fix" the person		Adjusts the systems and setting and improves skills
Emphasizes reducing or eliminating behavior		Identifies and teaches replacement skills and builds relationships
Relies frequently on negative consequences		Primarily relies on positive approaches
"Quick fix" expectations		Goal of sustained results achieved over time
Designed by "expert"		Developed by a collaborative team
Objective: "Management of students by teachers/ administrators		Objective: Student self-regulation of behavior and greater functional control of one's life. Improved student skills lead to improved quality of life

Information from this section comes from the Michigan Department of Education, Positive Behavior Support for All Michigan Students, February 2000

What is a Behavior Intervention Plan? It is a written, individualized, behavior support plan based on the functional assessment of the student's behavior. It is flexible and should be revised as needed. A BIP addresses the behavioral concerns and fits within the environment in which it will be used. Goals typically include:

- Adjustments to the environment that reduce the frequency, duration, and/or intensity of the inappropriate behaviors.
- Teaching replacement skills and building general competencies.
- Consequences to promote positive behaviors and deter problems.
- A crisis management plan, if needed.

3. Implementation and monitoring strategies for the behavioral support plan

- Identify any training or resources needed to implement plan.
- Determine how to monitor plan.
- Determine schedule to evaluate the monitoring data and, if necessary, make adjustments to the plan.
- Determine responsible individuals for implementation and monitoring. These individuals may be any staff having contact with the student, including teachers, paraprofessionals, counselors, itinerant staff, playground/hallway/bus monitors. Individuals from outside agencies and parents/guardians may also be included.

Assessment of Tier 3 Intervention: May involve daily monitoring by teaching staff using observation recording sheets, point sheets, or graphs and also include observations by itinerant staff, weekly check on academic progress, or staff/parent/student interviews.

Parent notification: Parent/guardian should be notified. Documented notification should consist of a summary of recent student data, type of intervention proposed and the rationale for the intervention. The student's teacher (or other person designated by building team) shall notify the parent/guardian by letter, phone call, email, or in-person contact. If the behavior support plan is part of delivering a free appropriate public education to a student with disabilities under IDEA or Section 504, the parent should be invited to participate in the development of the plan.

Parental Consent for Tier 3: Written consent is not needed if intervention is part of the student's general education program. If the student's behavioral data suggests the likelihood of dangerous behavior that might require seclusion or restraint as a last resort in a set of tiered interventions within the plan to prevent harm to self or others, parent consent must be sought.

Decision considerations (made at school assistance team meeting) when assessing a Tier 3 intervention:

1. Consider discontinuing Tier 3 intervention, but continuing Tier 1 and 2, when the student has shown positive gains for at least 3-4 consecutive weeks and has learned the adaptive skills necessary to function within his/her current school environment.
2. Consider continuing Tier 3 intervention when the student's progress monitoring data shows slow progress, and capacity exists to continue intervention within current general education setting.
3. Consider Special Education referral when the following conditions exist:
    a. Monitoring scores show a flat /declining trend line.
    b. Tier 3 program was implemented for 8 – 12 weeks.
    c. Adjustments were made after every 2 – 4 consecutive weeks of flat or declining progress monitoring scores.
    d. Student's behavioral performance continues to be significantly below grade level expectations in the classroom.
    e. Low achievement has been addressed with academic interventions.
    f. General education can verify through principal or itinerant staff observations, and/or other documentation that core instruction and scientific research-based interventions were implemented with fidelity.
    g. General education can provide a timeline with documentation of the interventions, adjustments made to the interventions (e.g., instructional, behavioral, motivational), and progress monitoring data.
    h. Intervention cannot be sustained with available general education resources.

Tier 3 Intervention Resources:

- Collaborative Problem Solving Approach
  http://www.livesinthebalance.org

- Managing the Cycle of Acting-Out Behavior in the Classroom, Geoff Colvin, Behavior Associates, 2004

- Building Positive Behavior Support Systems in Schools: Functional Behavioral Assessment, Deanne A. Crone and Robert H. Horner, The Guilford Press, 2003

- Conducting School-Based Functional Behavioral Assessments: Second Edition, Mark Steege and T. Steuart Watson, The Guilford Press, 2009

- School-Based Behavioral Assessment**:** Informing Intervention and Instruction, Sandra Chafouleas, T. Chris Riley-Tillman, and George Sugai, The Guilford Press, 2007

- Institute on Violent and Destructive Behavior, http://www.uoregon.edu/~ivdb/

- Center for Effective Collaboration and Practice, http://cecp.air.org/

- The National Center on Education, Disability and Juvenile Justice
  http://www.edjj.org/

- "When Every Second Counts," video training program by Randy Sprick, available through Pacific Northwest Publishing

- Schoolwide PBS: Tertiary Prevention
  http://pbis.org/tertiaryPrevention.htm

Behavior RtI Bibliography

National Technical Assistance Center on Positive Behavioral Interventions and Supports:
http://pbis.org

National Center on Response to Intervention:
http://www.rti4success.org

School-Wide Information System:
http://www.swis.org

Michigan's Integrated Behavior and Learning Supports (MiBLSi):
http://www.cenmi.org/miblsi/

Maryland Positive Behavior Supports:
http://www.pbismaryland.org/

Florida Positive Behavior Supports:
http://flpbs.fmhi.usf.edu/index.asp

Missouri Positive Behavior Supports:
http://pbismissouri.org/index.html

Colorado Positive Behavior Supports:
http://www.cde.state.co.us/pbs/

Association for Positive Behavior Supports:
http://www.apbs.org/

Illinois PBIS Network:
http://www.pbisillinois.org/

Kansas Institute for Positive Behavior Supports:
http://www.kipbs.org/new_kipbs/index.html

Kalamazoo County Positive Behavior and Literacy Supports:
http://www.kresanet.org/instructionalcenter/PBLS/index.html

Intervention Central:
http://www.interventioncentral.org/

Behavior Doctor:
http://www.behaviordoctor.org/

Positive Behavior Supports Surveys:
http://www.pbssurveys.org/pages/Home.aspx

Safe and Civil Schools
www.safeandcivilschools.com

Journal of Evidence-Based Practices for Schools
http://www.rowmaneducation.com/journals/JEBP/

RTI and Behavior: A Guide to Integrating Behavioral and Academic Supports by Jeffrey Sprague, Clayton R. Cook, Diana Browning Wright, Carol Sadler, LRP Publications, 2008.

School-Based Interventions for Students with Behavior Problems, Julie Bowen, William R. Jenson and Elaine Clark, Springer, 2003

"Reducing Behavior Problems in the Elementary School Classroom," an IES practice guide from the National Center for Education Evaluation and Regional Assistance.
http://ies.ed.gov/ncee/wwc/pdf/practiceguides/behavior_pg_092308.pdf

Also, see "Universal Class-wide Interventions" from TEACHING Exceptional Children (July/August 2008)

Definitions of RtI Terms - Behavior

Term:	Definition:
Accommodation	A change in the student's educational program that may include allowing greater or easier access to instruction (e.g., preferential seating, tests/assignments read to student), different ways for the student to respond (e.g., oral testing, individual/small group testing), a reduction in the amount of learning required, (e.g., modified assignments) or reducing the amount of work to be submitted.
Aimline	The projected rate of behavior change over a period of weeks or months. The rate may be based upon the difference between baseline data and the benchmark goal or based upon research-based rate change expectations.
Behavior Support Plan (or Behavior Improvement Plan)	A plan for behavior changes that includes: (1) a summary of the functional analysis data, (2) a hypothesis of the function of the targeted behavior, (3) procedures for behavior change and support. These procedures usually consist of: (a) adjustments to the environment that reduce the occurrences of the inappropriate behaviors, (b) teaching replacement skills and building general competencies, (c) consequences to promote positive behaviors and deter problems, and (d) a crisis management plan, if needed.
Benchmark	A short term or long term assessment goal that indicates that the student is on grade level.
Continuum of Services	A range of services that vary by the type of instructional intervention (e.g., differentiated instruction, supplemental programs), and intensity (e.g., frequency of instruction and feedback given to student within the general education classroom, Title 1 room, resource / self-contained room).
Data collection methods	Methods used to record observed student behavior either by the teacher or another observer in the school setting. Includes event recording (frequency counts), time sampling, interval recording, and behavior ratings.
Differentiated instruction	Classroom instruction targeting specific behavioral skills based on assessment data. The skills may be at, above, or below expected levels.
Exclusionary factors	Factors that may cause behavioral concerns and would exclude the student from being certified as Emotionally Impaired. Examples of exclusionary factors include intellectual issues, sensory issues, and health factors.
Fidelity/Integrity of Intervention	The degree to which an intervention is implemented as intended.

Functional Behavior Analysis	Gathering information in order to form a hypothesis as to what type of environmental variables exist when the problem behavior occurs and what is maintaining the problem behavior. The information is usually gathered through the use of observations and interviews.
Intervention	A change in the student's instructional program (e.g. providing more review of classroom rules, teaching social skills, adding academic services) and/or motivation with the goal of improving the student's behavioral skills.
Intervention decision making rules	Three to four consecutive weeks below aimline: modify intervention. Three to four consecutive weeks around the aimline: continue the intervention. Three to four weeks above the aimline: consider increasing the rate goal. Three to four weeks at the benchmark level: discontinue intervention if the student is at grade level.
Positive Behavior Support	Positive behavior support is an application of a systems approach to enhance the capacity of schools, families, and communities to design effective environments that improve the link between scientific research-validated practices and the environments in which teaching and learning occurs. Attention is focused on creating and sustaining school-wide, classroom, supplemental, and individual systems of support that improve lifestyle results (personal, health, social, family, work, recreation) for all children and youth by making problem behavior less effective, efficient, and relevant, and desired behavior more functional.
Progress monitoring	Brief, frequent data collection of a particular behavior skill used to assess student performance and evaluate the effectiveness of instruction. The assessment is usually done daily to weekly. Review of assessment data is usually done weekly to monthly.
Research-based intervention	An intervention based on previously proven strategies used in other interventions. However, the particular intervention may not have evidence supporting its own effectiveness.
Response to Intervention (RTI)	A research-based approach to providing students with the type and amount of instruction needed to reach grade level goals. RTI involves (1) early identification of students not achieving at benchmark, (2) scientific, research-based instruction and interventions matched to student need and delivered as soon as possible, (3) frequent monitoring of student progress to measure the rate of actual behavior change after an intervention has been implemented, and (4) use of student data to make educational decisions regarding the student's curriculum, instruction and placement.

Scientific, research-based intervention	A research-based intervention that has been proven to be successful when implemented with fidelity. Also called an 'evidence-based intervention.'
Severe discrepancy	A difference between two scores or skills that is both statistically significant (not likely due to chance) and educationally significant (meaningful in the classroom).
Supplemental Programs	Scientific, research-based instructional programs used to supplement the school-wide programs (e.g. Second Step, ClassWide Peer Tutoring).
Systematic observation of behavior	The observation of the student in different school settings, during different times of the day, and on different days, usually by a trained itinerant staff member. The observations consist of defining the behavior to be observed, selecting a data collection method (e.g. time sampling, interval recording, event recording), and observing the student as well as another reference student or students. Data is then compared between the students, between the settings, and with expected norms.
Three-tier intervention process	A three-step process for providing general education interventions. The first step (or tier) consists of intervening within the student's regular classroom during the scheduled instructional period. The second tier, which is done in addition to the first tier intervention, consists of using a targeted, supplemental program or service. The third tier, which is also done in addition to the first tier intervention, consists of a targeted, individualized, intensive intervention.
Universal Screening	The administration of brief screening assessments to all students in a grade, or school, to determine if students are meeting the grade-level benchmark goal or if not, the level of intervention needed to help them meet the goal.

Student Observation Forms

Student Observation Form - Event Counting – Baseline
Best for counting behaviors that have a definite starting and ending point
(e.g., out of seat, talk outs, not following directions, fighting)

Student: _____ Date: _____ Class:_____

Teacher: _____ Subject: _____

Activity (e.g., Independent seatwork, small group work, teacher instructing to large group, unstructured,

non-academic activity, etc.) _____

Student Behavior(s) Being Observed: _____

Directions: Place a tally mark in the box every time you observe the behavior during the observation period. If you are keeping count of more than one behavior, you could divide the tally box in half, label the separate boxes (e.g. Behavior 1, Behavior 2) and mark your tallies in the appropriate box. To get good baseline data, you should collect this data around the same time and for the same length of time every day for 3 consecutive days.

Day / Date	Start Time	End Time	Subject / Activities	Tallies	Total Occurrences Observed
Mon.					
Tue.					
Wed.					
Thur.					
Fri.					

Student Observation Form - Event Counting – Intervention Phase
Best for counting behaviors that have a definite starting and ending point
(e.g., out of seat, talk outs, not following directions, fighting)
after an intervention has been implemented.

Student: _____ Date: _____ Class:_____

Teacher: _____ Subject: _____

Activity (e.g., Independent seatwork, small group work, teacher instructing to large group, unstructured, non-academic activity, etc.) _____

Student Behavior(s) Being Observed: _____

Intervention: _____

Directions: Place a tally mark in the box every time you observe the behavior during the observation period. If you are keeping count of more than one behavior, you could divide the tally box in half, label the separate boxes (e.g. Behavior 1, Behavior 2) and mark your tallies in the appropriate box. To get more accurate data to assess the intervention, you should collect the data around the same time and for the same length of time every day you collect data.

Day / Date	Start Time	End Time	Subject / Activities	Tallies	Total Occurrences Observed
Mon.					
Tue.					
Wed.					
Thur.					
Fri.					

Student Observation Form – Time Sampling – Baseline
Best for tracking continuous on-task, off-task behavior

Student: _____ Date:_____ Class:_____

Teacher: _____ Subject: _____

Activity (e.g., Independent seatwork, small group work, teacher instructing to large group, unstructured, non-academic activity, etc.) _____

Student Behavior(s) Being Observed: _____

Directions: Set a time interval (3 minutes, 5 minutes, etc.). At the end of each interval, observe the student and circle the mark on the data sheet to indicate whether the student was on-task or off-task. To get good baseline data, you should collect this data around the same time and for the same length of time every day for 3 consecutive days.

Start Time: _____ End Time: _____ Length of Each Interval: _____

Interval	On-task / Off Task	Interval	On-task / Off Task
1	+ 0	11	+ 0
2	+ 0	12	+ 0
3	+ 0	13	+ 0
4	+ 0	14	+ 0
5	+ 0	15	+ 0
6	+ 0	16	+ 0
7	+ 0	17	+ 0
8	+ 0	18	+ 0
9	+ 0	19	+ 0
10	+ 0	20	+ 0

A. Total Number of On-Task Marks (+) ____

B. Total Number of Intervals ____

C. Percentage On-Task (A ÷ B) ____%

Student Observation Form – Time Sampling – Intervention Phase
Best for tracking continuous behaviors (e.g. on-task, off-task behavior)

Student: _____ Date: _____ Class: _____

Teacher: _____ Subject: _____

Activity (e.g., Independent seatwork, small group work, teacher instructing to large group, unstructured, non-academic activity, etc.) _____

Student Behavior(s) Being Observed: _____

Intervention: _____

Directions: Set a time interval (3 minutes, 5 minutes, etc.). At the end of each interval, observe the student for 1-2 seconds and circle the mark on the data sheet to indicate whether the student was on-task or off-task. To get more accurate data to assess the intervention, you should collect this data around the same time and for the same length of time every day you collect data.

Start Time: _____ End Time: _____ Length of Each Interval: _____

Interval	On-task / Off Task	Interval	On-task / Off Task
1	+ 0	11	+ 0
2	+ 0	12	+ 0
3	+ 0	13	+ 0
4	+ 0	14	+ 0
5	+ 0	15	+ 0
6	+ 0	16	+ 0
7	+ 0	17	+ 0
8	+ 0	18	+ 0
9	+ 0	19	+ 0
10	+ 0	20	+ 0

A. Total Number of On-Task Marks (+) _____

B. Total Number of Intervals _____

C. Percentage On-Task (A ÷ B) _____%

Resources:

- Barkley, Russell Defiant Children: A Clinician's Manual for Parent Training, Revised '97
- Barkley, Russell (et al) Defiant Teens: A Clinician's Manual for Assessment and Family Intervention
- Barkley, Russell Managing the Defiant Child: A Guide to Parent Training - Video & Manual
- Dacey, John S. and Fiore, Lisa B. Your Anxious Child: How Parents and Teachers Can RelieveAnxiety in Children
- Faber, Adele and Mazlish, Elaine How to Talk So Kids Will Listen & Listen So Kids Will Talk, Revised 1999
- Flick, Grad ADD/ADHD Behavior-Change Resource Kit: Ready-to-Use Strategies & Activities for Helping Children with Attention Deficit Disorder
- Green, Ross The Explosive Child: A New Approach to Understanding and Parenting Easily Frustrated Chronically Inflexible Children
- Greenspan, Stanley The Challenging Child: Understanding, Raising and Enjoying the 5 "Difficult" Types of Children
- Haag, Kimberly Common Solutions for the Uncommon Child
- Kranowitz, Carol The Out-of-Sync Child: Recognizing and Coping with Sensory Integration Dysfunction.
- Manassis, Katharina Keys to Parenting Your Anxious Child
- McCarney, Stephen Emotional or Behavior Disorder Intervention Manual: Goals, Objectives and Intervention Strategies for The Emotionally or Behaviorally Disordered Student
- Nowicki, Stephen and Duke, Marshall Helping the Child Who Doesn't Fit In
- Paquette, Penny and Tuttle, Cheryl Parenting A Child with A Behavior Problem, 2nd Edition.
- Phelan, Thomas 1-2-3 Magic: Effective Discipline for Children 2-13
- Phelan, Thomas More l-2-3 Magic Video.
- Seligman, Martin The Optimistic Child: A Proven Program to Safeguard Children against Depression and Build Lifelong Resilience
- Taffel, Ron Getting Through to Difficult Kids and Parents: Uncommon Sense for Child Professionals
- Turecki, Stanley The Difficult Child, Revised & Expanded
- Watson, George Classroom Discipline Problem Solver
- Whitehouse, Eliane and Pudney**,** Warwick A Volcano in my Tummy: Helping Children to Handle Anger.

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Emotional Impairment

R340.1706 Determination of Emotional Impairment

Emotional impairment shall be determined through manifestation of behavioral problems primarily in the affective domain, over an extended period of time, which adversely affects the person's education to the extent that the person cannot profit from regular learning experiences without special education support. The problems result in behaviors manifested by one or more of the following characteristics:

- Inability to build or maintain satisfactory interpersonal relationships within the school environment.
- Inappropriate types of behavior or feelings under normal circumstances.
- General pervasive mood of unhappiness or depression; or
- Tendency to develop physical symptoms or fears associated with personal or school problems.

The term "emotional impairment" also includes persons who, in addition to the above characteristics, exhibit maladaptive behaviors related to schizophrenia or other similar disorders. The term "emotional impairment" does not include persons who are socially maladjusted unless it is determined that such persons have an emotional impairment.

Emotional impairment shall not include persons whose behaviors are primarily the result of intellectual, sensory or health factors.

A determination of impairment shall be based on data provided by a multidisciplinary team which shall include a comprehensive evaluation by the following:

- A psychologist or psychiatrist
- A school social worker

Emotional impairment shall not include persons whose behaviors are due to lack of instruction in reading, math or limited English proficiency.

R340.1706 Definitions of Terms

Manifestation of behavioral problems primarily in the affective domain
The affective domain includes areas such as emotional stability and control, interaction and response to others, problem solving, ability to work with others, and self-control (anxiety, depression, low self-esteem).

Over an extended period of time
This phrase means the student has a history of emotional impairment (EI) symptoms or characteristics that have been exhibited for at least six months. However, the severity of certain EI symptoms and the danger they may pose for the student and/or others when they occur, may dictate that professional judgment take precedence over this timeline. If the condition has been evident for at least six months, the multidisciplinary evaluation team must indicate a reasonable expectation that the behavioral problems will continue to exist without special education intervention.

Adversely affecting the person's educational performance
This phrase refers to those EI characteristics which interfere primarily with academic performance and/or social functioning in the school setting to a marked degree. This refers to the frequency, duration or intensity of a student's behavior in comparison to peers. The condition must be pervasive (continuing over time) and intense (overt, acute, observable). <u>The adverse effect may be indicated by either reduced work production in the classroom or by lowered academic achievement</u>.

Private evaluations/DSM-IV diagnoses do not by themselves qualify a student for an educational emotional impairment.

R340.1706 (1)a Inability to Build or Maintain Satisfactory Interpersonal Relationships Within the School Environment

This criterion means the student does not relate to others in an appropriate manner. Interpersonal relationships refer to a student's actions and reactions to peers and adults in the school environment. Consideration of the student's developmental level is critical under this determination of eligibility. There is a wide range of "normal" due to personality differences and familial or cultural traits. Problem behaviors must be pervasive, generally affecting relationships with all teachers and peers and occurs over an extended period of time. It should be emphasized that "inability" must be differentiated from "unwilling" or "lacking the social skills." Some children lack social skills or choose not to build relationships.

Students may exhibit behavior(s) similar to the following. Frequency, intensity and duration must be considered.

- Acts verbally or physically aggressive to other students and/or adults
- Withdraws and isolates physically and/or verbally from others
- Demonstrates fear of peers, teachers and/or adults
- Has no friends in home, school and/or community setting
- Does not maintain socially appropriate interactive behavior with others
- Acts emotionally unresponsive to people
- Exhibits inappropriate sexual behaviors
- Alienates others by seeking excessive approval
- Persistently demonstrates regressive behaviors when stressed

Students with this characteristic are very anxious in interpersonal situations and react with avoidance, fear and/or withdrawal as well as students who alienate others by intensity of need for attention due to poor self-esteem or atypical ideas/behavior related to poor reality testing.

It should be emphasized that the above behaviors do not include fighting in and of itself. Students would not meet these criteria, despite problems with some peers/adults, if able to develop and maintain satisfactory relationships with other peers/adults, or if fighting is a "lifestyle" issue.

R340.1706 (1)b Inappropriate Types of Behaviors or Feelings Under Normal Circumstances

This criterion means the behaviors must be extremely atypical for which no observable reason exists. More specifically these behaviors are intrapersonal in nature. They may be potentially or actually harmful. Mere misconduct does not qualify a student in this category. Students who are choosing not to comply also would not meet this criterion.

Students may exhibit behavior(s) similar to the following. Frequency, intensity, and duration must be considered.

- Over-reacts to everyday occurrences (i.e. rage, excessive laughter, hysterics)
- Exhibits catastrophic or panic reactions to everyday occurrences
- Demonstrates flat, distorted or excessive affect
- Exhibits self-abusive behaviors
- Exhibits delusions and/or hallucinations (auditory or visual), or thought disorders (i. e. obsessive thoughts, illogical thinking, dissociative thinking, or paranoia)
- Demonstrates extreme mood swings
- Exhibits inappropriate sexually related behaviors
- Exhibits compulsive behaviors, persistent, recurrent, and intrusive behaviors

This includes students with thoughts and/or emotions that vacillate unpredictably from one extreme to another and over which the student has no control. This criterion **does not** include students attempting to avoid stressful situations or students who are under the influence of drugs or alcohol.

R340.1706 (1)c General Pervasive Mood of Unhappiness or Depression

This criterion means a student must exhibit depressive symptomatology which typically involves changes in all four major areas: (1) affective, (2) motivation, (3) physical/motor functioning, and (4) cognition. A pervasive mood is one that affects all aspects of a person's life.

(1) Affective:
- isolate self from peers, adults or family when not appropriate
- express feelings of worthlessness, helplessness, ineffectiveness, or excessive guilt
- display extreme anger or frustration in spite of efforts to control anger
- demonstrate signs of depression through agitation or hyperactivity (young children)
- express feelings of extreme sadness, suicidal ideation

(2) Motivation:
- demonstrate a loss of interest in new/familiar activities
- show a decline in academic performance
- assume failure or refuse to attempt tasks

(3) Physical /Motor functioning (for no apparent medical reason):
- lose appetite for long period of time and demonstrate significant weight loss or increased appetite/weight gain
- experience insomnia or hypersomnia
- show a deterioration in appearance
- report or exhibit on-going unsubstantiated medical problems
- demonstrate psychomotor agitation or lethargy

(4) Cognition:
- experience difficulty attending, thinking and concentration
- demonstrate overly perfectionistic tendencies that impact daily living

Suicidal intent should always be explored when the student appears depressed, threatens suicide, or expresses a death wish. While such acts do not constitute evidence of emotional impairment per se, it should be an alert to school personnel. Short-term/situational depression or depression would not fit this definition. A clinical diagnosis (DSM-IV) of depression does not guarantee eligibility for an educational emotional impairment. A student's education must be adversely affected to the point where he/she cannot profit from regular learning experiences without special education support.

R340.1706(1)d Tendency to Develop Physical Symptoms or Fears Associated with Personal or School Problems

Before analysis of physical symptoms or fears is undertaken, information regarding a student's medical condition should be reviewed. After consultation with a medical professional and behavior interventions have occurred, an evaluation can proceed. This evaluation should center upon the psychological/emotional factors that could be causing the symptoms that interfere with school performance. Very few students with emotional impairment establish eligibility under this criterion. The most likely example would be a student experiencing school phobia. School phobia is the persistent refusal to go to school based on some underlying anxiety.

Physical symptoms might include:

- Facial tics, twitching, rocking, head banging;
- Somatic complaints (i.e. headaches, stomach aches, racing heart, diarrhea)

Fears might include:

- Persistent and irrational avoidance of a specific person, object or situation;
- Intense, disabling anxiety often reaching panic proportions when a person, object, or situation is approached.

Under this criterion, physical symptoms are not under voluntary control. There must be positive evidence or strong presumption that physical symptoms are linked to psychological factors or conflict.

Exclusionary Factors

R340.1706 (3) "**Emotional impairment does not include students whose behaviors are primarily the result of intellectual, sensory, or health factors."**

The intent of the eligibility criteria is to assure that students will be appropriately assessed R340.1702. Many factors must be considered as professionals collect information when determining if the student has an emotional impairment. A student may exhibit behaviors consistent with an emotional impairment which are primarily the result of other factors.

The Multidisciplinary Evaluation Team (MET) must consider the presence of these other factors. This determination should include screenings and follow-up evaluations by qualified personnel. The results of the screenings/evaluations and the recommendations regarding educational programming must be included in the team's written report(s). The MET must consider and verify that the behaviors are/are not primarily the result of intellectual, sensory, or health factors.

Intellectual:
The ability/inability to understand and adapt to the expectations of the environment (cognitive ability), i.e. adaptive behavior is commensurate with cognitive ability.

Sensory:
Some examples are visual concerns, hearing concerns, tactile defensiveness, etc.

Health:
May include hypoglycemia, diabetes, sickle cell anemia, parasitic conditions, allergies, Tourette's Syndrome, medication reactions, ADHD, etc.

Additional Considerations:
Assessment of the student's behavior should include consideration of the student's:

- Age/developmental level
- Cultural background
- Education/school environment
- Parents/guardians value system
- Drug or alcohol use/abuse
- Specific settings in which the behavior occurs

Behavioral differences among students of diverse cultures, environments, and economic status are to be expected. The impact of these differences must be considered when behavior deviating from the norm is identified. If the culture, environment, or economic status is the sole determinant of the student's behavior, the student may not be identified as having an emotional impairment.

See "Exclusionary Factors worksheet" which follows:

EXCLUSIONARY FACTORS WORKSHEET

EI

Emotional Impairment

Each factor must be ruled out as the PRIMARY FACTOR for the student's inability to progress in the general education curriculum, and for obtained behavior performance scores.	Yes	No
1. Lack of appropriate instruction in essential components of reading and math		
Does information obtained during assessment indicate lack of appropriate instruction in reading and math as the determinant factor in this student's inability to progress in the general education curriculum?		
2. Limited English Proficiency		
• Is there a language other than English spoken by this student?		
• Is there a language other than English spoken by the student's home?		
• Are there any specific dialect or cultural influences that would affect the student's ability to speak or understand English?		
3. Cultural Background Differences		
Document all information gathered in assessment that would exclude environmental or cultural disadvantage as the determinant factor for this student's inability to access general education curriculum or perform significantly below normal on measures of behavior.		
• Is there compelling evidence from data gathered and information generated to indicate this student is unable to learn or perform on assessments due to cultural or background difference?		
4. Medical Conditions that Impact School Performance		
Document all information gathered through assessment that would exclude medical or health reasons for this student's deficient performance on both assessments of behavior.		
• Does the student have a medical history and/or school history of medical or health-related difficulties causing the student to have difficulty accessing the general education curriculum?		
• Are there school records of illness or health-related conditions that would impact negatively on this student's ability to progress in the general education curriculum?		
5. Socioeconomic Status or Communication, Sensory or Motor Impairments		
Document all information gathered through assessment that would exclude sensory or motor impairments as a factor for this student's deficient performance on measures of behavior.		
• Does the assessment data indicate that lack of opportunity to learn due to socioeconomic circumstances is the cause or primary reason for the student's deficient scores obtained on behavioral skills measured?		
If any of the questions in sections 1-5 are YES, please document the reason a given exclusionary consideration is not the primary reason for the student's deficit cognitive, achievement, and/or adaptive scores:		
6. Impairment Specific Considerations		
• The student's performance in educational and other settings, such as adaptive behavior within the broader community, has been considered?		
• There are systematic observations of the behaviors of primary concern which interfere with educational and social needs?		
• There is documentation of intervention strategies (what, how long, results) used to improve the behaviors of concerns?		

Information should be gathered regarding the following:

- Lack of instruction in reading or math.
- Continued absenteeism or truancy which significantly interferes with the student's academic and social progress.
- A history of frequent school changes may indicate sufficient reason for school integration and adaptation problems for the student.
- Appropriate instructional and intervention strategies must be implemented in general education. Special education eligibility should not be considered without documented evidence of these strategies and their effectiveness.
- Poor school performance, solely due to lack of student motivation or interest in school, may not be indicative of an emotional impairment.
- Mood, behavior, or academic problems related solely to drug/alcohol use and/or abuse may not be indicative of an Emotional Impairment.
- A student, whose primary or home language is other than English, must be assessed to determine the extent of his/her English proficiency. A student with Limited English Proficiency must not be considered eligible for special education programs and services based solely on his/her English language skills.

Social Maladjustment

Overview

IDEA-2004 Federal regulations exclude students who are socially maladjusted from eligibility on the basis of emotional impairment if they do not have an emotional disturbance.

The same language is also found in the Michigan Revised Administrative Rules for Special Education (2002) as stated below:

> R340.1706(2) *The term 'emotional impairment' does not include persons who are socially maladjusted, unless it is determined that the persons have an emotional impairment.*

The term "social maladjustment" is an educational concept that has not been defined on the federal or state level. The term is also not found in clinical literature. Therefore, an understanding of this term has been left to individual school districts or local educational agencies. A refinement of the concept is derived from a combination of educational literature and practice as well as administrative decisions and court interpretations.

Behaviors that bring a child to the point of referral are often the same whether the child is socially maladjusted and/or has an emotional impairment. The intent of the law is to exclude those children who are **solely** socially maladjusted and not those who also have an emotional impairment. This distinction is not always easy to make. It is essential for the Multidisciplinary Evaluation Team to determine if the student has an emotional impairment, is socially maladjusted, or both before making its recommendation to the IEP Team.

Definition

"Although there is no commonly agreed upon, clear definition of handicap, there is one notion that is presumably common to all definitions of this term, namely, its involuntary nature" (Clarizio, 1992).

Students with an emotional impairment, therefore, are viewed as lacking the ability to control themselves. When we refer to social maladjustment, behavior is viewed as intentional, a distinguishing feature between social maladjustment and emotional impairment.

Social maladjustment is conceptualized as a conduct problem. A federal district court accepted a definition of social maladjustment as "a persistent pattern of violating societal norms… a perpetual struggle with authority, easily frustrated, impulsive and manipulative." (Doe v. Sequoia Union High School District (N.D. Cal. 1987)). Although these students are capable of behaving appropriately, they intentionally choose to break rules and violate norms of acceptable behavior. Socially maladjusted students view rule breaking as normal and acceptable. They do not take responsibility for their actions and often blame others for their problems.

Behavior for the socially maladjusted student is motivated by self-gain and strong survival skills. "…they often engage in purposive acts designed to garner attention, to intimidate others for material gain, to control turf, or to avoid responsible behavior" (Clarizio, 1992). Most demonstrate a lack of age appropriate concern for their behavior and its effects on others. They lack empathy. Anxiety is generally not related to the misbehavior of socially maladjusted students, unless it is due to the fear of consequences. There is little remorse demonstrated for the actual misbehavior.

In addition, socially maladjusted youth display behavior which may be highly valued within a small subgroup, but which may not be within the range of culturally permissible behavior. Socialized or unsocialized forms of aggression may be a feature of social maladjustment.

Social maladjustment, an educational term, is often interchanged with different clinical terms. Features of social maladjustment are identified in certain psychiatric/psychological conditions. In a clinical view, social maladjustment includes those disorders that, by their very nature, tend to manifest in an externalized response. These are most commonly referred to as Conduct Disorders, Oppositional Defiant Disorders or Antisocial Disorders. Administrative decisions and court cases have treated these disorders and social maladjustment as the same for purposes of eligibility determinations.

The DSM-IV is a separate clinical diagnostic system. It does not include categories of emotional impairment or social maladjustment. The diagnosis provided under the DSM-IV criteria does not guarantee eligibility for special education. For example, it is possible for a student who is eligible under the special education guidelines for emotional impairment and a student who is found to be solely socially maladjusted to each have a DSM-IV diagnosis in common such as Oppositional Defiant Disorder. It is incumbent upon the Multidisciplinary Evaluation Team to apply educational, not clinical, criteria in making the eligibility recommendation.

Differential Diagnosis

When making a differential diagnosis it is extremely important to remember that the external behavior may look the same but the underlying reason, etiology and intent of the behavior may be very different. Disorders typically viewed as internalizing, such as affective disorders, elective mutism, separation anxiety disorder, **may** indicate emotional impairment, whereas, disorders viewed as externalizing, such as conduct disorders or oppositional disorder, **may** indicate social maladjustment.

Differential diagnosis is a complex process. The most prominent characteristics of social maladjustment are:

- Intentional behavior – characterized by the violation of socially acceptable rules and norms
- Lack of empathy
- Failure to take responsibility for behavior
- Demonstrates little remorse for misbehavior

Students with a social maladjustment rebel against rules and regulations while demonstrating knowledge of such rules, and have the intellectual ability to conform to them. They may show a lack of interest in school programs through high levels of truancy, tardiness, and/or low school achievement.

Students may be found eligible under the rules for emotional impairment if they meet the characteristic of "an inability to build or maintain satisfactory interpersonal relationships within the school environment". However, the existence of interpersonal conflicts or difficulties does not in itself determine emotional impairment. Students with a social maladjustment often violate the rights of others (not necessarily with overt aggression) and are in conflict with those in positions of authority. Furthermore, many of the relationships of these students are characterized by a lack of true empathy, and are viewed as emotionally shallow. In seeking to meet their own needs, such individuals tend to be egocentric and manipulative of others. They have a tendency to blame others in conflict situations.

The following chart of characteristics is designed to assist in distinguishing students with social maladjustment from those students who have an emotional impairment. A student would not need to present with all of the listed characteristics to be considered as having an emotional impairment, a social maladjustment, or both.

Teacher Worksheet for Common Characteristics and Rating Scale

The characteristics listed below can also be used as a rating scale. Place a mark on the continuum provided beneath each set of characteristics to indicate which set most closely describes the student.

GENERAL AREA OF FUNCTIONING		
School Behavior	Seen as unable to comply; inconsistent achievement; expects help or has difficulty asking for help. ☐ ☐ ☐ ☐ ☐	Seen as unwilling to comply; generally low achievement; excessive absences; rejects help; callous disregard for rights/needs of others. ☐ ☐ ☐ ☐ ☐
Attitude toward school	School is a source of confusion and anxiety; often responds to structure. ☐ ☐ ☐ ☐ ☐	Tends to dislike school except as a place for social contacts; rebels against rules and structure. ☐ ☐ ☐ ☐ ☐
School Attendance	Misses school due to emotional issues or psychosomatic issues. ☐ ☐ ☐ ☐ ☐	Chooses to be truant. ☐ ☐ ☐ ☐ ☐
Educational Performance	School is a source of confusion and anxiety; often responds to structure in the educational program; achievement is often uneven; attention and concentration are impaired by anxiety/depression/emotion. ☐ ☐ ☐ ☐ ☐	Tends to dislike school except as a place for social contacts; frequently truant; rebels against rules and structure; frequently avoids school achievement, even in areas of competence. ☐ ☐ ☐ ☐ ☐
Peer Relations	Ignored or rejected. ☐ ☐ ☐ ☐ ☐	Generally accepted by sociocultural group. ☐ ☐ ☐ ☐ ☐
Type of friends	Younger or no real friends. ☐ ☐ ☐ ☐ ☐	Companions may be part of delinquent sub-culture, same age or older; may be liked by peers. ☐ ☐ ☐ ☐ ☐
Perception by peers.	Bizarre or odd. ☐ ☐ ☐ ☐ ☐	Cool; tough; delinquent; charismatic. ☐ ☐ ☐ ☐ ☐
Social skills.	Poorly developed; difficulty reading social cues. ☐ ☐ ☐ ☐ ☐	Well attuned; well developed. ☐ ☐ ☐ ☐ ☐

Interpersonal relations.	Inability to establish and maintain social relationships; avoidance of people or severely withdrawn behavior; wants friendships but can't seem to maintain. ☐ ☐ ☐ ☐ ☐	Extensive peer relationship within a select peer group; exploitative and manipulative; lack of honesty in relationships, frequently lying; may be able to exploit others with charm in order to achieve ends. ☐ ☐ ☐ ☐ ☐
Physical presence	Awkward; "goofy"; clumsy; may be uncomfortable with physicality. ☐ ☐ ☐ ☐ ☐	Smooth; agile; could also be clumsy or uncomfortable with physicality. ☐ ☐ ☐ ☐ ☐
Group participation	Withdrawn; unhappy. ☐ ☐ ☐ ☐ ☐	Out-going. ☐ ☐ ☐ ☐ ☐
Interpersonal dynamics	Often is characterized by a pervasively poor self-concept; often overly dependent or impulsively defiant; is generally anxious, fearful; mood swings from depression to high activity; frequent inappropriate affect; frequent denial and confusion; often distorts reality without regard to self-interest. ☐ ☐ ☐ ☐ ☐	Tends to be independent and appears self-assured; generally reacts toward situations with appropriate affect but lacks appropriate guilt (underdeveloped conscience); may show courage, even responsibility and imagination, but toward socially unacceptable ends; often blames others for his/her problems, but otherwise is reality oriented; demonstrates knowledge of social expectations in school and chooses not to conform to those expectations. ☐ ☐ ☐ ☐ ☐
Adaptive behavior	Consistently poor ☐ ☐ ☐ ☐ ☐	More situation dependent. ☐ ☐ ☐ ☐ ☐
Aggression	Hurts self or others as an end. ☐ ☐ ☐ ☐ ☐	Hurts others as a means to an end. ☐ ☐ ☐ ☐ ☐
Anxiety	Tense; fearful. ☐ ☐ ☐ ☐ ☐	Appears relaxed; "cool". ☐ ☐ ☐ ☐ ☐

Emotional well-being	Limited capacity for pleasure, rarely experiencing truly satisfied feeling; may experience depression, suicide ideation, self-mutilation and the like. ☐ ☐ ☐ ☐ ☐	Generally inflated positive self-concept. ☐ ☐ ☐ ☐ ☐
Conscience development	Self-critical; unable to have fun; guilty and remorseful. ☐ ☐ ☐ ☐ ☐	Little remorse; pleasure seeking; lacks empathy; knows right from wrong but chooses wrong. ☐ ☐ ☐ ☐ ☐
Reality orientation	Fantasy; naïve; gullible; may have thought disorder, hallucinations and the like. ☐ ☐ ☐ ☐ ☐	"Street-wise". ☐ ☐ ☐ ☐ ☐
Developmental appropriateness	Inappropriate for age. ☐ ☐ ☐ ☐ ☐	Appropriate for age or above; "more socially mature". ☐ ☐ ☐ ☐ ☐
Risk taking	Avoids risks. ☐ ☐ ☐ ☐ ☐	Prone to thrill seeking behavior. ☐ ☐ ☐ ☐ ☐
Consequences	Consequences appropriate, consistent, structured. ☐ ☐ ☐ ☐ ☐	Ability to ignore anyone who tries to alter socially unacceptable behavior. ☐ ☐ ☐ ☐ ☐
Locus of control	Internalizing, inward control of choices. ☐ ☐ ☐ ☐ ☐	Externalizing, is in control of choices. ☐ ☐ ☐ ☐ ☐
Rules	"Doesn't get it". ☐ ☐ ☐ ☐ ☐	"Gets it" but chooses to violate rules; violates the law deliberately. ☐ ☐ ☐ ☐ ☐
Motivation of behavior	Fear and flight; anxiety. ☐ ☐ ☐ ☐ ☐	Power and control. ☐ ☐ ☐ ☐ ☐

Adapted from: Wayne County Regional Educational Service Agency (2001). Social Maladjustment: A guide to Differential Diagnosis and Educational Options

COMMON CHARACTERISTICS & RATING SCALE RUBRIC

The team will take the ratings from the worksheet for common characteristics and rating scale and transfer the ratings onto the scale to see which category the student's behaviors fall under.

GENERAL AREA OF FUNCTIONING	CHARACTERISTICS OF EMOTIONAL IMPAIRMENT	CHARACTERISTICS OF SOCIAL MALADJUSTMENT
School Behavior	Seen as unable to comply; inconsistent achievement; expects help or has difficulty asking for help. EI ☐ ☐ ☐ ☐ ☐	Seen as unwilling to comply; generally low achievement; excessive absences; rejects help; callous disregard for rights/needs of others. ☐ ☐ ☐ ☐ ☐ SM
Attitude toward school	School is a source of confusion and anxiety; often responds to structure. EI ☐ ☐ ☐ ☐ ☐	Tends to dislike school except as a place for social contacts; rebels against rules and structure. ☐ ☐ ☐ ☐ ☐ SM
School Attendance	Misses school due to emotional issues or psychosomatic issues. EI ☐ ☐ ☐ ☐ ☐	Chooses to be truant. ☐ ☐ ☐ ☐ ☐ SM
Educational Performance	School is a source of confusion and anxiety; often responds to structure in the educational program; achievement is often uneven; attention and concentration are impaired by anxiety/depression/emotion. EI ☐ ☐ ☐ ☐ ☐	Tends to dislike school except as a place for social contacts; frequently truant; rebels against rules and structure; frequently avoids school achievement, even in areas of competence. ☐ ☐ ☐ ☐ ☐ SM
Peer Relations	Ignored or rejected. EI ☐ ☐ ☐ ☐ ☐	Generally accepted by sociocultural group. ☐ ☐ ☐ ☐ ☐ SM
Type of friends	Younger or no real friends. EI ☐ ☐ ☐ ☐ ☐	Companions may be part of delinquent sub-culture, same age or older; may be liked by peers. ☐ ☐ ☐ ☐ ☐ SM
Perception by peers	Bizarre or odd. EI ☐ ☐ ☐ ☐ ☐	Cool; tough; delinquent; charismatic. ☐ ☐ ☐ ☐ ☐ SM
Social skills.	Poorly developed; difficulty reading social cues. EI ☐ ☐ ☐ ☐ ☐	Well attuned; well developed. ☐ ☐ ☐ ☐ ☐ SM
Interpersonal relations.	Inability to establish and maintain social relationships; avoidance of people or severely withdrawn behavior; wants friendships but can't seem to maintain.	Extensive peer relationship within a select peer group; exploitative and manipulative; lack of honesty in relationships, frequently lying; may be able to exploit others with charm in order to achieve ends.

	EI ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ SM
Physical presence	Awkward; "goofy"; clumsy; may be uncomfortable with physicality. EI ☐ ☐ ☐ ☐ ☐	Smooth; agile; could also be clumsy or uncomfortable with physicality. ☐ ☐ ☐ ☐ ☐ SM
Group participation	Withdrawn; unhappy. EI ☐ ☐ ☐ ☐ ☐	Out-going. ☐ ☐ ☐ ☐ ☐ SM
Interpersonal dynamics	Often is characterized by a pervasively poor self-concept; often overly dependent or impulsively defiant; is generally anxious, fearful; mood swings from depression to high activity; frequent inappropriate affect; frequent denial and confusion; often distorts reality without regard to self-interest. EI ☐ ☐ ☐ ☐ ☐	Tends to be independent and appears self-assured; generally reacts toward situations with appropriate affect but lacks appropriate guilt (underdeveloped conscience); may show courage, even responsibility and imagination, but toward socially unacceptable ends; often blames others for his/her problems, but otherwise is reality oriented; demonstrates knowledge of social expectations in school and chooses not to conform to those expectations. ☐ ☐ ☐ ☐ ☐ SM
Adaptive behavior	Consistently poor EI ☐ ☐ ☐ ☐ ☐	More situation dependent. ☐ ☐ ☐ ☐ ☐ SM
Aggression	Hurts self or others as an end. EI ☐ ☐ ☐ ☐ ☐	Hurts others as a means to an end. ☐ ☐ ☐ ☐ ☐ SM
Anxiety	Tense; fearful. EI ☐ ☐ ☐ ☐ ☐	Appears relaxed; "cool". ☐ ☐ ☐ ☐ ☐ SM
Emotional well-being	Limited capacity for pleasure, rarely experiencing truly satisfied feeling; may experience depression, suicide ideation, self-mutilation and the like. EI ☐ ☐ ☐ ☐ ☐	Generally inflated positive self-concept. ☐ ☐ ☐ ☐ ☐ SM
Affective domain	Emotional reaction disproportionate but not under student's control. EI ☐ ☐ ☐ ☐ ☐	Intentional with features of anger and rage. ☐ ☐ ☐ ☐ ☐ SM
Conscience development	Self-critical; unable to have fun; guilty and remorseful. EI ☐ ☐ ☐ ☐ ☐	Little remorse; pleasure seeking; lacks empathy; knows right from wrong but chooses wrong. ☐ ☐ ☐ ☐ ☐ SM
Reality orientation	Fantasy; naïve; gullible; may have thought disorder, hallucinations and the like. EI ☐ ☐ ☐ ☐ ☐	"Street-wise". ☐ ☐ ☐ ☐ ☐ SM

Developmental appropriateness	Inappropriate for age. EI ☐ ☐ ☐ ☐ ☐	Appropriate for age or above; "more socially mature". ☐ ☐ ☐ ☐ ☐ SM
Ego strength	Unsure of self; poor self-concept. EI ☐ ☐ ☐ ☐ ☐	Narcissistic; inflated ego. ☐ ☐ ☐ ☐ ☐ SM
Risk taking	Avoids risks. EI ☐ ☐ ☐ ☐ ☐	Prone to thrill seeking behavior. ☐ ☐ ☐ ☐ ☐ SM
Consequences	Consequences appropriate, consistent, structured. EI ☐ ☐ ☐ ☐ ☐	Ability to ignore anyone who tries to alter socially unacceptable behavior. ☐ ☐ ☐ ☐ ☐ SM
Locus of control	Internalizing, inward control of choices. EI ☐ ☐ ☐ ☐ ☐	Externalizing, is in control of choices. ☐ ☐ ☐ ☐ ☐ SM
Rules	"Doesn't get it". EI ☐ ☐ ☐ ☐ ☐	"Gets it" but chooses to violate rules; violates the law deliberately. ☐ ☐ ☐ ☐ ☐ SM
Motivation of behavior	Fear and flight; anxiety. EI ☐ ☐ ☐ ☐ ☐	Power and control. ☐ ☐ ☐ ☐ ☐ SM

Adapted from: Wayne County Regional Educational Service Agency (2001). Social Maladjustment: A guide to Differential Diagnosis and Educational Options

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Multidisciplinary Evaluation Team (MET)

Definition and Purpose

The MET is a group of persons who have the responsibility of evaluating or reevaluating a student with a suspected disability. A comprehensive assessment may vary from situation to situation depending on age, physical condition, nature of presenting problem, etc. Evaluations must determine the presence or absence of an emotional condition and the manifestation of behavioral problems that adversely affect the student's educational performance over an extended period of time.

Process for MET

The information gathered by the evaluation team is compiled and considered in light of the unique characteristics of the individual student and how it relates to that student's school performance in accordance with the criteria set forth in state and federal law. The parent(s) and relevant professionals discuss the implications of the information gathered through the assessment process.

Personnel Required for Emotional Impairment Determination

R340.1706 (5) A determination of impairment shall be based on data provided by a multidisciplinary evaluation team, which shall include a comprehensive evaluation by both of the following:

(a) A Psychologist or Psychiatrist,
(b) A School Social Worker.

Roles of Participants

Parent: To provide detailed information on the student's history of behaviors, current social and behavioral functioning outside of school and medical or support services being provided to the student. Parents are encouraged to be active members of the team process. Reasonable efforts must be made to gain the parent(s) participation in the MET, however a MET can be held without the parent in attendance.

General and/or Special Education Teacher: To provide specific information regarding the student's performance in the academic, behavioral and social areas indicating the student's strengths and weaknesses.

School Social Worker: To provide a comprehensive report, including a social history, indicating the student's social and emotional functioning and its impact on the student's academic performance. The School Social Worker will employ appropriate methodology and assessment instruments.

Psychologist or Psychiatrist: To provide a report utilizing valid and reliable diagnostic techniques and assessments, including enough information to determine that the behaviors are primarily the result of emotional difficulties.

*See MET Responsibility Checklist, page 50

Information Required for Determination of Emotional Impairment

R340.1706 (4) When evaluating a student suspected of having an emotional impairment, the multidisciplinary evaluation team report shall include documentation of all of the following:

(a) The student's performance in the educational setting and in other settings, such as adaptive behavior within the broader community.
(b) The systematic observation of the behaviors of primary concern which interfere with educational and social needs
(c) The intervention strategies used to improve the behaviors and the length of time the strategies were utilized.
(d) Relevant medical information, if any.

Sections to be completed on the EasyIEP Emotionally Impaired MET:

(See EasyIEP Emotional Impaired MET form under Documents tab)

EI 1. Present Level of Academic Achievement and Functional Performance (PLAAFP): If the MET recommends that the student be determined eligible under the emotional impairment rule (R340.1706), they must describe the student's Present Level of Academic Achievement and Functional Performance. This statement contains a baseline, describes the student's strengths and deficit areas must directly relate to each behavioral need. This statement will be used in the IEP Team report that follows the MET meeting. See more information on PLAAFP statements in the IEP section on page 64.

EI 2. Evaluation Summary(ies): The evaluation components must first be checked on the Eligibility Information page that the team wants to appear on the MET report. At the bottom of this page click on "Select Evaluation Components" and update the database and return to the MET document. At least the required MET participant's evaluation summary information should appear here.

EI 3. Assessments: The student's cognitive functioning is necessary in looking to other possible explanations for behaviors. Achievement levels are needed in order to determine how the suspected disability may impact the student's education. The team will enter and select assessment data to appear on the MET form. Every person who signed the MET Summary must have information included in the reports. The minimum required participants (Psychologist/Psychiatrist, and School Social Worker) must include a signed report. Assessment comments and narrative can be added. These assessments are also used to determine the starting point of instruction.

Performance in the school setting and adaptive behavior within the broader community: This information is needed to determine whether the student demonstrates pervasive emotional difficulties. The difficulties cannot be situational in nature. Information regarding other settings is needed to gain insight into the student's overall emotional functioning. Consideration should be given for using evaluation instruments from varying perspectives (teacher, student, parent).

EI 4. Systematic observation of primary behaviors that interfere with educational and social needs: A MET member must directly observe and document a student's performance in at least two different settings. The systematic observation is an objective and organized means of gathering data. The behavior should be described in a manner that clearly communicates its frequency, duration, and intensity. It should record only factual and unbiased data. The student should be compared to a control student or to the class in general. The written observation report should include:

a. Date, time of day, and length of observation
b. Setting – classroom, playground, large or small group
c. Task – subject area, direct instruction, independent work
d. Observed behavior in relation to teacher – arguing, refusing, talking out, etc.
e. Observed behavior in relation to task – refusing, lack of completion, etc.

f. Observed behavior in relation to peers – not interacting, teasing, fighting, etc.
g. Statement of classroom factors contributing to behaviors observed
h. Statement of successful interventions used

EI 5. Intervention strategies used to improve behavior (See Positive Behavior Intervention Support Plan Manual): This information is needed to consider if appropriate learning opportunities (e.g. behavioral supports in general education) have been provided prior to evaluation. It is also important to consider the interventions that have been provided for the student and the student's response to those interventions. Length of time used and the results must be documented.

EI 6. Educationally relevant medical information: Medical conditions and medical interventions such as medications may affect a student's behavior. A thorough review of the student's medical history is critical for considering other causes of behavior.

EI 7. Selection of subareas: The team must select which subarea(s) is directly impacting the students educational progress and require specialized instruction.

EI 8, 9, 11, & 12. Rule Out Questions: The team will address each question to rule out that these issues are not the primary cause of the student's behavioral needs.

EI 10. Variety of Sources: The team must document which sources have been used to decide eligibility including reference dates. A minimum of two evaluation instruments should be used, one of which should be normed.

EI 13. Information from parents/guardians/students: The parent(s) information should include familial issues, medical history, current and past behaviors, past performance in school, interpersonal relationships of student, birth history, developmental milestones, and other agency or outside support services. The parent's information should include the parent's perception of the concern, the history of the behavior, birth and developmental history, and home/community factors that might be influencing behavior. The parent interview includes parent concerns and factors that influence behavior within the home and community (Ex. Parent Interview, page 56). The student interview should include the student's perception of the concern, the student's perception of how and when it occurs, and the degree the student perceives being in control (Ex. Student Interview, page 53).

EI 14. General education teacher report/comments: The teacher should contribute information in the form of a questionnaire or interview. (Ex. Teacher Interview, page 51)

EI 15, 16, & 17. Eligibility Recommendation: The individuals involved in the assessment of the student, review the information in the evaluation findings as well as the diagnostic assurance statements. If present, the parent(s) must be given reasonable opportunity to participate in this discussion. The team would then return to the top of the MET document and check if the participants agree or disagree to the recommendation.

The MET team makes a recommendation of eligibility at the IEP meeting. The IEP team will review all of the information provided and make a determination of eligibility.

MET Responsibility Checklist

Responsible Staff Member			Information Required	Tools
Psychologist	School Social Worker	Other (define)		
			Ability/Achievement – The student's cognitive functioning is necessary in looking to other possible explanations for behaviors. Achievement levels are needed in order to determine how the suspected disability may impact the student's education. They are also used to determine the starting point of instruction.	Intelligence tests Academic Achievement: informal data from quizzes, tests, teacher interviews, and report cards. Normed tests, class work, grades.
			Performance in the school setting and adaptive behavior within the broader community – This information is needed to determine whether the student demonstrates pervasive emotional difficulties. The difficulties cannot be situational in nature. Information regarding other settings is needed to gain insight into the student's overall emotional functioning.	Adaptive behavior scales Student Interview Teacher Reports Parent Interview Rating Scales
			Systematic observation of primary behaviors that interfere with educational and social needs – A MET member must directly observe and document a student's performance in at least two different settings.	Systematic observation Informal observation
			Intervention strategies used to improve behavior – This information is needed to consider if appropriate learning opportunities (e.g. behavioral supports in general education) have been provided prior to evaluation. It is also important to consider the interventions that have been provided for the student and the student's response to those interventions.	Pre-referral information Functional Behavior Assessments (FBA) Behavior Intervention Plan (BIP) Assessments materials Teacher Reports Cumulative Record review
			Educationally relevant medical information – Medical conditions and medical interventions such as medications may affect a student's behavior. A thorough review of the student's medical history is critical for considering other causes of behavior.	Medical record reviews Cumulative record review Teacher Interview Parent Interview
			Information from parents – The parent (s) information should include familial issues, medical history, current and past behaviors, past performance in school, interpersonal relationships of student, birth history, developmental milestones, and other agency or outside support services.	Parent Interview Agency Reports Checklists Questionnaires

Teacher Interview

These are examples of questions that could be used to gather information from the teacher. Either select appropriate questions depending on the situation or use them to develop a *Teacher Information Form*. Information should be gathered from more than one teacher.

Academic Concerns Exploration

1. What types of academic problems is _____ having in the classroom?
2. Explore student strengths or weaknesses in various subject areas: Reading, Mathematics, Spelling, Language Skills, Attention and Memory, Visual Perception, Motor Skills.

General Behavior Concerns

3. Describe with as much detail as possible what _____ does that causes you concern? Which behaviors bother you the most?
4. How long have these problem behaviors been going on? How often do they occur?
5. When does the problem behavior occur? (Explore *in* and *out* of the classroom settings.)
6. What classroom activities are generally taking place at the time the problem behavior occurs? (e.g., lecture, unstructured play)
7. How do the problem behaviors generally affect the other children in the classroom? How do they affect your ability to teach?
8. How does _____'s problem behaviors compare with that of other children in the class who show the same behavior?
9. What happens just before AND after the problem behavior begins?
10. What do you think makes the problem behavior worse AND better?
11. What do you do when the problem behavior occurs?

Relationship with Peers

12. How does _____ get along with his/her classmates?
13. Does _____ have many friends?
14. What does _____ do that encourages and/or discourages appropriate peer interactions?
15. How do the other children include _____ in their games and activities?
16. How do other children contribute to _____'s problem(s)?
17. What do other children do when _____ engages in problem behaviors?
18. Is there ever a time when students help reduce the problem behavior? If so, how?

Appropriateness of Behavior

19. Does _____ make unnecessary comments in the classroom?
20. Does _____ make unnecessary physical contact with peers?
21. Does _____ steal or take things from others by force?
22. Does _____ overreact when he loses in a game or is criticized?
23. Does _____ fly into a rage for no apparent reason?
24. Does _____ lose his/her temper easily?
25. Is _____ impulsive?
26. How well does _____ comply with teacher's requests?
27. How well does _____ accept changes to established routines?

Moods/Feelings

28. Does _____ participate in activities that are interesting to other students? (e.g., parties, field trips)
29. Does _____ blame himself/herself for situations out of his/her control?
30. In your opinion, what feelings are projected when _____ describes himself/herself?
31. Does _____ seem to move about slowly or struggle to complete simple tasks?
32. How does _____ respond to praise or compliments?
33. Does _____ frown, scowl or look unhappy during typical classroom situations?
34. Is _____ generally pessimistic?
35. Has _____ ever talked about wanting to die or engaged in self-destructive behavior?

Fears/Worries

36. Does _____ become pale, throw up, or complain of illness when anxious or scared?
37. What fears or apprehensions does _____ have in the school setting?
38. Has _____ failed to attend school due to unsupported complaints of physical illness?
39. Are _____'s fears and worries excessive when compared to peers?
40. Does _____ use drugs/inhalants? How much/often?

Adaptive/Affective Behavior

41. How does _____ handle frustration?
42. Does _____ take care of his/her personal hygiene?
43. Is _____ able to take care of their physical needs? (e.g., dressing, eating)
44. Is _____ responsible for, or cooperative in, taking needed medications?
45. Does _____ use good judgment regarding personal safety?
46. Is _____ able to identify and assert his/her emotional needs?
47. Is _____ able to respond appropriately to changes in his/her mood? (e.g. calming self)
48. Does _____ use appropriate coping skills to meet the demands of the school environment?
49. Does _____ know when to ask for help?

Student Interview

These are examples of questions that could be used to gather information from the student in an interview setting. Either select appropriate questions depending on the situation or use them to develop a *Student Interview Form*.

Introduction

1. Has anyone told you why you are here today? Who told you? What did they say?

Problem Exploration

2. Why do you feel you're here today?
3. Tell me about this problem/incident (who, what, where, when, why, how long):
4. Do your (brothers, sisters, friends, or family) have this problem? (if 'yes') Is your problem better or worse than theirs?
5. What happens just before/after the problem begins?
6. What makes the problem better/worse? What works best?
7. What do you think caused this problem? What do you do when it happens?
8. Was anything happening in your family when this problem first started? (you may need to give examples—divorce, relocation, lost job, illness, etc.)
9. How did you feel when (cite event) happened?
10. How does your family or friends help you with the problem (brothers/sisters/parents/friends)?

School Situations

11. How do you get along with your teacher(s)?
12. Who is your most/least favorite teacher? Tell me about him/her:
13. What subjects do you like the best? Least? Why?
14. What grades are you getting?
15. Are you in any activities at school? Which ones? Would you like to be in others?
16. How do you get along with your classmates?
17. Tell me how you spend a usual day at school.

Attention/Concentration

18. Do you have trouble following what your teacher says/asks? If so, what kind of trouble?
19. Do you daydream a lot when you are in class? Tell me about that:
20. Can you complete your assignments or are you easily distracted? What seems to distract you?
21. Do you have trouble sitting still or staying at your seat? If so, tell me about that.
22. Do you find it hard to sit still for a long time and need a lot of breaks while studying? (If 'yes'), Tell me more.
23. Do you have trouble copying what your teacher writes on the blackboard or taking notes in class? If so, tell me about that.
24. Do you have trouble remembering things? If so, tell me about that.
25. How is your concentration? Do you have trouble taking tests? If so, tell me about that.
26. Do you have trouble taking test? If so, tell me about that.

Home Situations

27. Who lives with you at home? Tell me about them.
28. Does your father/mother work? If so, where? What do they do?
29. Tell me what your home is like.
    a. Do you have your own room? Do you share a room? If so, with whom?
    b. How do you get along with that person(s)? What does he/she do that you like/dislike?
30. How do you get along with your father? Mother? What does he/she do that you like/dislike?

31. What chores do you do at home?
32. How do you get along with your brothers/sisters? What do they do that you like/dislike?
33. What does your mother or father do when you argue or fight with your brothers/sisters?
34. Does your mother/father treat your siblings differently? Tell me about that.
35. When you get in trouble at home, who disciplines you? How?
36. How do your parents tell you or show you that they like what you have done?
37. When you have a problem, whom do you talk to about it? What do they do to help?
38. Do you think your parents worry about you? If so, what are their worries?
39. Do you spend much time home alone? If so, tell me about that.
40. Does your family eat meals together? If so, how often?

Interests

41. What do you like to do? What hobbies/interests do you have?
42. What do you do in the afternoons after school? In the evenings? Weekends?
43. Do you play any sports? If so, tell me what you play.
44. Of all the things you like to do, what do you like to do the best? The least?
45. Do you belong to any group like boy/girl scouts? Church groups?
46. How much TV do you watch in a day? How long do you play video games?
47. What are your favorite programs/games? What do you like about them?

Friends

48. Do you have friends? (Tell me about them.) or, Why do you think you don't have friends?
49. (If child indicates friendships) What do you like doing with your friends? Are you spending as much time with them as you used to?
50. When you are with your friends, how do you feel? How are your friends treating you?
51. Who is your best friend? Tell me about him/her.
52. What do you like to do together?
53. How many of your friends do your parents know?

Moods/Feelings

54. Tell me about how you've been feeling lately?
55. Do you have different feelings in the same day? If so, tell me about them.
56. Nearly everybody feels happy at times. What things make you feel happiest?
57. Sometimes, people feel sad. What makes you feel sad? What do you do when you're sad?
58. Sometimes children/teenagers begin to get less pleasure from things that they used to enjoy. Has this happened to you? (If so,) Tell me what has happened.
59. Almost everybody feels angry at times. What makes you feel angriest?
60. What do you do when you are angry? Do you get into fights? If so, tell me about that.

Fears/Worries

61. Most children/teenagers get scared sometimes about things. What scares you? What do you do when you are scared?
62. Do you have any special worries? Tell me about them.

Self-Concept

63. What do you like best/least about yourself? Why?
64. Tell me about the best/worst things that have happened to you?
65. If you had a child of the same age as you, how would you want the child to be like you? Different from you?

Somatic Concerns

66. How do you feel about your body?
67. How have you been feeling lately?
68. Do you have problems with not having enough energy to do the things you want to do?
69. Tell me how you feel about eating?
70. Are you having problems getting enough sleep? Too much sleep?
71. Do you ever get headaches? If so, how often? Tell me about that.
72. Do you get stomachaches? If so, how often? When do you get them?
73. Do you get any other body pains? If so, how often?
74. Do you have trouble hearing/seeing things?
75. Do you take medicine? What for? How often? How does it make you feel?

Obsessions/Compulsions

76. Some children/teenagers have thoughts that they think are silly or unpleasant or do not make sense, but these thoughts keep repeating over and over in their minds. Have you had thoughts like this? (if 'yes') Tell me about these thoughts.
77. Some children/teenagers are bothered by a feeling that they have to do something over and over even when they don't want to do it. (e.g., hand washing). Is this a problem for you? If so, tell me about it.

Thought Disorders

78. Do you ever see or hear funny or unusual things no one else sees or hears? What does it say/look like? How often do you hear/see it? What do you usually do?
79. Do you ever feel as if someone's spying on you or plotting to hurt you?
80. Does your thinking seem to speed up or slow down at times?
81. Is it hard for you to make decisions?

Memory/Fantasy

82. Tell me about your dreams. Do you ever have the same dream over and over?
83. What animals do you like the best? Why?
84. If you could have three wishes, what would they be?

Aspirations

85. What do you plan on doing when you grow up?
86. Do you think you will have any problem doing that?

Adolescents

87. Do you have an after-school or summer job? Tell me about it.
88. Do you have a special girlfriend/boyfriend? Tell me about him/her.
89. Do your friends drink alcohol? Tell me about their drinking.
90. Do you drink alcohol? How much/often?
91. Tell me about the time(s) you drank too much.
92. Has alcohol ever caused problems for you?
93. Do your friends use drugs/inhalants? How much/often?
94. Do you use drugs/inhalants? How much/often?

Parent Interview – Social History

These are examples of questions that could be used to gather information from parents in an interview setting. Either select appropriate questions depending on the situation or use them to develop your own Parent Interview-Social History form.

Parent's Perception of Problem Behavior

1. Please tell me your concerns about _____.
2. What concerns you most?
3. When did you first notice the problem?
4. How long has the problem been going on?
5. Where does the problem occur?
6. Tell me how ____ behaves at school, in stores, in the car, at friends' houses, in the neighborhood.
7. What happens just before the problem begins?
8. What happens just after the problem occurs?
9. What do you do when the problem occurs?
10. Do any other children in your family have this problem?
11. Has _____ been evaluated or received help for this problem?

Early History

12. How old were you when ____ was born?
13. Did you have any illnesses or problems during pregnancy?
14. Did you take any medication or street drugs during pregnancy?
15. Did you drink alcohol during pregnancy?
16. Did you smoke cigarettes during the pregnancy?
17. Did you have prenatal health care?
18. Was ____ born on time?
19. How early/late was ____ born?
20. How long did the labor last?
21. What kind of delivery did you have?
22. Were there any complications at delivery?
23. Do you know _____'s Apgar score?
24. Did _____ have any problems with eating, drinking, sleeping, alertness, or irritability?
25. Was ____ cuddly or rigid?
26. Was ____ overactive or under active?
27. Did _____ engage in tantrums, rocking behavior, head banging?

Home Environment

28. Tell me what your home is like.
29. Where does _____ sleep?
30. Where does _____ play?
31. Who lives at your home?

Neighborhood

32. Tell me about your neighborhood.
33. Do you know your neighbors?
34. Does _____ have any problems in the neighborhood?

Sibling Relations

35. How does _____ get along with brothers or sisters?

Peer Relations

36. Does _____ have friends?
37. Tell me about _____'s friends.
38. How does _____ get along with friends?
39. Tell me about _____'s not having friends.

Child's Relations with Parents and other Adults

40. How does _____ get along with you?
41. What does _____ do with you on a regular basis?
42. What are bad times like for _____ and you?
43. Who is responsible for discipline?
44. Do you have any concerns about how other adults interact with _____?
45. Does _____ listen to what they are told to do?
46. How is _____ disciplined?
47. Which techniques are effective?
48. Which are ineffective?

Child's Interests and Hobbies

49. What does ____ like to do in his spare time?
50. Is _____ involved in any extracurricular activities?
51. How much television does _____ watch each day?
52. What are his favorite programs?
53. How much time does _____ spend playing video or computer games?
54. How much time does _____ spend listening to music?
55. What kind of music does _____ listen to?

Child's Routine Daily Activities

56. How does _____ behave when he wakes up?
57. Does _____ become more fidgety or restless as the day proceeds, or does _____ become more calm and relaxed?
58. Does _____ do household chores?
59. How does _____ behave when they go to bed?

Child's Cognitive Functioning

60. Does ____ seem to understand things that are said to him/her?
61. Does _____ seem to be quick or slow to catch on?

Child's Academic Functioning

62. How is _____ getting along in school?
63. What does _____ like best/least about school?
64. What grades does _____ get?
65. What are _____'s best/worst subjects?
66. How does ____ get along with other children?
67. What do you think about _____'s school?
68. Has _____ ever repeated a grade or attended a readiness or transition class?
69. Has any teacher recommended special help or special education for _____?

Child's Behavior

70. Tell me about _____'s attention span.
71. Tell me about _____'s activity level.
72. Tell me about _____'s impulsivity level.
73. What kind of self-control does _____ have?

Child's Affective Life

74. What kinds of things make _____ happy?
75. What makes _____ sad?
76. What does _____ do when he/she is sad?
77. What kinds of things make _____ angry?
78. What does _____ do when he/she is angry?
79. What kind of things does _____ worry about?
80. What kinds of things does _____ think about a lot?
81. What makes _____ get frustrated?

Child's Health History

82. Has ____ had any serious illnesses?
83. Has _____ had any surgical procedures?
84. How would you describe ____'s usual state of health?
85. How is _____'s hearing?
86. How is _____'s vision?
87. Did _____ have any serious accidents, injuries, stitches, or broken bones?
88. Does _____ have any allergies?
89. Does _____ eat well?
90. Does _____ sleep well?
91. Does _____ have nightmares or other sleep problems?
92. Does _____ have trouble with bladder or bowel control?
93. Does _____ take any medication regularly?
94. What medicine?
95. Does _____ report any side effects from taking the medication?

Family

96. How do you see your relationship with your husband/wife affecting _____?
97. Is this a first marriage or are other parents, stepparents involved with _____?
98. How does _____ get along with the other parents/step-parents?
99. In addition to ____, is any other member of your family having a problem at school or work?
100. What kind of serious medical or psychological difficulties have you or members of your family had?
101. Has anyone that ____ was close to died?
102. Has anyone in your family been the victim of a crime?
103. Have you recently changed your place of residence?
104. Do any members of your family have a problem with drugs or alcohol?
105. Do you have any concerns about _____ being physically or sexually abused?

Parent Expectations

106. Do you think that _____ needs treatment, special education, or special services?
107. What are your goals for _____?

Concluding Questions

108. What are _____'s strong points?
109. What are _____'s weak points?
110. Is there any other information about _____ I should know?

Additional Questions for Adolescents

111. Is _____ involved in any dating activities?
112. Have you talked to _____ about sexual activities?
113. Does _____ use drugs?
114. Does _____ drink alcohol?
115. Has _____ been in trouble for alcohol or drug use?
116. Has _____ been treated for alcohol or drug use?

Assessment Tools

Evaluation Procedures

In conducting the evaluation, the public agency must –

1. Use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent, that may assist in determining –
   (a) Whether the child is a child with a disability under §300.8; and
   (b) The content of the child's IEP, including information related to enabling the child to be involved in and progress in the general education curriculum;
2. Not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child; and
3. Use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

General Guidelines for Selection of Tests and Tools

When considering the use of diagnostic tests in the evaluation of students suspected of having an emotional impairment, it is important that the test user be knowledgeable of established federal standards for assessment, as well as what is considered Fair Testing Practices in Education. Projective tests do not meet reliability and validity standards necessary to make eligibility recommendations. For a list of assessment tools, see Table 3 (page 63).

Federal Standards

According to Federal Regulations (34CFR§300.304), when evaluating a person suspected of being disabled, the public agency shall assure that tests and other evaluation materials used by members of the multidisciplinary team comply with the following provisions:

- Administered by trained personnel in conformance with the instructions provided by their producer.
- Validated for the specific purpose for which they are used.
- Designed to assess specific areas of educational need and not merely to provide a general intelligent quotient.
- Reflective of the person's aptitude or achievement or whatever other factors the test purports to measure rather than reflecting the person's impaired sensory, manually, or speaking skills, unless this is what the test is intended to measure.
- Selected and administered so as to not be socially or culturally discriminatory.

The "Code of Fair Testing Practices in Education" was initially developed by the Joint Committee on Testing Practices (JCTP). The Code was updated in 2003 and they adopted a statement of the primary obligations that professionals who develop or use educational tests have toward test takers. The following are 3 of 4 critical areas of the Code:

A) Developing and Selecting Appropriate Tests
   1. Test users should select tests that meet the intended purpose and that are appropriate for the intended test takers.
   2. Evaluate evidence of the technical quality of the test provided by the test developer and any independent reviewers.

B) Administering and Scoring Tests
   1. Test users should administer and score tests correctly and fairly, following established procedures for administering tests in a standardized manner.
   2. Provide and document appropriate procedures for test takers with disabilities who need special accommodations or those with diverse linguistic backgrounds.

3. If test scoring is the responsibility of the test user, provide adequate training to scorers and ensure and monitor the accuracy of the scoring process.

C) Reporting and Interpreting Test Results
   1. Test users should report and interpret test results accurately and clearly.
   2. Avoid using tests for purposes other than those recommended by the test developer unless there is evidence to support the intended use or interpretation.
   3. Avoid using a single test score as the sole determinant of decisions about test takers. Interpret test scores in conjunction with other information about individuals.

A copy of the "Code of Fair Testing Practices in Education" is available at:
http://www.apa.org/science/code-draft.html

Test Development Considerations
For norm referenced tests to be considered technically adequate, they should meet certain criteria:

Sampling: The normative sample should be commensurate with the percentage of people who comprise each geographic area of the United States, ethnicity, sex, socioeconomic level, and residency (e.g. urban, rural). It is recommended that a minimum of 100 subjects should represent each age and/or grade level. The test should also be current (e.g., standardization within the last 10 years).

Reliability: In general terms, reliability points to the degree to which a test is free of error. The test's reliability is reflected in its test-retest reliability, internal consistency, and alternate form reliability. A reliability coefficient of .90 or higher should be considered when selecting a test.

Validity: Whether a test measures what its authors or users purport it to measure, is evaluated in terms of content validity, concurrent validity, and construct validity. Content validity refers to whether the test items are representative of the behavior domain being measured and whether there are enough items to accurately and thoroughly assess this domain. Concurrent or criterion-related validity refers to the ability of one test to assess a skill and produce results similar to that of another reputable test measuring the same skill.

Multicultural and Bilingual Assessment: Whenever possible, a test should be administered in the student's dominant language. The practice of translating assessment batteries word-for-word is not a valid practice and compromises the test's reliability. Standardized tests remain biased in favor of the native language in which they were normed. Due to these concerns, interpretations of deficits and disabilities must be done cautiously when making reference to an instrument used that was not administered in the student's dominant language.

User Qualifications
Federal Standards clearly indicate that tests must be "administered by trained personnel in conformance with the instructions provided by their producer."

- Each individual must decide whether his or her formal academic training and supervised experience provide the necessary background and knowledge to use a particular instrument successfully and in a way that will not harm the student or the outcome of an evaluation.
- A person who does not meet the established requirements should probably work in conjunction with someone who does meet these criteria.
- Training needed to effectively administer and interpret tests may come in any of the following formats: completed graduate coursework relevant to testing/assessment, supervised in-service training in psychological test administration/interpretation, completed workshops relevant to testing/assessment.
- The test user must be aware of and comply with state regulations regarding user qualifications.

Suggested Tests

Psychologists and school social workers may use the following evaluation instruments (See Table 3-page 63) when evaluating a student suspected of having emotional impairment. **It is the responsibility of the test user to determine his or her level of qualification according to the guidelines set by the test producer.**

When selecting an unfamiliar test, the user should consider reviewing information provided by the Buros Institute's *Mental Measurements Yearbook and Tests in Print.*

Table 3 Emotional Impairment Assessment Tools for Eligibility Determination	
Suggested Instruments	**Test Publisher**
Achenbach System of Empirically Based Assessment	Research Center for Children, Youth, and Families
Adaptive Behavior Inventory	Western Psychological Services
Adaptive Behavior Inventory Children (ABIC)	The Psychological Corporation
Adaptive Behavior Evaluation Scale School 2nd Ed.	Hawthorne Educational Services Inc.
Beck Hopelessness Scale Revised	The Psychological Corporation
Beck Youth Inventories	The Psychological Corporation
Behavior Evaluation Scale 2 (BES)	Hawthorne Educational Services Inc.
Behavior Assessment System for Children Revised (BASC-2)	AGS
Behavior Disorders Identification Scale – 2nd Edition (BDIS)	Hawthorne Educational Services Inc.
Behavior Rating Profile 2nd Ed. (BRP)	ProEd
Burk's Behavior Rating Scale	ProEd
Child Anxiety Scale (CAS)	Western Psychological Services
Children's Depression Inventory (CDI)	Multi-Health Systems, Inc.
Connors' Rating Scale-Revised	Pearson Assessments
Coopersmith Self-Esteem Inventions	Consulting Psychologist Press, Inc.
Culture Free – Self Esteem Inventory III	Psychological Assessment Res., Inc.
Depression and Anxiety in Youth Scale	ProEd
Differential Test of Conduct and Emotional Problems (DT/CEP)	MD Angus & Associates Ltd.
Feelings, Attitudes and Behaviors Scale for Children	Multi-Health Systems, Inc.
Multidimensional Self Esteem Inventory	Psychological Assessment Res., Inc.
Personality Inventory for Children – Revised (PIC)	Western Psychological Services
Piers – Harris Children's Self-Concept Scale (The Way I Feel About Myself)	Western Psychological Services
Revised Children's Manifest Anxiety Scale (RCMAS)	Western Psychological Services
Reynolds Child Depression Scale (RCDS)	Psychological Assessment Res., Inc.
Vineland Adaptive Behavior Scales	AGS
Young Adult Behavior Checklist and Young Adult Self Report	Research Center for Children, Youth, and Families

Individualized Education Program (IEP)

Definition

R340.1721e Individualized education program team meeting; … individualized education program.
(2) An individualized education program shall be based on all diagnostic, medical and other evaluative information requested by the team, or provided by the parent or student who is disabled and shall include all of the following information in writing:

(a) A statement of the student's present level of educational performance.
(b) A statement of annual goals, including short-term objectives.
(c) Appropriate objective criteria and evaluation procedures and schedules for determining whether the objectives are being achieved.

IEP Team Report Sections

Present Level of Academic Achievement and Functional Performance (PLAAFP)

Section A PLAAFP Statement

Special Factors to Consider:
The first two special factors must be considered for every student. The remaining four special factors must be considered as appropriate. For students with emotional impairments the use of positive behavioral interventions and supports would need to be addressed. The team should consider how this area of need would be addressed in the appropriate section of the IEP such as a goal, supplemental aid and services, etc. If the special factor is considered, but not needed, the rationale for this must be documented on the notice form under "options considered but not selected".

Section B PLAAFP Statement

The PLAAFP for an IEP that follows an initial or three-year reevaluation should be taken from the MET Summary. The PLAAFP should also, however, reflect any additional information that is provided at the IEP Team meeting. In subsequent IEP Team reports, it is expected that progress is made on goals and objectives and the PLAAFP statement should be updated to reflect the student's progress. The PLAAFP is a statement that addresses the student's strengths and deficit areas, as defined under the MET Summary Diagnostic Assurances statement, and should include the following:

- Baseline assessment data such as achievement tests, classroom performance data, documented observations.
- A specific narrative summary which will serve as a starting point for instruction and the writing of goals and objectives.
- A statement regarding the extent to which the student can be involved in the general education curriculum.
- A statement describing how the students disability impacts their post-secondary goals (if a transition plan is developed)
- Any other needs related to the disability.

Annual Goals, including short-term objectives

Areas of need identified in the PLAAFP statement must be addressed with either an annual goal or through the supplementary aids/services or transition sections. Every annual goal written must include at least two short-term objectives.

- Affective (Social/Emotional) goals - Students with emotional impairments by definition will have deficits in the affective domain that will require at least one annual goal. Examples include, but are not limited to adaptive behaviors, interpersonal skills, self-management and task completion behaviors.
- Academic goals – The PLAAFP statement may also describe academic deficit areas. Goals and objectives must be developed for academic areas when the PLAAFP defines these as specific deficits for the student.
- Other goals may be necessary when additional deficits are determined such as in the areas of motor development or speech and language.
- Transition goals – At least one goal must relate to the students post-secondary vision.
- The social/emotional deficits may be at a severity level that requires academic classes in the supportive environment of a classroom for students with emotional impairments. Annual goals should not be developed for these subjects if the student does not have a specific deficit in this academic area. Example: A student placed in a self-contained classroom due to severe behaviors who is functioning at grade level and does not have significant needs in reading even though he/she may be in a special education language arts classroom.

Appropriate objective criteria and evaluation procedures and schedules for determining whether the objectives are being achieved

All measurable annual goals must include at least two short-term objectives. These objectives must also be measurable and include the schedule for evaluation as well as the criteria for success.

Responsibility for Goals and Objectives

Staff recorded here are responsible to work on the goal and objectives with the student, keep data related to the student's progress and report progress on goals and objectives in the manner determined by the IEP Team. Shared responsibility for Social/Emotional goals is encouraged as these goals are difficult to achieve when addressed in isolation by a School Social Worker or teacher.

Reporting Progress

At least as often as general education reports progress (report cards), the service providers must report on progress toward IEP goals and objectives. If the progress is not sufficient for the student to meet his/her goals and objectives, an IEP team meeting must be convened to review the program. When responsibility is shared for a goal, all providers listed must collaborate on the progress report. Progress report comments are essential in order to provide the parent(s) with sufficient information to assess their student's progress.

Accommodations and Modifications

34CFR§300.324 Development, review and revision of IEP (2) Consideration of special factors. The IEP team must – (i) In the case of a child whose behavior impedes the child's learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior. A Positive Behavior Support Intervention Plan should be referenced in the Supplementary Aids and Services section. This section requires that the frequency, duration or condition under which the plan is needed, and the location of the plan be defined. Most often the frequency for a behavior intervention plan will be daily. Locations may vary depending upon the plan.

State and District-wide Assessments
All students must be given access to state and district-wide assessments. The IEP team may determine that the assessments will cause disruption to the student's progress due to his/her emotional state in test situations. In this case, the IEP team must consider appropriate accommodations or an alternate assessment.

Transportation Needs
Some students with an emotional impairment require special transportation due to safety factors related to the student's behavioral issues. Students with emotional impairments may require lower numbers of students on the bus, pick up and drop off sites close to supervised areas such as the student's home, or transportation to programs not within the student's regular attendance area. If a safety vest or harness is required, it must be directly addressed in the transportation section of the IEP.

Extended School Year (ESY)
The regulations implementing the Individuals with Disabilities Education Improvement Act (IDEA) of 2004 define extended school services as *"special education and related services that are provided to a child with a disability beyond the normal school year of the public agency in accordance with the child's IEP; and at no cost to the parents of the child."* IDEA-2004 requires each school district to ensure that ESY services are available for individual students if the IEP Team determines that those services are necessary for the student to receive a free appropriate public education. This is a decision based upon the individual student's need(s) and not the program needs. See the *Montcalm Area ISD Procedural Guide* for *Extended School Year Guidelines for Students with Disabilities* for more information.