

Special Education Paraprofessional Handbook



Area Special Education Cooperative

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Welcome!

As a newly hired paraprofessional you are entering into an important and challenging role within the school system. The role of paraprofessionals in educational environments has changed dramatically over the past several years. The increased use of educational paraprofessionals is due to federal legislation such as Chapter 1 of the Improving American Schools Act (IASA) and the Individuals with Disabilities Education Act (P.L. 101-457) of 1990 commonly referred to as IDEA. The legislation emphasized the inclusion of students with disabilities into the regular classroom and community environments and increased the need for and use of paraprofessionals.

Along with the increased need for paraprofessionals came the need for training and professional development. In 1998 Minnesota established core competencies that paraprofessionals hired to work in schools must acquire or demonstrate within the first 45 days of being hired. These core competencies, which form the basis of this handbook, are designed to provide the new paraprofessional with the basic skills and knowledge required to carry out this very important job.

In addition to the core competencies, each school has its own policies and procedures such as evaluation practices, emergency procedures, employment policies and staff conduct guidelines. It is important to be familiar with the policies and procedures of the district in order to perform the job in an orderly, appropriate, and efficient manner. This handbook is intended to be a guide that can be added to as additional training is acquired. The Area Special Education Cooperative (ASEC) assists in providing ongoing training and support to paraprofessionals of the member school districts. The training is provided through a variety of mediums such as inservices, web based instruction, and one-on-one support.

Chapter 1

Philosophical, Historical and Legal Foundations of Education

Historically individuals with disabilities were not valued members of the community. Sometimes, special asylums were built for people who were disabled. Often conditions in these institutions were dehumanizing, filthy and crowded. There is little evidence that people in these institutions were given skills or education that would enable them to cope with the world and become members of the greater community. Much of the lack of education occurred because it was believed that these individuals were not able to learn like other people and that it would be a waste of time and money to help them learn. In recent times as early as the 1970's, prior to Public Law 94-142 (Education of All Handicapped Children Act), children with special needs often continued to be excluded from the public education system or if included, they were often segregated from their peers in separate classrooms or schools. This practice is no longer acceptable.

Today, with the reauthorization of P.L. 94-142, now called IDEA (Individuals with Disabilities Education Act), students with disabilities are now an integral part of the regular school environment. This legislation emphasized the inclusion of children with disabilities into the regular classroom and community environments, and increased the need for and use of paraprofessionals. When that is not possible, children are to be educated in the "least restrictive environment" appropriate for the child. Federal law, as well as State mandated practices, have established procedures to assure that to the maximum extent appropriate, students with disabilities are educated with non-disabled students. Special classes, separate schools, or other removal of students with disabilities from the regular educational environment occur only when the nature or severity of the disability is such that education in regular classes, with the use of supplementary aids and services, cannot be achieved satisfactorily.

Research supports that children with disabilities benefit from inclusive instruction within the regular classroom environment. For children with moderate to severe handicaps, inclusion can increase social interaction between disabled and non-disabled children. Inclusion can increase social acceptance by peers and provide disabled students with appropriate behavior models.

It is important to note however, that the mere physical placement of children with disabilities in regular classrooms does not necessarily result in positive results. Often these children require direct intervention and support in order to be successful. Paraprofessionals play an important role in providing that intervention and support as they are often utilized to implement and reinforce teacher designed programs to increase the students' success in the classroom setting.

Paraprofessionals have a difficult but rewarding position within education. They influence positive changes in academic achievement and behavior. Their interest in students and assistance to teachers is invaluable.

Individualized Programming

Along with the sweeping changes that occurred with the passage of P.L. 94-142, schools were challenged by the mandate that each child in special education should have an Individual Education Plan (IEP). The law required that the plan be written and be developed in a meeting that includes the parents, those staff identified by the school and by age 14, the student. Since that time two other plans have evolved with a similar intent. The Individual Family Service Plan (IFSP) was designed to meet the special needs of children under the age of three with special needs and their families. Recently the Individual Interagency Intervention Plan (IIIP) has been implemented for children with disabilities ages 3 to 21 years who are involved with two or more public agencies.

The IEP/IFSP/IIIP is a yearly written plan developed through a team process designed to meet the needs of the child with disabilities. It is confidential and should not be discussed outside of the school setting.

The intent of the Individualized Education Plan is to ensure that each child with a disability is able to take part in an educational program that will assist and support the child to learn to live, work, play and make friends in the community. An essential part of this plan must be to assist the child to participate in the same settings as are used by other children of the same age. This means that learning should occur in the "least restrictive environment" which is generally considered the community setting or regular classroom in which children of the same age are placed.

The IEP summarizes a child's present level of performance in nine areas of functioning and identifies the child's specific needs in each area. The team yearly identifies goals and specific objectives for meeting the identified needs. The plan will also describe changes, adaptation, or modification that will be necessary for accommodating a child with special needs in the school setting. The plan also describes how a student will be educated with peers. It will state the time, location and staff member who will provide the service. Paraprofessionals will most likely be involved in the observation and documentation of progress on plan objectives. Any parent questions or concerns about the services provided by the plan should be directed to the teacher.

Diversity and Learning

Many areas of the United States are considered very diverse culturally because of the different people who live there. Here in northwest Minnesota we may not have as many opportunities to experience the different cultural heritages, colors, languages and family and economic backgrounds found in other areas of the country. Even so, classrooms in the 21st century often reflect diversity and value systems we may not have experienced in our own school years.

Values are developed over the course of a lifetime and they come from a variety of different directions. We may learn them from parents, religious affiliations, school, friends, reading materials or a host of other sources. However they are learned, they have become a part of us and are important to each of us in our own way.

Recognizing the values of others is an important piece of recognizing the individuality of each person. In order to do so, you must be aware that the values system of another person is uniquely that person's; attempts to ignore it or to make changes will probably meet with failure.

It is necessary for paraprofessionals to realize that when they prepare lessons, there may be times when a skill that they are teaching is not one that the child feels a need to learn. It is important to anticipate that this might happen, and in so doing, be ready to alter lessons as needed. By understanding and appreciating the diversity in the cultures, lifestyles and other characteristics of children, it helps the paraprofessional to shape and refine lessons and instructional methods in ways that will reinforce the value of the children.

Role Clarification: The Paraprofessional and the Supervising Teacher

Minnesota has established legislation, the State of Minnesota Omnibus Education Bill of 1998-Article 2, Section 9, which says (b) For paraprofessionals employed to work in programs for students with disabilities, the school board in each district shall ensure that:

1. Before or immediately upon employment, each paraprofessional develops sufficient knowledge and skills in emergency procedures, building orientation, roles and responsibilities, confidentiality, vulnerability, and reportability, among other things, to begin meeting the needs of the students with whom the paraprofessional works;
2. Annual training opportunities are available to enable the paraprofessional to continue to further develop the knowledge and skills that are specific to the students with whom the paraprofessional works, including understanding disabilities, following lesson plans, and implementing follow-up instructional procedures and activities; and
3. A district wide process obligates each paraprofessional to work under the ongoing direction of a licensed teacher and, where appropriate and possible, the supervision of a school nurse.

Teachers and paraprofessionals are partners in education, working together to provide the best educational experience possible for each child. The special education paraprofessional's role is to assist the teacher and allow more effective utilization of the teacher's abilities and professional knowledge. The teacher must function in a leadership role. It is the teacher's responsibility to assure that the students are moving toward achievement of individualized goals and objectives. Paraprofessionals serve under the direction and supervision of the teacher to assist in carrying out the individualized education program. In order for paraprofessionals to provide direct instruction to the student, teachers must plan and prescribe the learning environment and instruction for the student. Teachers must train the

paraprofessional in the specifics of the instruction, evaluate student progress and monitor the effectiveness of the paraprofessional's implementation of the instructional strategies.

A clear delineation of roles of the teacher and the paraprofessional is an important element of a successful program. Identification of teacher and paraprofessional roles insures adherence to ethical and legal requirements and serves as a guide in supervision and evaluation. Actual delivery of instruction to the student may be carried out by the paraprofessional under supervision of the teacher.

The teacher's responsibilities to the learner include:

- Assessing the student's entry level performance,
- Planning instruction for individual students,
- Implementing the goals and objectives of the individualized education plan,
- Supervising and coordinating work of paraprofessional and other support staff,
- Evaluating and reporting student progress,
- Involving parents in their child's education, and
- Coordinating and managing information provided by other professionals.

The teacher also has a number of roles to fulfill in the proper utilization of the paraprofessionals in the classroom:

- Set an example of professionalism in execution of teacher responsibilities;
- Establish the criteria for acceptable job performance of the paraprofessional at the beginning of the school year;
- Provide consistent feedback to assist the paraprofessional in refining skills;
- Communicate the needs of each student to the paraprofessional;
- Establish and communicate the paraprofessional's role in behavior management;
- Assign the paraprofessional responsibilities which facilitate the teacher's ability to provide more direct student instruction; and
- Assist the paraprofessional in defining his/her position as an authority figure.

Role of the Paraprofessional

Various factors influencing the specific responsibilities assigned to the paraprofessionals include: Characteristics and personalities of teachers, paraprofessionals and students; interpersonal skills of both teachers and paraprofessionals; the skill level of the paraprofessionals; and the physical environment of the classroom. Individual teachers may vary the responsibilities of the paraprofessionals to enhance the program of instruction. The following list illustrates instructional and administrative duties that could be assigned to paraprofessionals:

- Assist individual students in performing activities initiated by the teachers.
- Supervise children in the hallway, lunchroom, and playground.
- Assist in monitoring supplementary work and independent study.

- Reinforce learning in small groups or with individuals while the teacher works with other students.
- Provide assistance with individualized programmed materials.
- Score objective tests and papers and maintain appropriate records for teachers.
- Perform clerical tasks, i.e., typing and duplicating.
- Assist the teacher in observing, recording, and charting behavior.
- Assist the teacher with crisis problems and behavior management.
- Assist in preparation /production of instructional materials.
- Carry out instructional programs designed by the teacher.
- Work with the teacher to develop classroom schedules.
- Carry out tutoring activities designed by the teacher.
- Operate and maintain classroom equipment including film projectors, overhead projectors, etc.

The following set of guidelines is taken from *Guidelines for Training, Utilization, and Supervision of Paraprofessionals and Aides*, published by the Kansas State Department of Education, Topeka, Kansas in 1977. The list is provided to illustrate more specifically activities that the paraprofessional could undertake in the classroom.

The paraprofessional may perform these instructional duties:

- Assist in organizing field trips.
- Read aloud or listen to children read.
- Assist students in performing activities that have been initiated by the teacher.
- Hand out papers and collect paper work.
- Assist with supplementary work for advanced pupils.
- Provide special help such as drilling with flash cards, spelling, and play activities.
- Assist in preparing instructional materials.
- Reinforce learning with small groups.
- Assist children in learning their names, addresses, telephone numbers, birthdays, and parents' names.
- Supervise free play activities.
- Prepare flash cards and charts.
- Prepare art supplies and other materials.
- Hear requests for help, observe learning difficulties of pupils, and report such matters to teachers.
- Score objective tests and papers and keep appropriate records for teachers.

Instructional duties the paraprofessional may not perform:

- Be solely responsible for a classroom or a professional service.
- Be responsible for the diagnostic functions of the classroom.
- Be responsible for preparing lesson plans and initiating instruction.
- Be responsible for assigning grades to students.
- Be used as a substitute for certified teachers unless he or she possesses the appropriate substitute teacher certificate and is hired as a substitute.
- Assume full responsibility for supervising assemblies or field trips.

- Perform a duty that is primarily instructional in nature.
- Be assigned to work with the most “difficult” students the majority of the day.

Non-Instructional duties the paraprofessional may not perform:

- Shall not assume full responsibility for supervising and planning activities.
- Shall not take children to clinic, dental, or medical appointments unless permission is granted by authorized personnel.
- Shall not prescribe educational activities and materials for children.
- Shall not grade subjective or essay tests.
- Shall not regulate pupil behavior by corporal punishment or similar means.

The following chart highlights the differences in role of the teacher and paraprofessional in various aspects of an educational program:

	TEACHER ROLE	PARAPROFESSIONAL ROLE
Classroom Organization	Plans weekly schedule, lessons, room arrangements, learning centers, and activities for individuals and the entire class.	Implements plan as specified by the teacher.
Assessment	Administers and scores formal and informal tests.	Administers informal tests.
Setting Objectives	Determines appropriate objectives for groups and individual children.	Carries out activities to meet objectives.
Teaching	Teaches lessons for the entire class, small groups, and individual children.	Reinforces and supervises practice of skills with individual and small groups.
Behavior Management	Observes behavior, plans and implements behavior management strategies for entire class and for individual children.	Observes behavior, carries out behavior management activities.
Working with Parents	Meets with parents and initiates conferences concerning child's progress	Participates in parent conferences when appropriate.
Building a Classroom Partnership	Arranges schedule for conferences, shares goals, and philosophy with paraprofessional, organizes job duties for the paraprofessional.	Shares ideas and concerns during conferences and carries out duties as directed by a teacher.

Confidentiality and Its Application

Confidentiality is the most critical and important aspect of the paraprofessional's job. It is a legal responsibility to observe both the rights of students with disabilities and parents in regard to data privacy. Like teachers and administrators, paraprofessionals have access to personal information about children and their families including these examples:

- The results of formal and informal tests;
- Behavior in classrooms and other education settings;
- Academic progress;
- Family circumstances and family relationships;

Both the children and the family have the absolute right to expect that all information will be kept confidential, and made available only to personnel in school or another agency who require it to ensure that the rights, health, safety, and physical well being of the children are safe guarded. Confidentiality must be maintained and protected, and the rights of students to due process, dignity, privacy, and respect must be promoted.

Always ask yourself

- What information would you want discussed with others regarding your child?
- What would you like said about yourself as a parent?
- What would you like said about your family, your values, your lifestyle?

Confidentiality Pointers

- Avoid using names if you are asked about your job.
- Suggest that questions about a student are best directed to the special education teacher.
- Do **not** share other student's names or information regarding their programs with parents during IEP meetings, conferences or informal conversations.
- Information regarding specific students and programs should not be shared in the lunchroom, staff room, office areas, out in the community or any other setting.
- When conferencing or writing information regarding a student or family that contains confidential information, be aware of those around you who may be within hearing distance. Look for a more private place within the school building.
- No matter who asks you a question about a student, if you are unsure whether you should answer, **DON'T**. You can do this gently and politely. Remember only staff that has a need to know should be given information about a student.
- For consistency of program as well as confidentiality, paraprofessionals must support teacher techniques, materials and methods, especially in the presence of students, parents and other staff. Questions should be directed to the specific teacher privately.

The following is an excerpt taken from Herriges, R. (1997). Professional, Ethical, and Legal Responsibilities for Para-Educators. St. Paul, MN: Minnesota Federation of Teachers. It answers some questions commonly asked about confidentiality.

Why Must Confidentiality Be Maintained?

Federal laws, state laws, and local policies require it.

Who May Access Written or Oral Information About Children and Youth or Their Families?

Only personnel who are responsible for the design, preparation, and delivery of education and related services (i.e. supervising teacher, speech therapist, school nurse). The personnel responsible for protecting the safety and welfare of a child or youth also may access such information. Paraprofessionals may be included in this group if closely supervised.

Who Should Not Have Access to Information About the Performance Level, Behavior, Program Goals, and Objectives or Progress of a Child or Youth?

Teachers, therapists, or other school personnel and staff who are not responsible for planning or providing services to children, youth, or their families. In short, anyone who is not included on the child's IEP does not have access to such information.

What Information Do Children/Youth and Their Families Have the Right to Expect Will Be Kept Confidential?

The results of formal and informal assessments; social and behavioral actions; performance levels and progress; program goals and objectives; all information about family relationships, financial status and other personal matters.

Chapter 2

Characteristics of Learners

Paraprofessionals will need to understand the cognitive, physical, emotional, and social characteristics that are generally associated with children identified as in need of special education services. Children may exhibit one or more characteristics to varying degrees. The following are the definitions and descriptions of the state of Minnesota eligibility criteria for special education services.

Autism

Autism Spectrum Disorders (ASD) means a range of pervasive developmental disorders that adversely affect a pupil's functioning and result in the need for special education instruction and related services. ASD is a disability category characterized by an uneven developmental profile and a pattern of qualitative impairments in several areas of development: social interaction, communication, or restricted repetitive and stereotyped patterns of behavior, interests, and activities, with onset in childhood. Characteristics can present themselves in a wide variety of combinations from mild to severe, as well as in the number of symptoms present, for example Autistic Disorder, Childhood Autism, Atypical Autism, Pervasive Developmental Disorder: Not Otherwise Specified, Asperger's Disorder, or other related pervasive developmental disorders. (M.R. 3525.1325)

Deaf/Blindness

"Deaf-blind" means medically verified visual loss coupled with medically verified hearing loss that, together interfere with acquiring information or interacting in the environment. Both conditions need to be present simultaneously and must meet the criteria for both visually impaired and deaf and hard of hearing. (M.R.3525.1327)

Deaf/Hard of Hearing

"Deaf and hard of hearing" means a diminished sensitivity to sound, or hearing loss, that is expressed in terms of standard audiological measures.

Hearing loss has the potential to affect educational, communicative, or social functioning that may result in the need for special education instruction and related services. (M.R. 3525.1331, Subp 1)

Developmental Delay

Early childhood special education must be available to children from birth to seven years of age who have a substantial delay or disorder in development or have an identifiable sensory, physical, mental, or social/emotional condition or impairment known to hinder normal development and need special education. (M. R. 3425.1350, Subp. 1)

Developmentally Adapted Physical Education: Special Education

"Developmental adapted physical education: special education" means specially designed physical education instruction and services for pupils with disabilities who have a substantial delay or disorder in physical development. Developmental adapted physical education: special education instruction for pupils age three through 21 may include development of physical fitness, motor fitness, fundamental motor skills and patterns, skills in aquatics, dance, individual and group games, and sports.

Students with conditions such as obesity, temporary injuries, and short-term or temporary illnesses or disabilities are termed special needs students. Special needs students are not eligible for developmental adapted physical education: special education. Provisions for these students must be made within regular physical education as described in Minnesota Statutes, Section 126.02. (M.R. 3525.1352, Subp. 1)

Emotional Behavioral Disorder

"Emotional or behavioral disorder" means an established pattern characterized by one or more of the following behavior clusters:

- A. Severely aggressive or impulsive behaviors,
- B. Severely withdrawn or anxious behaviors, general pervasive unhappiness, depression or wide mood swings, or
- C. Severely disordered thought processes manifested by unusual behavior patterns, atypical communication styles and distorted interpersonal relationships.

This category may include children or youth with schizophrenic disorders, affective disorders, anxiety disorders, or other sustained disturbances of conduct or adjustment when they adversely affect educational performance. The established pattern adversely affects education performance and results in either an inability to build or maintain satisfactory interpersonal relations necessary to the learning process, with peers, teachers, and others, or failure to attain or maintain a satisfactory rate of educational or developmental progress which cannot be improved or explained by addressing intellectual, sensory, health, cultural, or linguistic factors. (M.R. 3525.1329)

Developmental Cognitive Delay (DCD)

DCD refers to pupils with significantly subaverage general intellectual functioning resulting in or associated with concurrent deficits in adaptive behavior that may require special education instruction and related services. (M.R. 3525.1333)

Other Health Impaired

"Other health impaired" means a broad range of medically diagnosed chronic or acute health conditions that may adversely affect academic functioning and result in the need for special education instruction and related services. The decision that a specific health condition qualifies as other health impaired will be determined by the impact of the condition on academic functioning rather than by the diagnostic label given the condition. (M.R. 3525.1335)

Physically Impaired

"Physically impaired" means a medically diagnosed chronic, physical impairment, either congenital or acquired, that may adversely affect physical or academic functioning and result in the need for special education and related services. (M.R. 3525.1337.)

Severely Multiply Impaired

"Multiple disabilities" means concomitant impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness. (34 CFR 300.7(c)(7))

"Severely Multiply Impaired" means a pupil who has severe learning and developmental problems resulting from two or more disability conditions determined by assessment under part 3525.2500. (M.R. 3525.1339)

Specific Learning Disability

"Specific learning disability" means a condition within the individual affecting learning, relative to potential and is

- A. Manifested by interference with the acquisition, organization, storage, retrieval, manipulation, or expression of information so that the individual does not learn at an adequate rate when provided with the usual developmental opportunities and instruction from a regular school environment;
- B. Demonstrated by a significant discrepancy between a pupil's general intellectual ability and academic achievement in one or more of the following areas: oral expression, listening comprehension, mathematical calculation or mathematics reasoning, basic reading skills, reading comprehension, and written expression;
- C. Demonstrated primarily in academic functioning, but may also affect self-esteem, career development, and life adjustment skills. A specific learning disability may occur with, but cannot be primarily the result of visual, hearing, or motor impairment; cognitive impairment;

emotional disorders; or environmental, cultural, economic influences, or a history of an inconsistent education program. (M.R. 3525.1341)

Speech or Language Impairment

Fluency disorder

"Fluency disorder" means the intrusion or repetition of sounds, syllables, and word; prolongation of sound; avoidance of words; silent blocks; or inappropriate inhalation, exhalation, or phonation patterns. These patterns may also be accompanied by facial and body movements associated with effort to speak. Fluency patterns that are attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder. (M.R. 3525.1343, Subp.1)

Voice Disorder

"Voice disorder" means the absence of voice or presence of abnormal quality, pitch, resonance, loudness, or duration. Voice patterns that can be attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder. (M.R. 3525.1343, Subp.2)

Articulation disorder

"Articulation disorder" means the absence of or incorrect production of speech sounds or phonological processes that are developmentally appropriate. For the purposes of this subpart, phonological process means a regularly occurring simplification or deviation in an individual's speech as compared to the adult standard, usually one that simplifies the adult phonological pattern. Articulation patterns that are attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder. (M.R. 3525.1343, Subp.3)

Language disorder

"Language disorder" means a breakdown in communication as characterized by problems in expressing needs, ideas, or information that may be accompanied by problems in understanding. Language patterns that are attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder. (M.R. 3525.1343, Subp.4)

Traumatic Brain Injury

"Traumatic brain injury" means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's education performance and result in the need for special education and related services. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; speech/language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory perceptual and motor abilities; psychosocial behavior; physical functions; information processing. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma. (M.R. 3525.1348)

Visually Impaired

"Visually impaired" means a medically verified visual impairment accompanied by limitations in sight that interfere with acquiring information or interaction with the environment to the extent that special education instruction and related services may be needed. (M.R. 3525.1345)

Chapter 3

Assessment and Evaluation

Taken in part from "A core Curriculum & Training Program to Prepare Paraeducators to Work in Inclusive Classrooms Servicing School Age Students With Disabilities".

Assessment is the process of collecting and interpreting information relating to a child with a disability for the purpose of determining the child's present skills to form a base on which new learning experiences can be planned. Before a child can receive special education services a thorough evaluation is carried out. Depending on the areas of concern, it would include a comprehensive look at the child's physical, cognitive, academic, social, emotional and language development. Generally teachers and other professional staff members are responsible for conducting the assessment activities. Often, however, paraprofessionals are asked to help identify the child's functional capabilities or provide specific observations regarding the child.

Based on the evaluation data the team, made up of professionals and the parents, determine if the child meets criteria in one or more of the disability areas identified by the state of Minnesota. After a child is placed in special education, a re-evaluation is conducted at least every three years to determine if special education continues to be needed.

Paraprofessionals are often asked to provide data regarding a student they work with during the evaluation as a means of documenting progress and determining areas of need. This documentation may be in the form of anecdotal reports, checklists or formal and informal observations.

Observing and Keeping Good Data

Acquiring and using objective skills of observation and keeping data are important to all paraprofessionals. Much of the information needed by the team to determine whether or not children are gaining new skills is acquired by careful observation and good record keeping. In addition, observation will keep the team posted on whether or not the individuals are learning and using the functional skills necessary to let them achieve the objectives and long-term goals that are outlined in the IEP.

The written information as to what has been observed is called "data". It serves as a more permanent record of what is seen or heard and, when done well, is an objective account of the individual's activities and skills. It is important to keep written data on all the observation activities. If this is not done, there is a risk of reporting inaccurately what has happened.

Carrying out observations and keeping data must be done with an objective point of view. Sometimes, we may be tempted to let our biases or prejudices get in the way. We may like one student better than another and tend to look more favorably on his/her activities. It is very important to guard against these inclinations and to put down precisely what is seen or heard and to avoid anything that is stigmatized by personal perceptions of a child or a specific behavior.

Observation Is:

Systematically watching what a person does and says and recording the behaviors in order to make instructional decisions. Observation should:

- Be done for a specific reason;
- Provide samples of a child's/student's behavior over a period of time, in a variety of settings; and
- Be objective.

Objective Observation Means:

- Watching events without being affected by personal biases/prejudices;
- Watching what is happening without guessing at the reasons that cause the action;
- Watching the activity without judging whether it is good or bad, and
- Producing an objective record that states exactly what an observer sees and hears.

Through observation, we can learn what the child can do, what the child likes or dislikes, how the child behaves under various circumstances and how the child interacts with people.

Observing Objectively

There are two points to remember when making observations:

- A behavior must be **observable** and
- A behavior must be **measurable**.

In other words we must be able to see or hear a behavior and we must be able to count or time how often a behavior occurs.

Keeping Data

There are several ways to keep data. They include:

Checklists-These may be in the form of standardized checklists that include specific skills and behaviors based on developmental levels, or a list of behaviors compiled by the teacher. When paraprofessionals work with a checklist, they simply watch the child and record whether or not the behavior described is observed.

Anecdotal Records-These usually consist of a sentence or two written in a notebook that describe what the child is doing at a specific moment. When making an anecdotal record, only behaviors that can be **seen or heard** and behaviors that **can be counted** should be recorded.

Interviewing- This is a specific kind of record keeping, one in which the team is trying to determine what the child likes or dislikes, what the child's interests are, or other feelings or beliefs that cannot be observed. When interviewing, it is extremely

important to record precisely what the child says. There is no room for editorializing in this kind of record.

Frequency or Duration Notes-Sometimes the information that is to be collected refers to how often or how long a behavior is occurring. For example, the team may want to know how many times a child talked to or communicated with playmates or how often a child initiated a conversation with peers. For this kind of record keeping, paraprofessionals will count the frequency of the behavior occurring, to observe how long or frequent behaviors are.

Chapter 4

Instructional Content and Practice

Motivating Students

Students who are motivated cause fewer discipline problems because they care about what they are learning. When students are actively learning content that has personal meaning for them, they have neither the time nor the energy to create discipline problems. Conversely, when students feel that they are not actively involved, they become bored, turned off, and find satisfaction in acting out.*

Characteristics of a classroom with a motivational environment include the following:

- Trust is established and fear is minimized.
- Students understand the benefits of learning and understand that changing behavior is part of learning.
- Students are aware of different learning options and are able to make choices that are real, meaningful, and significant.
- Students are actively engaged in learning.
- Learning is relevant and meaningful and is related to real-life.
- Feelings and thoughts are incorporated for learning to have personal and lasting usefulness. *

Researchers have examined motivation from the perspective of a student's self-concept, a student's motivation to achieve, and a student's perceived ability to control his learning. Strategies for increasing motivation based on these three aspects include the following:

- Increase student response. Ask more open-ended questions.
- Ensure that all students are called on equally as often, regardless of perceived capability.
- Encourage students to persist with difficult problems and to finish projects.
- Foster excitement about new ideas.
- Offer more in-depth projects, activities, or independent studies.
- Incorporate student self-assessment in the grading system.
- Involve students in directing their own learning.
- Exhibit high expectations for all students.
- Increase students' readiness to learn.
- Increase involvement and interest.
- Cooperative assignments increase motivation.
- Audiences are great motivators. Invite the principal, parents, or other classes to activities.
- Integrate all domains of learning; engage the cognitive, affective, and psychomotor domains in many tasks.
- Stress accomplishments rather than winning.

How students feel about themselves often gives them the determination and strength to pursue learning and pursue challenging tasks. Teachers and paraprofessionals can help instill the will to want to learn with just a few words of encouragement. Of course there will always be students who are seemingly “un-motivate-able”. In these cases, perseverance in motivation tactics can greatly improve the chances of success with such students.

This is a simple assessment of student motivation by teachers/paraprofessionals. Discuss your results with your supervising teacher if you have concerns.

- | | | |
|------------------------------------------------------------------------------|-----|----|
| 1. Do you listen to your students? | Yes | No |
| 2. Do you give students permission to express their feelings? | Yes | No |
| 3. Do you take your students seriously? | Yes | No |
| 4. Do you allow your students to make choices, even if bad choices? | Yes | No |
| 5. Do you compliment your students when they do a good job? | Yes | No |
| 6. Do your students feel that you have high expectations for their learning? | Yes | No |
| 7. Do you tell your students that you care about them? | Yes | No |
| 8. Do you find yourself comparing students with other students? | Yes | No |
| 9. Do you put your students down? | Yes | No |
| 10. Do you criticize students harshly when they misbehave? | Yes | No |

Notice that in questions one through seven, a response of “yes” is most desired, and in questions eight through ten, a response of “no” is most desired.

Classroom Accommodations

Modifying Classroom Materials

Children with disabilities assigned to a regular classroom should have every opportunity to participate in all activities that are appropriate. A goal of adaptation is to provide all students with the opportunity to participate to the maximum extent possible in the typical activities of the classroom. Ensuring that children with disabilities are active learners, in contrast to passive observers or parallel learners (with a whole different educational experience), is a primary concern.

To insure continuity, it works well for students to receive group instruction in the regular classroom whenever possible rather than experiencing the disruption of leaving the classroom for another location. The special education teacher needs to consider what students can do independently, what they can do with adapted or modified curriculum, what they could do with peer assistance, and what they can do with paraprofessional assistance inside the regular classroom setting. At times, due to a student's distractibility, functional academic skills, social skills, and/or frustration level, students may need to have special services delivered outside of the regular classroom.

A paraprofessional may be assigned to modify or adapt curriculum inside the regular classroom to assure success for children with disabilities and is one way of providing a least restrictive environment. This is a good opportunity for paraprofessionals to be creative. Modifying curriculum to help students find success is challenging, but the rewards are exciting. Ideas for curriculum modification can come from the classroom teacher, special education teacher, school psychologist and other consultants. Adaptations are most effective when they are simple, easy to develop and implement, and based on typical assignments and activities. ASEC also has several books with curriculum modifications for check out.

Questions about Adapting Curriculum and Instruction

Taken from "Adapting Curriculum & Instruction in Inclusive Classrooms"

Q: Are adaptations just for students with identified disabilities?

A: Adaptations are necessary and appropriate for any student who is not experiencing success, regardless of whether that student has a disability. Research and educational values tell us that all children can learn what is important to them to learn, and that the teacher's role is to assist all students to succeed.

Q: What areas of the curriculum or aspects of instruction can be adapted?

A: The three areas that teachers typically adapt are curriculum materials (e.g., textbook assignments, workbook or worksheet pages, and tests), instruction (e.g., grouping strategies, learning centers, audio visuals, and cooperative learning), and classroom organization and behavior management (e.g., daily schedule and routines,

classroom rules, seating arrangements, and individualized behavior plans). When planning adaptations, consider all possible areas and, if necessary, adapt in more than one area at a time.

Q: How intrusive should adaptations be?

A: As adaptations are generated, a continuum of intrusiveness will become apparent. Some adaptations will closely resemble the activities of classmates, while others will be less similar and require alternate materials, supports, or types of instruction. To create "least intrusive curriculum and instruction", it is often beneficial to begin with less intrusive adaptations and work up as necessary. In addition, when adaptations are necessary, it is important to minimize rather than highlight student differences. For example a communication notebook that hangs around a student's neck will be stigmatizing. By contrast, a small billfold-sized notebook will meet the same goal without calling unnecessary attention to the differences between students. Progress monitoring is also important so that adaptations can be made less intrusive as students gain skills and competencies.

Q: Won't adapting curriculum and instruction create lowered expectations and watered down curriculum for all?

A: There is no evidence that students in classrooms where adaptations regularly occur score differently than their peers on achievement or other benchmark tests. In contrast, many teachers observe higher levels of mastery for nondisabled students when adaptations are common practice. Since adaptations are made for students at the high end of the achievement continuum as well as the lower end, there is no need to make significant adjustments in the typical pace of instruction for the majority of students. As teachers make adaptations, they evaluate each student's abilities and determine the minimal amount of adaptation needed in order for that student to succeed. In many cases this means increased rather than lowered expectations

Q: Is it really fair and equitable to adapt for individual students? Won't students resent their classmates who have adaptations made for them?

A: Though a common concern for many teachers, the problem of fairness appears to be more of an issue for adults than for students. In a recent interview in an elementary school where adaptation is the norm, a group of nondisabled students were asked if they felt it was fair for classmates to receive adapted assignments and tests. Overall students responded that it was fair because everyone is different. Student comments include: "It's okay because they're getting better," "Shorter assignments don't bother me because they need more help than I do," and "It makes me feel good that the teacher helps them." Making adaptations available to any student who needs them, and creating a classroom climate of acceptance, often minimizes the problem.

Types of Adaptations

1. **Size**-Adapt the number of items that the learner is expected to learn or complete.
2. **Time**-Adapt the time allotted and allowed for learning, task completion, or testing.
3. **Level of Support**-Increase the amount of personal assistance with a specific learner (e.g., assign peer buddies, paraprofessionals, peer tutors, or cross-age tutors).
4. **Input**-Adapt the way instruction is delivered to the learner (e.g., Use different visual aids, plan more concrete examples, provide hand-on activities, place students in cooperative groups).
5. **Difficulty**-Adapt the skill level, problem type, or the rules on how the learner may approach the work (e.g., Allow the use of a calculator to figure math problems; simplify task directions; change rules to accommodate learner needs).
6. **Output**-Adapt how the student can respond to instruction (e.g., Instead of answering questions in writing, allow a verbal response, use a communication book, allow students to show knowledge with hands on materials).
7. **Participation**-Adapt the extent to which a learner is actively involved in the task (e.g., In geography, have a student hold the globe, while others point out locations).
8. **Alternate Goals**-Adapt the goals or outcome expectations while using the same material (e.g., In social studies, expect a student to be able to locate just the states while others learn to locate capitals as well).
9. **Substitute Curriculum**-Provide different instruction and materials to meet a student's individual goals (e.g., During a language test one student is learning computer skills in the computer lab).

Special Responsibilities

Home-School Notebooks

Home-school notebooks provide needed information to parents and teachers. Notebooks are generally kept for students who are very young or have limited verbal skills. This is a way for parents to know what activities their child participated in at school, and for teachers to know what kinds of activities occur at home.

Notes can be used to record milestones, medical information and provide communication with therapists. Paraprofessionals can assist in recording a student's daily activities in the notebook. Entries should be factual and based on a student's strengths. Care should be given to assure that the information is written is not only positive or only negative, but rather a sensitive accounting of the key information necessary to share. Remember, both parents and school staff can easily misinterpret the written word. When miscommunication occurs, it is

often difficult to regain the trust relationship that is so important when working with children with disabilities and their families.

Paraprofessionals should always check with their supervising teacher if a situation occurs that may concern parents. In some situations, a phone call by the supervising teacher will be more appropriate than a note home.

Physical and Occupational Therapy

In the school environment, physical (PT) and occupational therapy (OT) for children with special needs has two goals:

1. To increase a student's independence; and
2. To improve their ability to interact with their environment.

PT and OT in the school system must be directly related to the student's special education goals. This means that therapy must be necessary for the student to access education that is provided in the school environment. Therapy services provided in the educational setting use a team approach that often includes the paraprofessional, to help students and are not isolated from the educational program.

ASEC schools generally use a consultation service model. The therapist supports the teacher, paraprofessional and/or parents regarding the student's specific needs but is not the primary provider of the service. The therapist's involvement may include assisting teachers and paraprofessionals to understand and adapt to the student's disability, provide suggestions for modifications of educational materials and environment and/or monitor the student's progress.

Paraprofessionals are often responsible for implementing the physical and occupational therapist's recommendations. Therapists train paraprofessionals in the appropriate techniques and monitor the student's progress with regular consultation visits.

Chapter 5

Supporting the Teaching and Learning Environment

Classroom Management

Although paraprofessionals are not required to maintain a classroom independently, there are times when the paraprofessional must conduct a well-managed classroom or educational session in order to accomplish the tasks prescribed by the supervising teacher.

Classroom management involves the following factors which, when put into practice by educators, are most influential in maintaining discipline and motivation for students. To be an effective classroom manager, one must have in practice each of the following*:

- Establish the rules and procedures of the classroom early in the year and communicate them explicitly.
- Continually monitor compliance with the rules.
- Use detailed and consistent accountability systems, keep track of student assignments, and describe the evaluation system clearly.
- Communicate information, directions, and objectives clearly.
- Organize instruction efficiently, waste little time getting prepared or making transitions, keep the momentum in lessons, and maximize student engagement.
- Seem to “have eyes in the back of your head”.
- Understand classroom context and events and use this information to develop activities that maintain the instructional flow with minimal interruptions.

*McCollum, H. (1990). A Review of Research on Effective Instructional Strategies and Classroom Management Approaches. In Knapp & Schields, Better Schooling for the Children of Poverty: Alternatives to Conventional Wisdom. Washington, DC: U.S. Department of Education.

Health Precautions and First Aid

Disease Control

According to the Department of Health and Human Services, the best way to stop disease is to wash one's hand well. Students should be reminded to wash their hands before eating or drinking, before serving or preparing food, and after they have used the toilet. Children often need to be reminded to cover their mouths when they cough or sneeze and to wash their hands afterwards.

When assisting with toileting routines, wiping noses, applying pressure to a bleeding injury or assisting vomiting children, paraprofessionals need to use disposable gloves. Disposable gloves will be provided in the special education classroom or from the main office.

Clothing and other nondisposable items, such as towels used to wipe up body fluid or clothes soaked with body fluids, should be rinsed and placed in plastic bags. If presoaking is required to remove stains, it is important to use gloves to rinse or soak items in cold water prior to bagging to be sent home.

Sanitizing

The bathroom toilet and table surfaces may need to be cleaned and sanitized daily using spray bottle solutions. Cleaning solutions such as detergent and water can be used to clean most surfaces. Sanitizing solutions should be used on objects contaminated by bodily secretions.

In order to clean and sanitize an area one should spray with cleaning solution, wipe dry with a single disposable towel, spray with sanitizing solution and wipe dry with a separate towel. Toys, cups, and other objects are to be washed in detergent, rinsed in clear warm water, immersed in sanitizing solution and air-dried. A sanitizing solution consists of 1/8 cup of bleach to 1 gallon of water. For a spray bottle, use 2 teaspoons of bleach to 1 quart of water.

Lice

Head lice are tiny insects that live in human hair. They hatch from small eggs, called nits, which are attached to the base of individual hairs. The eggs hatch in about ten days, with new lice reaching maturity in about two weeks. The female louse can live for 20 to 30 days and can lay as many as six eggs per day. Persistent itching of the head and back of the neck can indicate head lice. Also look for infected scratch marks or a rash on the scalp. Nits resemble small white specks in the hair similar to dandruff. Dandruff can be easily removed; nits, however, are very difficult to remove. When head lice are suspected your building principal should be contacted.

It is important that paraprofessionals handle children with head lice in a sensitive manner. Head lice can be found in children from all socio-economic levels and are not due solely to poor hygiene practices.

Chicken Pox

Chicken pox is a contagious disease caused by a virus. It usually begins as an itchy rash of small red bumps on the stomach or back before spreading to the face. Parents will need to be notified, and the child will need to be removed from school for ten days from the onset, or until the chicken pox are scabbed over.

Cytomegalovirus (CMV)

CMV is a common virus; most adults and children come into contact with CMV and have no symptoms or problems. CMV is spread through contact with saliva or urine of an infected person. Close prolonged physical contact is necessary for spread to occur. CMV spreads easily (usually without symptoms) in childcare settings, most often among the children who lack control of body secretions. Most people have no symptoms. Occasionally, a person may develop temporary symptoms that include fever, sore throat, tiredness, and swollen glands. Good hygiene, including frequent hand washing lowers the risk of getting CMV.

Good hygiene practices are especially important for the teacher or paraprofessional who is pregnant. Generally, CMV has been thought to cause birth defects when the pregnant woman experiences a symptomless CMV infection during the first 3 or 6 months of pregnancy. Pregnant caregivers or those considering pregnancy may want to discuss being tested for CMV by their physician. If they are not immune to CMV, they may want to wear gloves for contact with saliva or urine.

Fifth Disease

Fifth disease (also known as erythema infectiosum) is a mild, common rash illness caused by a virus. Outbreaks of fifth disease frequently occur in childcare settings or schools. Symptoms include a rash and sometimes a fever or sore throat. The characteristic rash causes a striking redness of the cheeks (slapped cheek) in children. It often begins on the cheeks and is later found on the arms, upper body buttocks, and legs; it has a very fine lacy, pink appearance. The rash tends to come and go for days or even weeks, especially as a response to sunlight or heat. In general, the rash around the face will fade within 4 days. The rash on the rest of the body fades within 3-7 days of its appearance. Pain and swelling of the joints may occur, especially in adults. It is spread through person-to-person contact; most likely through respiratory secretions and can be epidemic among children. If other rash-causing illnesses are ruled out, there is no need to exclude or isolate the child.

Women who get fifth disease during pregnancy may have a risk (probably less than 10%) of fetal damage or fetal death. Most adult women are already immune to fifth disease, so they are not at risk.

Injuries Accidents

When a student has an accident at school, staff needs to document the incident. Accident reports briefly state the day, time, and events of the accident. With any illness or accident, a paraprofessional needs to notify the supervising teacher. That teacher will be directly responsible for notifying the parents of an illness or accident. Check with your building principal or teacher as to the specific building procedure for formally reporting accidents.

Cuts

Simple cuts and scratches can be cleaned with soap and water. A simple cut or scratch may be covered with a sterile gauze bandage to keep it clean.

Bites

A human bite that breaks the skin can cause severe infection. The area should be washed with soap and water and the school nurse or public health nurse consulted immediately. It is important to be pro-active when working with a child that is known to bite. By wearing long sleeves or sweatshirts the paraprofessional may prevent a painful injury.

Nosebleeds

Many nosebleeds start in the front, central part of the nose. Pressure to stop the bleeding can be easily applied by pinching the nostrils together with the child sitting up and leaning forward. Pressure should be applied for ten minutes as the child breathes through the mouth.

Splinters

A splinter may be removed if a portion is only partially embedded. The area should be washed with soap and water and a pair of tweezers (sterilized with alcohol) used to remove the splinter. If the splinter is embedded, the area should be washed and covered with a clean bandage and the child's parent notified.

Seizures

During a seizure the most important rule of first aid is to protect the individual. If the student is having a grand mal seizure whereby the student falls to the floor, the head should be cradled or something soft placed under the head. Convulsive seizures must run their course; a bystander can do nothing to prevent or stop a seizure. While the seizure may look scary, the assisting person should remember to stay calm. Gently talking to and reassuring the student who is having a seizure can be beneficial to everyone involved.

Objects should *not* be put into a person's mouth during a seizure or the person's movements restrained. It is important to remove all sharp or dangerous objects from the immediate area so that the person does not become injured. If possible turn the individual on his side and time the seizure. If a seizure lasts longer than five minutes, the parent should be notified as medical attention may be needed. For some children who are seizure prone, the school may

have developed a health plan that outlines the steps to be taken in an emergency. It is important to be familiar with this plan ahead of time.

There may be incontinence during a seizure. It is critical to handle this situation in a sensitive manner and to protect the student from the view of others should this occur.

Child Abuse and Neglect

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

Anyone who reports child abuse or neglect in good faith is immune from any civil or criminal liability. The reporter's name is confidential, accessible only upon consent of the reporter or by court order. Anyone who is required to report and fails to do so is guilty of a misdemeanor. If you are uncertain whether or not a situation should be reported, you may call your local social service agency. The child protection staff there will help you decide if a report should be made based on the information you have.

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

Abused or neglected children may:

- seem unduly afraid of their parents;
- often have welts, bruises, untreated sores, or other injuries;
- show evidence of poor overall care;
- be given inappropriate food, drink, or medication;
- exhibit behavioral extreme. For example: crying often or crying very little and showing no real expectation of being comforted; being excessively fearful, or seeming fearless of adult authority; being unusually aggressive and destructive, or extremely passive and withdrawn.

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

Reporting Procedures

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

- your name and phone number;
- what happened to the child and when;
- where the child is now;

- the names and addresses of the parents/caretakers; and
- firsthand knowledge you have about the child for family.

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

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

Chapter 6

Facilitating Positive Student Behavior and Social Interaction Skills

Paraprofessionals will want to observe a child's emotional, social, and behavioral skills to:

- assist in developing their peer and adult relationships;
- to reinforce a positive self-concept in the student;
- to encourage understanding of the student's own and other's feelings and perspectives;
- to demonstrate and reinforce on task behavior;
- to encourage problem solving and planning for pro-social behaviors, and
- to watch for things that promote or interfere with the students learning.

Children are most likely to succeed if they feel good about themselves and their abilities. How a person feels on the inside is how he will act on the outside. A student with high self-esteem is going to demonstrate motivation, self-confidence, security, eagerness to learn, happiness, cooperation, risk taking, friendliness, responsibility, independence, and creativeness. A child with low self-esteem is going to have difficulty making decisions, taking initiative, sharing, being kind to friends, building relationships, and demonstrating self-control.

Paraprofessionals will often work directly with students who have low self-esteem. Children with and without disabilities struggle with these issues of self-esteem; however, students with disabilities face greater frustration and failure when compared to peers. By building a trusting relationship in a positive and caring environment, the paraprofessional can assist the student in feeling secure. By building an awareness of the students unique qualities and assisting them to identify and express emotions and attitudes, the paraprofessional can help the student define a sense of who they are. Promoting group acceptance and support will increase the student's skill at making friends. When the paraprofessional enhances the student's ability to make decisions, seek alternatives and identify consequences, they increase the child's academic and behavioral performance.

Children with disabilities will be working to develop skills in all of the personal, social, and functional areas. Paraprofessionals are key in assisting children to develop independent functioning skills. It is important that teachers and paraprofessionals allow children to

practice these skills daily. These are the skills that will help children function independently in school, home and the community. Paraprofessionals and teachers need to allow enough time for children to complete these activities with minimal assistance. Often, adults assist too quickly. After giving a child a direction to complete a task, it is important to leave enough wait-time to discover what the child already knows how to do. Only with practice can the child learn to complete these activities efficiently. The paraprofessional may need to assist a child in such personal care activities as eating, maintaining a proper diet, table manners, proper social skills, dressing, undressing, toileting, grooming and hygiene, reminding them to take medication, and /or monitor medical conditions.

Some students are included in the regular classroom for socialization purposes. Just as the typical developing child learns from observing and participating in activities with other typical developing children; so to do special need children. Research has shown that children with disabilities, who generally interact only with other children with disabilities, do not develop the appropriate social skills, which will allow them to become a contributing part of the community as adults. In addition to the benefits to the child with a disability, the typical child in the classroom learns lessons in acceptance of human differences, becomes more aware of others' needs, and more comfortable with people who have disabilities.

The goal of the paraprofessional is to provide support to the child with a disability with the least intrusion. Paraprofessionals and regular classroom educators should treat a child with disabilities like a child who does not have special needs. A child will feel connected to peers and the classroom teacher if the paraprofessional attempts to be discreet in delivering assistance. Continually sitting beside or hovering over the child when support is not needed only serves to reinforce that the child is different and tends to discourage interaction with the student and peers. On the other hand, some students need total hand over hand guidance with activities. With the classroom teacher's approval, the paraprofessional should be able to move about the room and help all students that need assistance.

Behavior Management

Behavior management is complex and unique to each individual. In each classroom environment, staff will manage behavior in a variety of ways. Paraprofessionals, in order to reinforce consistency, need to model the classroom management systems defined by each classroom teacher. When further intervention is necessary, the regular classroom teacher and special education teacher will plan appropriate interventions for the paraprofessionals to implement. It will be important for paraprofessionals to define their role with the teacher in each classroom setting.

There are a number of general management strategies that paraprofessionals will want to be familiar with no matter what setting they may be working in. The most regarding procedure to use is positive reinforcement.

- Praise is a positive interpretation of factual data. Praise is immediate, specific, deserved, and related to behavior. Paraprofessionals should praise appropriate behaviors by describing the appropriate behaviors they see

students perform. Paraprofessionals and other staff ought to praise each other in front of students (modeling) tell students to praise themselves, and tell students to praise others.

- Positive reinforcement involves the presentation of a “reward” (smiles, stickers, points, etc..) following a student performing a particular targeted behavior. The reward is designed to increase the frequency of the desired response and works particularly well with elementary students. If the reinforcement is to be effective, the student must get the reinforcers *only* after performing the target behavior. A reinforcer should be delivered immediately after the target behavior is performed.
- Concept reframing is a technique in which staff attempts to increase a student’s awareness of certain strengths and capabilities. A teacher/paraprofessional will recognize the strength each time a student demonstrates it and then will describe it to the student (i.e. You are so good at remembering to put away your books). This feedback is delivered on an individual basis, not in front of the group.
- Modeling is used by a teacher/paraprofessional to increase appropriate behaviors. Modeling is a process in which appropriate behavior of a peer is reinforced who is in the proximity of a student behaving inappropriately.
- Extinction is used to decrease behavior. Extinction is the removal of all reinforcement. This is commonly known as “ignoring”. Extinction may be used if a student is not harming himself, another student, or damaging property.
- Over-correction is also used to decrease behavior. This is used to teach students to take responsibility for their behavior and teach them the appropriate response. Over-correction is based on exaggerated experiences.
 - Restitutive over-correction is when a student must restore an environment to its original condition. The student must make improvements beyond the original condition (i.e. pick up the books thrown on the floor plus the pieces of paper that were already on the floor).
 - Positive-practice over-correction involves engaging the student in the exaggerated experience of an appropriate behavior. At the same time the staff person recites the rules for doing the behavior the “right way” (i.e. walking in the hallway).
- Contingent observation time-out is a process used to remove a student from all reinforcement for a brief period of time following misbehavior. During the time-out, a student is not given verbal prompts or eye contact. The child

is told to watch or think about the appropriate behavior. While in time-out, students observe ongoing classroom activities and when appropriate, are followed up immediately by being requested to re-join the group. The student verbalizes what he needs to be doing in order to re-join the ongoing activity. It is important when entering or exiting a time-out that a paraprofessional focuses the student on the *appropriate behavior only*. After a time-out a staff person will backward chain the events leading to the time-out. Therefore, any work missed, over-correction or any positive practice procedure that may be required is completed in the appropriate order before a student rejoins the group.

- Re-direction is a very effective behavioral technique. There are a variety of ways to positively re-direct behavior in order to avoid using an aversive procedure.

Many times a paraprofessional can ignore what a student does or says and can simply change the subject. A child can be distracted by a positive statement, an unrelated question, or by giving an unrelated direction.

Another way for a paraprofessional to re-direct behavior is by replacing the behavior (i.e. a child may not be allowed to throw rocks but he can throw a ball). Paraprofessionals can also give behavior an appropriate time and place (i.e. a student may not yell loudly in the classroom, but can yell outside at recess). Often, giving a student a time and place for a certain type of behavior helps to eliminate it at inappropriate times. In order to not reinforce the behavior, the paraprofessional must *under-react* to the student's inappropriate behaviors and use a sense of humor when dealing with a difficult situation.

The key to making these behavior management strategies successful is to build good relationships with students. Good relationships are developed through consistency, caring, cooperation, and trust. Students need to feel they can trust paraprofessionals. Trust is built by consistent behavior. A student needs to see the paraprofessional doing what she says in a consistent fashion. If the paraprofessional nags students with warnings, they will not get consistent compliance. Paraprofessionals need to verify with the teacher the types of privileges they can remove or withhold. It is essential to have both the authority and means of implementing the consequences you choose because the students must see that you will do what you say. Remember for consistency, whoever gives the directive that is not complied with should carry out the correction procedure.

Chapter 7

Communication and Collaborative Partnerships

Teaming/Collaborations

Effective teaming is critical to the success of the delivery of services by both certified teachers and paraprofessionals. Effective teaming requires that team members share a common vision for achieving their mutual goal-delivering educational services to meet the need of all children. The beliefs they have about curriculum and instructional practice support this vision. If one member of the team's beliefs are consistent with an education model supporting conventional instruction and the other member of the team's beliefs are consistent with an educational model supporting reform instruction, it is going to be difficult for the team to work together.

Communication serves as the foundation for teaming. It involves the exchange of information between parties, and should help both parties assist the child in learning. Effective communicators reach out beyond themselves to the people with whom they are working. Good communication is "other-focused," not "self-centered". Much of the failure to communicate can be blamed on failure to understand and respect people's feelings, and unwillingness to cooperate, or a needless show of authority.

How You Act In Conflicts

(10/26/82; Comstock Memorial Union, Moorhead State University, 1995)

The proverbs listed below can be thought of as descriptions of some of the different strategies for resolving conflicts. Proverbs state traditional wisdom, and these proverbs reflect traditional wisdom for resolving conflicts. Read each of the proverbs carefully. Using the following scale, indicate how typical each proverb is of your actions in a conflict.

- 5 = very typical of the way I act in a conflict
- 4 = frequently typical of the way I act in a conflict
- 3 = sometimes typical of the way I act in a conflict
- 2 = seldom typical of the way I act in a conflict
- 1 = never typical of the way I act in a conflict.

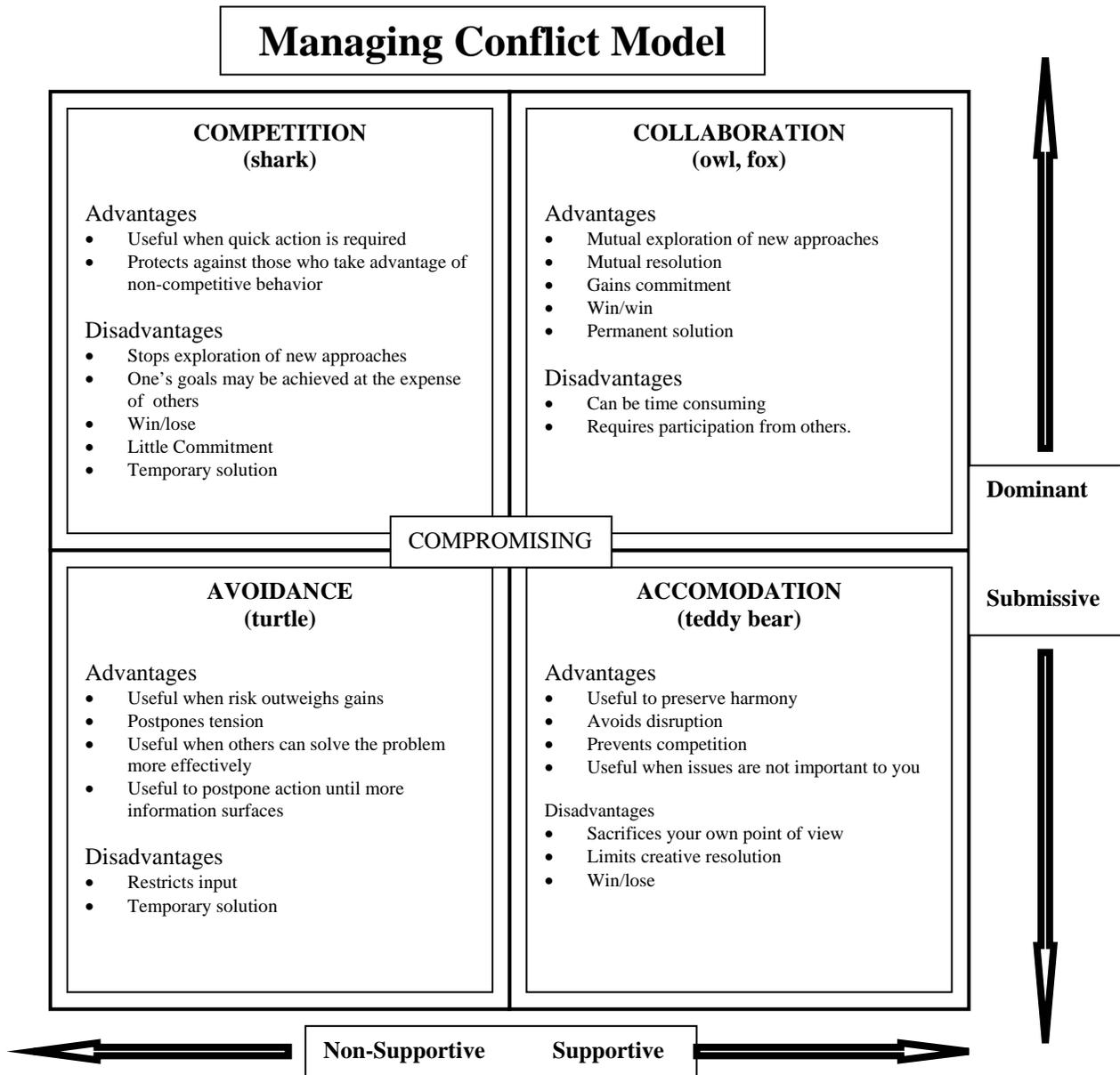
- ___ 1. It is easier to refrain than to retreat from a quarrel.
- ___ 2. If you cannot make a person think as you do, make him or her do as you think.
- ___ 3. Soft words win hard hearts.
- ___ 4. You scratch my back, I'll scratch yours.
- ___ 5. Come now and let us reason together.
- ___ 6. When two quarrel, the person who keeps silent first is the most praiseworthy.
- ___ 7. Might overcomes right.
- ___ 8. Smooth words make smooth ways.
- ___ 9. Better half a loaf than no bread at all.
- ___ 10. Truth lies in knowledge, not in majority opinion.
- ___ 11. He who fights and runs away lives to fight another day.
- ___ 12. He hath conquered well that hath made his enemies flee.
- ___ 13. Kill your enemies with kindness.
- ___ 14. A fair exchange brings no quarrel.
- ___ 15. No person has the final answer but every person has a piece to contribute.

- ___16. Stay away from people who disagree with you.
- ___17. Fields are won by those who believe in winning.
- ___18. Kind words are worth much and cost little.
- ___19. Tit for tat is fair play.
- ___20. Only the person who is willing to give up her or his monopoly on truth can ever profit from the truths that others hold.
- ___21. Avoid quarrelsome people, as they will only make your life miserable.
- ___22. A person who will not flee will make others flee.
- ___23. Soft words ensure harmony.
- ___24. One gift for another makes good friends.
- ___25. Bring your conflicts into the open and face them directly; only then will the best solution be discovered.
- ___26. The best way of handling conflicts is to avoid them.
- ___27. Put your foot down where you mean to stand.
- ___28. Gentleness will triumph over anger.
- ___29. Getting part of what you want is better than not getting anything at all.
- ___30. Frankness, honesty, and trust will move mountains.
- ___31. There is nothing so important you have to fight for it.
- ___32. There are two kinds of people in the world, the winners and the losers.
- ___33. When one hits you with a stone, hit her or him with a piece of cotton.
- ___34. When both give in halfway, a fair settlement is achieved.
- ___35. By digging and digging, the truth is discovered.

Scoring

Withdrawing	Forcing	Smoothing	Compromising	Confronting
___ 1.	___ 2.	___ 3.	___ 4.	___ 5.
___ 6.	___ 7.	___ 8.	___ 9.	___10.
___11.	___12.	___13.	___14.	___15.
___16.	___17.	___18.	___19.	___20.
___21.	___22.	___23.	___24.	___25.
___26.	___17.	___28.	___29.	___30.
___31.	___32.	___33.	___34.	___35.
___TOTAL	___TOTAL	___TOTAL	___TOTAL	___TOTAL

The higher the total score for each conflict strategy, the more frequently you tend to use that strategy. The lower the total score for each conflict strategy, the less frequently you tend to use that strategy.



Conflict Strategies: What are you like?

Different people use different strategies for managing conflicts. These strategies are learned, usually in childhood, and they seem to function automatically. Usually we are not aware of how we act in conflict situations. We just do whatever seems to come naturally. But we do have a personal strategy; and because it was learned, we can always change it by learning new and more effective ways of managing conflicts.

When you become engaged in a conflict, there are two major concerns you have to take into account:

1. Achieving your personal goals – you are in conflict because you have a goal that conflicts with another person’s goal. Your goal may be highly important to you, or it may be of little importance.
2. Keeping a good relationship with the other person – you may need to be able to interact effectively with the other person in the future. The relationship may be very important to you, or it may be of little importance.

How important your personal goals are to you and how important the relationship is to you affect how you act in a conflict. Given these two concerns, it is possible to identify five styles of managing conflicts:

The turtle (withdrawing): Turtles withdraw into their shells to avoid conflicts. They give up on their personal goals and relationships. They stay away from the issues over which the conflict is taking place and from the persons they are in conflict with. Turtles believe it is hopeless to try to resolve conflicts. They feel helpless. They believe it is easier to withdraw (physically and psychologically) from a conflict than to face it.

The shark (forcing): Sharks try to overpower opponent by forcing them to accept their solution to the conflict. Their goals are highly important to them, and relationships are of minor importance. They seek to achieve their goals at all costs. They are not concerned with the needs of others. They do not care if others like or accept them. Sharks assume that conflicts are settled by one person winning and one person losing. They want to be the winner. Winning gives sharks a sense of pride and achievement. Losing gives them a sense of weakness, inadequacy, and failure. They try to win by attacking, overpowering, overwhelming, and intimidating others.

The teddy bear (smoothing): To teddy bears the relationship is of great importance while their own goals are of little importance. Teddy bears want to be accepted and liked by others. They think that conflict should be avoided in favor of harmony and that people cannot discuss conflicts without damaging relationships. They are afraid that if the conflict continues, someone will get hurt, and that would ruin the relationship. They give up their goals to preserve the relationship. Teddy bears say “I’ll give up my goals and let you have what you want, in order for you to like me”. Teddy bears try to smooth over the conflict out of fear of harming the relationship.

The fox (compromising): Foxes are moderately concerned with their own goals and their relationships with others. Foxes seek a compromise: they give up part of their goals and persuade the other person in a conflict to give up part of her/his goals. They seek a conflict solution in which both sides gain something – the middle ground between two extreme positions. They are willing to sacrifice part of their goals and relationships in order to find agreement for the common good.

The owl (confronting): Owls highly value their own goals and relationships. They view conflicts as problems to be solved and seek a solution that achieves both their own goals and the goals of the other person. Owls see conflicts as a means of improving relationships by reducing the tension between two persons. They try to begin a discussion that identifies the conflict as a problem. By seeking solutions that satisfy both themselves and the other person, owls maintain the relationship. Owls are not satisfied until a solution is found that achieves their own goals and the other person's goals. And they are not satisfied until the tensions and negative feelings have been fully resolved.

Chapter 8

Professionalism and Ethical Practices

Professional Ethics

Many times, the paraprofessional is in an awkward position. They are involved in the educational process with students and many of their expectations are similar to that of a classroom teacher. However, a paraprofessional is in a professional position that requires the following ethical guidelines.

The following was taken from Long, C (1996). Piecing Together the Paraprofessional Puzzle: A handbook for orientation and training of first year paraprofessionals. St. Paul, MN: Minnesota Department of Children, Families, & Learning, p. 42.

Accepting Responsibilities:

- Engage only in instructional and other activities for which you are qualified or trained.
- Do not communicate progress or concerns about students to parents, community members or other teachers; this is reserved only for communication with your supervising teacher.
- Refer concerns expressed by parents, students, or others to your supervising teacher.
- Recognize the supervisor has the ultimate responsibility for instruction and management and follow the prescribed directions.
- Help to see the best interests of individual students are met.

Relationships with Students and Parents:

- Discuss a child's progress, limitations, and/or educational program **ONLY** with the supervising teacher in an appropriate setting (i.e. do not discuss students in the teacher workroom with other teachers during lunch time).
- Express differences of opinion with your supervising teacher **ONLY** when students are absent from the room.
- Discuss school problems and confidential matters only with appropriate personnel.
- Do not engage in discriminatory practices based on a student's race, sex, cultural background, religion, or disability.
- Respect the dignity, privacy, and individuality of all students, parents, and staff members.
- Be a positive role model.

Relationship with the Teacher:

- Recognize the teacher as your supervisor.
- Establish communication and a positive relationship with the teacher.
- When problems cannot be resolved, use the school district's grievance procedures (a copy of which can be found in the district office).
- Discuss concerns about the teacher or teaching methods directly with the teacher in an appropriate setting.

Relationship with the School:

- Engage in behavior management strategies that are consistent with standards of the district.
- Accept responsibility for improving your skills.
- Know and follow school policies and procedures.
- Represent the school in a positive manner.

Appendix A

District Policies/Procedures

Paraprofessionals:

- Working Day

Arrival Time: _____

Quitting Time: _____

The paraprofessional is entitled to a half-hour duty-free lunchtime while employed full time.

- Sick Leave

- Personal Leave

- Insurance/Benefits

- School Calendar

Please note the attached school calendar for the current school year in Appendix B.

- Phone Numbers

Please note the attached District Directory and Emergency Calling Tree in Appendix B.

- Performance Standards and Evaluation

- Dress Code

Staff is encouraged to dress neatly, in clothes that promote a professional appearance. If there is question as to whether a certain item of clothing is appropriate, the paraprofessional is asked to inquire with their supervising teacher.

- Arriving Late/Early

Each paraprofessional must arrive at their scheduled time. If a paraprofessional is aware ahead of time they may be late, a courtesy call to the district office is required, stating the approximate time of arrival. This is so the supervising teacher can plan appropriately and account for each student that paraprofessional is responsible for.

Each paraprofessional must stay until their scheduled time. If a paraprofessional must leave their workday early, they must first clear it with their supervising teacher. A paraprofessional who leaves early without notifying their supervising teacher to make arrangements for their absence, will be subject to district discipline policy.

- Having Visitors at Work

It is strongly recommended that professionals refrain from having visitors while in their workday. However, some circumstances may warrant a visitation of some sort in which case, the visitors must not cause disruption to the educational process of students, and must first register in the office.

- Attending Faculty Meetings or Inservices

Paraprofessionals are generally not required to attend faculty meetings or inservices unless the meeting/inservice is specifically designed for paraprofessionals or all staff. When a required meeting is scheduled the supervising teacher and/or building principal will notify the paraprofessional.

- Attending IEP Meetings

Paraprofessionals may be asked to attend a student's IEP meeting at the case manager or parents discretion. Paraprofessionals work closely with students and often have valuable information to share with the team. When the paraprofessional is not required to attend the meeting, they may be asked to provide information to the case manager to be relayed to the other members of the team.

- Smoking Policy
All ASEC schools are smoke-free buildings. Staff is encouraged to not smoke on school grounds, since such behavior is thought of as unprofessional in a learning environment
- Responsibilities When Supervising Teacher is Absent
If the supervising teacher is absent (for personal or district reasons), the paraprofessional is expected to aid the substitute in a manner that facilitates normalcy and continuity in the students' day. The supervising teacher may also give specific instructions to the paraprofessional to be carried out during those times they are absent.
- Committee Assignments or Extra Duties
Paraprofessionals are not required nor are expected to serve on any district/faculty committees in the district and should use caution while taking on extra duties. Paraprofessionals are expected to perform their specific job duties and are strongly encouraged to be an advocate for themselves if they are asked to perform duties they feel are in excess to their particular assignment. If such an event happens, the paraprofessional should discuss the situation with the supervising teacher or other appropriate person (see Administrative Hierarchy on page 57).
- Participation in Staff Development
Special education paraprofessionals will have opportunities to be involved in professional development activities as provided by the district and the Area Special Education Cooperative (ASEC). It is especially important to participate in the offered professional development activities that are designed to follow the core competencies outlined by Children Families and Learning (CFL).
- Participation in Faculty/Staff Social Events
All staff is encouraged to participate in social events in the district. Most social events are announced by word of mouth or posted in the teacher's workroom.
- Emergency Procedures/Map of Building
Please refer to the map and excerpts of the district Crisis Handbook for Emergency Procedures in the Appendix.
- Parking

Location: _____

Where Can I find ??

- ✓ **Office Supplies:** _____

- ✓ **Forms for personal/sick leave:** _____

- ✓ **Tissues:** _____
- ✓ **Lost and Found:** _____
- ✓ **Coffee:** _____

- ✓ **Mailbox:** _____
- ✓ **First Aid Supplies:** _____

- ✓ **Lunchroom for staff:** _____
- ✓ **Paychecks:** _____

What Should I Do If ??

- **A student becomes physically ill:** Notify the supervising teacher. They may request you notify the school nurse, or bring the student to the office. Paraprofessionals may not give students permission to go home or be absent from class because of illness. Only the school nurse or a faculty/staff member authorized by the school nurse has the authority to do so.
- **A window, door, etc. gets broken:** Notify your supervising teacher or building principal. You may be asked to fill out a room repair request.
- **Something is stolen:** Notify the supervising teacher. Write a statement describing the item stolen, the approximate time the incident happened, and the area the item was stolen from. Refrain from naming suspected persons, be as objective as possible.
- **Noise outside the classroom is disruptive:** Politely ask the source of the noise to stop. Explain that they are disturbing students and must be respectful of others. If the source

does not stop (ex. If it is a group of students), write their names down and submit the names and a description of the incident to the building principal.

- **Another teacher asks for my help:** Politely explain that you are unable to help them out, but can contact your supervising teacher for authorization. You have a prescribed job to do and unless the teacher asks for assistance that is related to your duties, you need authorization from your supervising teacher to comply.
- **I suspect child abuse:** As immediate as possible, document the entire situation/suspicion, notify your supervising teacher and call social services at _____, stating you wish to report a suspicion of child abuse. All paraprofessionals and faculty/staff of a school district are mandated reporters for any kind of abuse and **must** report suspicions to proper authorities. Please keep in mind also, that a report of child abuse is **confidential** and must be treated so for social services and law enforcement to do a thorough investigation. As a reporter, you are entitled to feedback to learn what steps have been taken to investigate the allegations.
- **A student needs medication:** All students who take medication at school have their medications dispensed in a controlled environment in the office, with the school nurse, secretary, or other personnel approved by the school nurse dispensing the medication to the student. When a student is dispensed medication, it is charted. If a student expresses need to take his medication, give them a pass to the office.
- **I suspect a student of using/selling drugs:** Report immediately to the supervising teacher and the building Principal. Document your reasoning for your report accurately and specifically. The building Principal will notify appropriate authorities if need be, and will act as a referral to the school nurse or school counselor.
- Other: _____

Teaming/Collaboration

In order to provide an environment that fosters education and learning for students, it is imperative that staff and faculty work together. Becoming aware of each other is the first step towards successful collaboration. During the first week of employment, the paraprofessional should make an attempt to meet the people listed below. Note their name, where they work, and briefly describe something about them such as their hours in the building.

Custodians:

- Name _____ Location _____
Notes:
- Name _____ Location _____
Notes:
- Name _____ Location _____
Notes:

Cooks:

- Name _____ Location _____
Notes:
- Name _____ Location _____
Notes:
- Name _____ Location _____
Notes:

Bus Drivers:

- Name _____ Location _____
Notes:
- Name _____ Location _____
Notes:
- Name _____ Location _____
Notes:

Superintendent:

- Name _____ Location _____
Notes:

Principal:

- Name _____ Location _____
Notes:

Secretaries:

- Name _____ Location _____
Notes:

- Name _____ Location _____
Notes:

- Name _____ Location _____
Notes:

School Nurse:

- Name _____ Location _____
Notes:

Counselor:

- Name _____ Location _____
Notes:

School Social Worker:

- Name _____ Location _____
Notes:

Teachers:

- Name _____ Location _____
Notes:

- Name _____ Location _____
Notes:

- Name _____ Location _____
Notes:

- Name _____ Location _____
Notes:

- Name _____ Location _____
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- Name _____ Location _____
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- Name _____ Location _____
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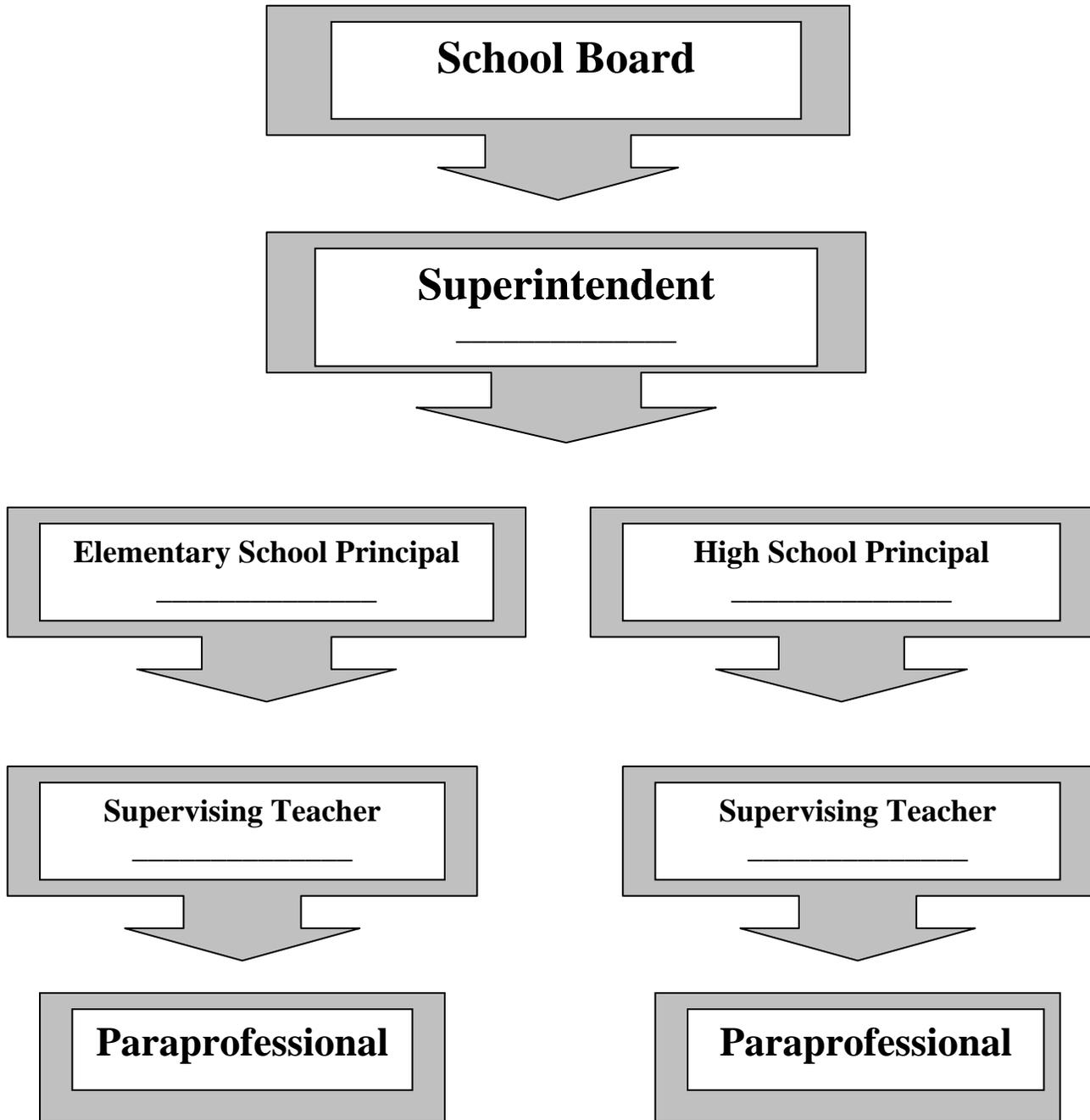
- Name _____ Location _____
Notes:

- Name _____ Location _____
Notes:

- Name _____ Location _____
Notes:

- Name _____ Location _____
Notes:

Administrative Hierarchy



If a problem arises, contact your supervising teacher first, and then go up the chart, if necessary.

Appendix B

Insert the following items:

School Calendar

District Directory

Emergency Calling Tree

School Crisis Policy

District Accident Report

Paraprofessional Performance Evaluation

Appendix C

Resources:

On the Web

- Minnesota Paraprofessional Consortium
<http://ici2.umn.edu/para/>
- Minnesota Department of Children, Families and Learning
<http://cfl.state.mn.us/>
- Area Special Education Cooperative (ASEC)
<http://www.asec.net/>
- Council For Exceptional Children
<http://www.cec.sped.org/>

Organizations/agencies

- Area Special Education Cooperative (ASEC); 1505 Central Avenue NW, East Grand Forks, MN 56721 Phone: 218-773-0315 or 1-866-687-2732 FAX: 218-773-0924

Newsletters

- *ParaLink*
<http://ici2.umn.edu/para/resources/ParaLink/default.html>

Appendix D

Specialized Competencies for Minnesota Paraprofessionals

Insert any ongoing training in the following areas:

1. Early Childhood
2. Transition to Work and Adult Life
3. Behavior Management
4. Academic Program Assistants
5. Physical and Other Health Impairments
6. Autism