



STRIDE Academy
Paraprofessional Handbook

Welcome to STRIDE Academy!

It's a pleasure to have you with us. As a special education paraprofessional/ general education paraprofessional, you have an important and challenging role within the school system.

Paraprofessionals are an integral team member, assisting students with education needs to meet their educational goals. The enclosed information is to provide you with a resource to answer your questions, or guide you to a source for answers to your questions. Please familiarize yourself with the information and complete the signature page at the end of the handbook and return it to your supervising teacher. After reading this handbook, if you have any questions, comments or concerns about your role as a paraprofessional, please contact your immediate supervisor or your building principal. We look forward to having you join us and we look forward to supporting you in your role!

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Section 1: District Information and Resources

District Staff	
Executive Director:	Eric Skanson
Human Resources:	Judy Theisen
Special Education Director:	Marlene Grindland
School Nurse:	Amy Lindell Ellie Hamilton - Nurse Aid
School Social Workers: Jessica Sowers School Psychologist: Anne Mary Wielkiewicz	
Elementary (K-4) School	
Principal: Angie Lichy	
Middle (5-8) School	
Principal: Nathan Schwieters	
Accounts Payable:	Mara Kramer
Secretary:	Fardowsa Hassan

District Policies and Procedures

District Policies can be found on the district website at: www.strideacademy.org It is your responsibility to review these policies and become familiar with them. If you are not able to locate this information or have questions regarding this information, please see your supervising teacher or principal. As you begin your time in the district, your building and district teams will also share relevant information with you. This information may include building maps, crisis/emergency plans, and district calendar and your specific schedule.

Building Specific Information

Questions to ask...

- Where do I park?
- Where do I put my coat, purse, lunch, etc?
- Do I have a mailbox? Email account? Keys? How is information communicated?
- Where is the copy machine? Is there a required code or other special instructions?
- Where are supplies kept?
- What is the lunch procedure?
- When do I take lunch/breaks?
- How do I request a substitute or report my absence? What if my student is absent?
- Where can I get a list of staff members in the building? List of phone extensions?
- Who am I responsible for? What is my channel of communication? Who do I talk to about conflicts?
- Do I need to make a substitute folder?
- Get a copy of your schedule, including the name of the case manager for each of the students. How do I gain access to the child's IEP accommodations and information on their disability and/or behavior plans?
- Building tour, crisis plan information, etc

How do I Clock in and out

- Review Job Description
- Distance Learning/Hybrid Learning Responsibilities
- If joining a general education class, where do I sit? Should I be in the back or right next to my student?

What Should I Do If _____???

- **A student becomes physically ill:** Notify the student's teacher or school nurse. They may request you 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 a 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.
- **I suspect child abuse:** As immediate as possible, document the entire situation/suspicion, notify your supervisor who will assist you in calling social services. 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 a need to take his medication, give them a pass to the office.

Student Handbook Checklist Items

It is important for each Paraprofessional to be well versed in the guidelines students are expected to follow and model appropriate behavior in each of these areas as well. Please review the following items in the student handbook.

Discipline Policy & Consequences for Misbehavior
Cheating
Dress Requirements
Hall Passes
Locker Use
Visitors
Cell phones
Detention Policy
Soda and Food
Procedures for student-student and student-teacher complaints
Computers- Internet policy

Required Staff Development Training Specific to Special Education Paraprofessionals

Paraprofessionals may be asked to complete a CPI (Crisis Prevention Institute) training course along with a refresher course every two years. If asked to complete this specific training, you will be paid your hourly rate. Information will also be provided in regard to STRIDE's restrictive procedures policies.

According to the Minnesota Department of Education, beginning the 2023-2024 school year, all paraprofessionals will be required to complete coursework to become **Highly Qualified (HQ)**. Currently there are three avenues to complete the HQ process. First, you can provide proof to the Human Resources office that you have a 2 year Associate's degree. Second, successfully pass the ParaPro test. Third, complete the modules in the Master Teacher on-line program and pass the test associated with these modules. Another requirement is to complete 8 hours of professional development prior to the beginning of the school year.

Section 2: Roles & Responsibilities

Partnership Between Teachers and Paraprofessionals

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 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 ensures 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.

Role of the Special Education 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,
- 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;
- 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.

Responsibilities When a Special Education Teacher is Absent If the teacher is absent (for personal or district reasons), the paraprofessional is expected to aid the substitute teacher in a manner that facilitates normalcy and continuity in the students' day. The teacher may also give specific instructions to the paraprofessional to be carried out during those times they are absent.

Instructional duties the paraprofessional may not perform:

- Be solely responsible for a classroom or a professional service.
- 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.

Non-Instructional duties the paraprofessional may not perform:

- Shall not assume full responsibility for supervising and planning activities.
- Shall not prescribe educational activities and materials for children.
- Shall not grade subjective or essay tests.

Confidentiality Requirements

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 safeguarded. 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 say about yourself as a parent?
- What would you like to say 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 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.

Mandated Reporting Requirements

All public school employees have a responsibility and are legally required to be mandated reporters and required to report suspected child maltreatment (Neglect, Physical Abuse, Mental Injury, or Sexual Abuse) under the Minnesota Statute 626.556. Bring any concerns or questions that you may have to your supervising teacher or principal immediately.

Mandated reporters must report to the police or child protection if they know or have a reason to believe that a child is being abused or neglected or that a child has been neglected or abused within the prior three (3) years.

Suspected abuse or neglect could include:

- Neglect is usually involves the failure of the child's caregiver to:
 - Supply the child with necessary food, clothing, shelter, medical or mental health care, or appropriate supervision.
 - Protect the child from conditions or actions that endanger the child.
 - Take steps to ensure that a child is educated according to the law.
 - Exposing a child to certain drugs during pregnancy and causing emotional harm to a child may also be considered neglect.
- Physical abuse is any physical injury or threat of harm or substantial injury, inflicted by a caregiver upon a child other than by accidental means. The impact of physical abuse can range from minor bruises to severe internal injuries and death. Physical abuse does not include reasonable and moderate physical discipline of a child that does not result in an injury.
- Mental injury is harm to the child's psychological capacity or emotional stability evidenced by an observable and substantial impairment of the child's functioning.
- Sexual abuse is the subjection of a child to a criminal sexual act or threatened act by a person responsible for the child's care or by a person who has a significant relationship to the child or is in a position of authority.

To report concerns about child abuse, neglect or sexual abuse: During business hours, contact the county where the child lives. If the child is in immediate risk of harm, please contact your local law enforcement agency, or dial 911.

The name of the reporter is confidential. All reporters have immunity from civil or criminal liability when acting in good faith.

Mandated reporters must make a verbal report within 24 hours of their knowledge of the incident directly to Social Services or Law Enforcement. Reporting to a worker's superior does not release the mandated reporter from his/her reporting obligation. The reporter must file a written report within 72 hours (excluding holidays and weekends) after making the oral report.

Communication and Collaborative Partnerships

As you can imagine, there are many things that need to be communicated between educational team members. Minimally, you will need to communicate about issues related to individual student programs, curriculum planning and adaptations, roles and responsibilities, behavioral and/or health considerations and scheduling. Communication is the foundation of effective teamwork and occurs both in person and in writing. As you begin your role as a paraprofessional, it may be helpful for you to ask both special and general educators that you work with how you will fit into the communication loop. Of particular importance will be how to communicate on a regular basis about individual student programming needs. Some teams establish regularly scheduled meetings to ensure that this takes

place.

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 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 needs of all children. The beliefs they have about curriculum and instructional practice support this vision. Your direct supervisor is the building principal, however, the special education case managers will direct your work with specific students and the classroom teachers will also be involved in this individualized programming.

Professionalism and Ethical Practices for Paraprofessionals

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 adapted 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 the child's case manager or your supervising teacher.
- Refer concerns expressed by parents, students, or others to your supervising teacher.
- Recognize the case managers have the ultimate responsibility for instruction and management and follow the prescribed directions.
- Help to see the best interests of individual students are met.
- It is important to consider how you interact with others. Your body language, tone of voice, facial expressions, choice of words, and age-appropriate language all need to be considered when communicating with others.

Relationships with Students and Parents/Guardians:

- Discuss a child's progress, limitations, and/or educational program ONLY with the case managers 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 supervisor 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 case managers as the leaders in the child's special education.
- Establish communication and a positive relationship with the teachers (general ed and special ed). ● 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.

Personal Considerations:

- Be on time. Promptness is essential- students may not be safe if you are not at your assigned location on time.
- Regular attendance is very important. Students, teachers and other paraprofessionals depend on you each day. If you do need to be absent, follow building procedures.
- Maintain professional behavior in the classroom at all times. Your job is to support students. Conducting personal business (personal phone calls or texts, reading emails or recreational/non-academic reading material) is not acceptable while working with students.
- Present yourself in a professional manner by maintaining good personal hygiene and dress appropriately for the students you work with. (ie. if dangling earrings distract a student, alter your dress to minimize challenging behaviors or distractions from students)
- Take concerns directly to the person involved or your immediate supervisor. Avoid "venting" your concerns with co-workers or students in the hallways or lounge.
- Avoid talking about students, other personnel, or other personal matters in front of students.
- Maintain and exhibit respect for families.

Section 3: Special Education Information

What is Special Education?

In Minnesota, children from ages 0-21 are entitled to a full range of services and protections under the Individuals with Disabilities Education Act (IDEA) and State law, if they meet criteria for special education.

These students have an individual right to a Free and Appropriate Public Education (FPE) and all due process protections. The public school district in which the parent resides, open enrollment school district, or the public charter school that the child attends, is responsible for carrying out the protections and procedures under IDEA and State law.

IDEA covers 13 specific disability types. Minnesota law has specific criteria for how students can be eligible under each of these categories:

● Autism Spectrum Disorders (ASD)	● Other Health Disabilities (OHD)
● Blind Visually Impaired (BVI)	● Physically Impaired (PI)
● Deaf-Blind	● Severely Multiply Impaired (SMI)
● Deaf and Hard of Hearing (DHH)	● Specific Learning Disabilities (SLD)
● Developmental Cognitive Delay (DCD)	● Speech and Language Impairment (SLI)
● Developmental Delay (DD) ECSE	● Traumatic Brain Injury (TBI)
● Emotional/Behavioral Disorders (EBD)	

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. 3525.132)

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)

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 (DHH)

"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)

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.)

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)

Emotional Behavioral Disorder (EBD)

"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)

Specific Learning Disability (SLD)

"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)

Other Health Disability (OHD)

"Other health disability" 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)

Developmental Delay (DD serviced by ECSE)

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)

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)

Severely Multiply Impaired (SMI)

"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)

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 results 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)

Developmentally Adapted Physical Education: Special Education (DAPE)

"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).

Assessment and Evaluation

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.

Individual Education Plan – IEP

The IEP 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.

For confidentiality reasons copies of the IEP are not always provided to paraprofessionals. However, copies of the accommodations section and IEP goals may be provided in a manner that allows easy access for those who work with the student. Some students may have specific behavior plans as part of their IEP’s. Access to this information should be readily available when appropriate. Paraprofessionals may be asked to assist with the observation and documentation of progress on IEP objectives, this directive would come from the IEP case manager. If a parent approaches a paraprofessional with questions or concerns about their child or the IEP services, the parent should be directed to the case manager.

On-going Assessment, Observation and Data Collection

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. On-going assessment and observations are also done to collect data on a student’s progress on IEP goals and objectives. Paraprofessionals may be asked by case managers to assist in observing and data collection, specific training on what and how to record this data will be given on an individual basis. Carrying out observations and keeping data must be done with an objective point of view. 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.

Observing Objectively

There are two points to remember when making observations:

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

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.

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 ensure 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. The special education teacher will assist you in these modifications and adaptations based on what is in the child's IEP.

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. Fair doesn't mean equal because everyone is different.

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).

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 MAY assist in recording a student's daily activities in the notebook.

Paraprofessionals should always check with the child's case manager if a situation occurs that may need to be communicated with parents. The case manager will determine who should communicate the message and if it should be done in writing or by phone call.

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.

STRIDE Academy generally uses 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 therapists recommendations. Therapists train paraprofessionals in the appropriate techniques and monitor the student's progress with regular consultation visits.

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 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.
- Seems 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

At-a-glance tasks that a paraprofessional can do while assisting in a general education or special education classroom:

Lecturing	Independent Work time	Group Work time	Testing
Cue students to take notes – make sure they continue to do so throughout the lecture	Make sure students are on task and productive.	Make sure students get in a group.	Reading tests aloud and arranging for them in advance.
Take class notes. Take notes in a notebook for later use	Providing help with assignment completion, offering to help using different methods of assistance.	Facilitate and model participation.	Rephrasing test items – providing scaffolding/triggers, NOT ANSWERS
Facilitating spelling, organization, on task behavior	Prompt/cue skills – skimming a text book, using bold works, index, etc..	Assist with individual tasks – offering help with different methods of assistance.	Provide a framework or outline when answering essay questions
Charting students on task behavior, assignment completion, etc..	Charting students on task behavior, assignment completion, etc..	Charting student on task behavior, assignment completion, etc..	Charting student on task behavior, assignment completion, etc..

Talk with the teacher in the classroom and the case manager about your physical role in the classroom. Find out if you should be seated next to a specific student, or observe from a distance? Ask if you should walk around during seat time to offer assistance or wait for the student to ask you?

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 prosocial 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 student's 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 do children with special needs. 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 important 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.
- Restitutional overcorrection 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 overcorrection involves engaging the student in the exaggerated experience of 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 rejoin 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 redirect 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 redirect 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 at 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.

Behavior Intervention Plans

Children who have significant behavior problems may be on a Behavioral Intervention Plan (BIP). This plan is written by the IEP team, including the parents and is part of the legal document. Therefore, it must be implemented by all who work with the child. The Behavior Intervention Plan (BIP) will detail common triggers to behaviors, what the behaviors look like and the actions to take to diminish the behaviors. Written into the plan will also be positive support to provide to the child to help them "prevent" the explosive behavior.

Restrictive procedures – follow STRIDE Academy's restrictive procedure plan. If requested, attend a Crisis Prevention Institute (CPI) training to learn verbal de-escalation techniques and if the situation arises in which a child needs to be physically held or carried, use only HWC approved procedures. Physically holding or carrying a child should only be done in situations in which the child may hurt themselves, property or others. **Physical holding or carrying a child should also be done only as a last resort.** Verbal de-escalation is the first method that should be used and this will also be taught in the CPI course.

Signature Page

After you have completed reading this manual, if you have any questions regarding the material presented, please discuss it with your supervising teacher. Sign and date below, detach the page and return it to Human Resources. Please keep the manual for future reference.

**_____ I have read and understand the contents of the Special Education/
Paraprofessional Handbook.**

Paraprofessional Signature Sped Teacher Signature

Date Date

Training Date of Completion

- Building Orientation _____
- District Policies _____
- Emergency Procedures/Plan Information _____
- Building Specific Information
- Student Handbook _____
- Discipline Policies _____
- Calendar and Schedules _____
- Handbook Review _____
- Roles and Responsibilities
- Confidentiality
- Mandated Reporting
- Collaboration, Professionalism, Ethical Practices
- SPED Information
- What is Sped and IEP's?
- Characteristic of Learning Disabilities
- Disability Areas relevant to my position
- Teaching and Learning Environment
- Academic Instruction-Accom/Mods
- Student Behavior
- CPI Training (if appropriate) _____
- MA Billing- PCA Training _____