

TRI-COUNTY SPECIAL EDUCATION

PARAPROFESSIONAL HANDBOOK

Updated 8-1-2009

A hundred years from now it will not matter what my bank account was, what sort of house I lived in, or the kind of car I drove. But the world may be different because I was important in the life of a child.

--Lisa Blevins--

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We are Responsible

by Ina Hughes

We are responsible for children who put chocolate fingers everywhere, who like to be tickled, who stomp in puddles, and ruin their new pants, who sneak Popsicles before supper, who erase holes in math workbooks, who can never find their shoes.

And we are responsible for children who speak to their parents through a glass window, who can't run down the street in a new pair of sneakers, who are born in places we wouldn't be caught dead, who have never been to the circus or the zoo, who live in an X-rated world.

We are responsible for children who give us sticky kisses and fistfuls of dandelions, who sleep with the dog and bury goldfish, who hug us in a hurry and forget their lunch money, who cover themselves with Band-aids and sing off key, who squeeze toothpaste all over the sink, who slurp their soup.

And we are responsible for children who never get dessert, who have no blanket to drag behind them, who watch their parents slowly kill themselves with drugs and alcohol, who can't find any bread to steal, who don't have any rooms to clean up, whose pictures aren't on anybody's dresser, whose monsters are real.

We are responsible for children who spend all their allowance before Tuesday, who throw tantrums in the grocery store and pick at their food, who like ghost stories, who shove dirty clothes under the bed and never rinse out the tub, who get no visits from the tooth fairy, who don't like to be kissed in front of the carpool, whose tears we sometimes laugh at, and whose smiles can make us cry.

We are responsible for children whose nightmares come in the daytime, who will eat anything, who have never seen a dentist, who aren't spoiled by anybody, who go to bed hungry and cry themselves to sleep, who live and move, but have no being.

We are responsible for children who want to be carried and for those who must, for those we never give up on and for those who don't get a second chance. For those we smother, . . . and for those who will grab the hand of anybody kind enough to offer it.

WELCOME

Welcome to Tri-County Special Education. The main administrative office is located in Murphysboro, Illinois. Various programs are located throughout the twenty districts which we serve. There are also other attendance centers and an office annex. Please keep this handbook in a convenient place.

Director: CW “Chuck” Hamilton

CentralOffice: Tri-County Special Education Cooperative
1725 Shomaker Drive
Murphysboro, IL 62966
Phone: 618-684-2109
Fax: 618-687-1638

If you have any questions or need any clarifications after reading this handbook, please ask the building administrator. No question is silly. The more knowledge you have, the more successful you will be in your position. You are part of a wonderful teaching team and we welcome you.

THINGS TO ASK YOUR SUPERVISING TEACHER ON YOUR FIRST DAY

1. What are your special and regular duties?
2. What records are you responsible for keeping?
3. What special services are available to the classroom and the school in which you work?
4. What schedules are you responsible for following?
5. What emergency provisions apply to your situations?
6. When do pupils come? When do they leave?
7. Where and when will the pupils in your classroom play?
8. What are the most significant playground rules?
9. For what lunchtime activities will you be responsible?
10. Where are the supplies kept and how are they obtained?
11. What equipment is available and how is it obtained?
12. What is the line of communication and authority you are to follow?
13. If you are responsible for working with more than one teacher, how is your time divided?
14. What pupil records are available to you?
15. To whom should you direct questions concerning school policy?
16. With whom should you discuss a problem concerning a relationship?
17. What should your response be when parents raise questions concerning their child's functioning in the classroom?
18. What is expected of you in terms of pupil management?
19. What is your behavior management/reward system in the classroom?
20. What course should you follow if you feel you do not have enough to do?
21. How does your teacher view the teacher/paraprofessional relationship?

Adapted from Oklahoma's paraprofessional manual

SECTION ONE
BASIC INFORMATION

The best educators teach from the heart, not from the book. ~Author Unknown

SCHOOL HOURS: All classroom aides work 176 workdays that students are in attendance. The assigned hours of work vary by assignment and will be determined by student/program need. The supervising teacher and TAS will inform you of the hours of your work assignment. It is essential that you arrive on time. Students must be supervised at all times, and when you are late, students do not have adequate supervision.

ATTENDANCE/LUNCH COUNT: Each classroom is responsible for forwarding attendance information and lunch count/orders to the building's main office. If a student arrives late, please make sure that the student checks in to the main office. Staff that is planning to eat breakfast or lunch at school may sign up and purchase tickets in the morning by 9:30 a.m. in the main office building office. A'la carte' items will be available to be purchased also. All prices will be posted in the main building office and in the cafeteria

ATTIRE: Jeans and T-shirts are appropriate dress for work. Shirts and pants should be neat, print and logos should be appropriate for an educational program. Low cut tops, shirts that expose midriffs or backs, and short skirts are not acceptable. Shorts are acceptable in warm weather; however, the length should be "professional". Shoes should be sensible. Gym shoes are acceptable. Open toed shoes, sandals and high heels are considered inappropriate while providing direct services to student, in that they can easily lead to injuries.
Students: Paraprofessionals should enforce the school dress code as outlined in the student handbook. If a student fails to comply with a staff request, immediately notify a certified staff member about the situation.

BENEFITS: See "*Contractual Agreement Between the Tri-County Special Education Joint Agreement and the Tri-County Special Education Association*" for a full description of benefits.

BREAKFAST/LUNCH DUTY: Casual conversations with students build relationships. For breakfast and lunch, it is recommended that staff sit down and eat with the students. Modeling appropriate conversations and behavior in an actual setting is more effective than simply correcting inappropriate behavior. Eating with the students is not intended to replace your 30-minute duty-free lunch. You must still take a 30-minute duty free period as determined by you and your teacher. Talk with your teacher and principal about this arrangement.

CELL PHONE USAGE:

Staff: All cell phones should be turned off and put away during the day. No staff member should use a cell phone during the instructional part of the day or in the presence of students. You may check your messages and return phone calls during your duty-free lunch break. If you are expecting an important phone call, inform your supervising teacher, put your phone and vibrate, and turn off the phone and put it away once you've received the call. Text messaging is not allowed during the school day.

Students: Students are required to turn in cell phones and other electronic devices upon arrival at school. If a student's cell phone rings or the student uses his/her cell phone during the day, that cell phone may be confiscated by staff, and a parent may be required to pick it up. A certified staff member may check to see who made a call to the student if it occurs during the school day. Staff may not search through the student's phone book, messages, etc.

CONFIDENTIALITY: Under no circumstances should any student be discussed by name outside of work. When in public, you may be asked to comment on a student. Respond in general terms. When visitors are in the classroom, never talk about a child. You should not discuss any aspect of the student's life, i.e. parents' names, family situation, etc.

CPI – CRISIS PREVENTION INTERVENTION: All staff members are required to be CPI certified. New staff will receive a full day training in order to become certified. Veteran staff will be receive a ½ day refresher course each year. A certified staff member must be present when CPI is used. If an emergency situation arises, and the student may harm self or others, then 2-3 paraprofessionals may administer CPI, but a certified staff member must be summoned immediately. Documentation must be kept throughout the CPI process. A certified staff member must initial the recording sheet every 30 minutes. *CPI is an intervention used as a last resort for students who are considered to be in danger to themselves and/or others.*

DOCKED DAYS: Docked days are days without pay. After personal days are exhausted, and for circumstances not covered under sick or other approved leave days, absence from work will be counted as a docked day. These days are acceptable only under unavoidable situations and any abuse will form a primary component in staff evaluation and may lead to dismissal proceedings.

DRUGS/ALCOHOL: If you are concerned that a student may be under the influence of alcohol or drugs, notify your teacher immediately.

FLEXIBILITY: Your schedule may change on a regular basis, depending on student/program need. Unexpected situations often take place. Due to absences of other staff members, you may be reassigned to a different classroom and supervising teacher for the day or a portion of the day.

GOSSIP: Tri-County centers are generally small and people work closely together. When people speak negatively about each other, it hurts feelings, morale, and the work environment in general. If you have concerns about a co-worker's performance, work ethic, or behavior, address your concerns with that person directly or discuss the matter with your supervising teacher and/or TAS. Gossip about co-workers is not a constructive use of YOUR time. Be part of the solution, not part of the problem.

HALLWAYS: It is very important that the hallway outside of the time-out rooms remain quiet. It is very easy to chat with those who are supervising students. However, everyone must realize that the students hear every word that is said, and they are enjoying this. Time-out is meant to be a calm, quiet, relaxing place for students to regain control of their emotions and continue their day.

HEAD LICE: If you are concerned that a student may have head lice, notify your supervising teacher.

INTERNET USAGE: Students using computers must have a signed Internet usage agreement on file with the classroom teacher. Staff familiar with computer/Internet use must directly supervise all students at all times. Even the best filters will not screen out offensive or inappropriate material all of the time. Please review any downloads or text/pictures that students wish to print before the material is printed.

INTERNET USAGE CONT:
STAFF UNFAMILIAR WITH COMPUTERS OR THE INTERNET SHOULD
IMMEDIATELY CONFER WITH THEIR SUPERVISING TEACHER AND INSERVICE
WILL BE PROVIDED.

JURY DUTY: Any regularly employed full-time employee called during their work hours for jury duty shall be paid his/her full compensation for such time with no loss of seniority or loss of any other benefits. The employee's receipt of jury duty compensation will be reimbursed to Tri-County, less mileage paid to the employee.

LATE STAY: Late stay is a behavior management tool used similarly to detention. Late-stays are held at some locations on Monday-Thursday from 3:00-5:00, and participation by paraprofessionals is optional. Hourly wages will be provided. In the event that you exceed your 40-hour workweek, you will be compensated 1.5 times your hourly wage. Rules about the late-stay program are provided by each building principal.

LUNCH, DUTY-FREE

Each paraprofessional receives a 30-minute duty-free lunch period. Your classroom teacher will assign your lunchtime; however, in an emergency, student supervision requirements may dictate that your assigned lunchtime will need to be altered.

MILEAGE: Tri-County employees will be reimbursed for all director-approved mileage for travel related to official district business. The employee shall obtain prior approval from the director or his designee prior to incurring any mileage costs, unless the employee has been given approval to incur mileage at the beginning of each year. Mileage reimbursement shall be made at the rate set by the IRS as of the first day of each school year.

MILITARY LEAVE: Notify your principal of military commitments so a substitute can be arranged if necessary. Provide a copy of your military orders, and write down military service on your time sheet.

NOTIFICATION OF ASSIGNMENT: Employees, when practicable, will be provided notice of their work assignment for the next school year on or before the end of each school year. Assignments may change within seven- (7) calendar days notice, unless an emergency prevents advance notice of a change in the employee's assignment.

PERSONAL BELONGINGS: Ask your supervising teacher where to keep your personal belongings. It is advised that you not leave valuables in the classroom.

PERSONAL DAYS: Each paraprofessional will receive two personal days per year. These may be taken in increments of ½ day or full day. All personal days must be submitted for approval three days prior to use.

PERSONNEL FILE: Any employee will have the right to inspect and/or designate an Association representative to inspect the employee's personnel file at the District's administrative office within 4 business days after the Director or his/her designee receives a written notice from the employee. All personnel files shall be inspected in the presence of the Director or his/her designee.

PLEDGE/MOMENT OF SILENCE: Each morning around 8:15, a moment of silence will be held throughout the building. The pledge of allegiance will immediately follow.

SALARY: All non-certified employees except COTA and PTA will be paid on an hourly basis for hours worked during a pay period. Non-certified employees will be paid on the 3rd and the 18th of each month. Time sheets must be submitted on the 10th and 25th of each month.

SCHOOL CALENDAR: The 2009-2010 school calendar is enclosed. Paraprofessionals work 176 days while the students are in attendance per year. Additional in-service days may be scheduled prior to the beginning of the school year.

SICK DAYS: New employees will be credited with three of their annual sick leave days, which will be available for use when the employee commences employment. Thereafter, sick leave will be earned on a monthly basis starting in the month the employee has earned the first three annual sick leave days. Only sick leave that is earned and accumulated on a monthly basis is available to use. Sick days may be used in ¼, ½, ¾, or 1 full day increments. If you must use a sick day, notify your classroom teacher, the office, and the building principal/TAS as soon as you are aware. The principal/TAS will determine if a substitute is needed. For a complete description of sick day accrual, see “Contractual Agreement Between the Tri-County Special Education Joint Agreement and the Tri-County Special Education Association.”

SMOKING: Illinois law dictates that smoking shall not occur on school grounds. Please remember that the school property includes parking lots and areas behind the building. Employees who do not follow this policy will first receive a warning. Upon a second infraction, a letter of reprimand will be placed in the employee’s file.

SNOW DAYS: Be aware of the district in which your building/program is located. If the district in which your assignment is located cancels school due to inclement weather, your building/program will also cancel.

STAFF EVALUATION: All first-year paraprofessionals will be evaluated two times during the school year by the building administrator or TAS with input from the supervising teacher. Paraprofessionals will receive the results of their evaluation in a timely fashion. An unsatisfactory evaluation may result in either a remediation plan or possibly dismissal.

STAFF MEETINGS: Each building/program may hold regular staff meetings. Please be prompt. All staff are expected to attend. If you have ideas that need to be discussed at meetings, please notify the principal/TAS before the meeting date.

SUBSTITUTE PARAPROFESSIONAL SCHEDULE: You will be required to compile a copy of your schedule that can be given to a substitute teacher in the event that you are absent. This schedule should account for every minute that you are at work. If you work with a small group, list the names of the students in that group. If you use a specific book in a small group, list the name of the book and where to find the resources for that group.

SUSPECTED CHILD ABUSE:

1. All staff is required by state mandate to immediately report **any suspected abuse or neglect** of a child to the Illinois Department of Children and Family Services.
2. The notification is made through the Child Abuse Hotline 800-252-2873.
3. It is not the responsibility of the staff to determine if DCFS may or may not take the call or to determine if the abuse is legitimate. **Mandated reporters must call if any abuse/neglect is suspected.**
4. Notify the supervising teacher, school social worker, and building principal of your concerns.
5. Prior to calling, have student information ready.
6. You **DO NOT NEED TO** notify the student's parents that DCFS is being called.
7. If you suspect a staff member is abusing a student, notify Administration immediately so appropriate action and an investigation can begin.
8. If you are reported for abuse, you are not required to speak with the DCFS investigator without the presence of the Coop's attorney or your private attorney.
9. Signs of child abuse are discussed in Section Three: Duties and Responsibilities section of this handbook.

TELEPHONE USE:

STAFF: Every phone call that is transferred into the classroom during instructional hours is a disruption to the learning environment. Telephone use should be kept to a minimum, and phone calls during instructional times should be for emergencies only. The telephone may be used for reasonable personal calls during a break or lunch time. If you need to be reached from home, please give them your extension number, and use your voice mail service to return calls outside of class time. We understand that some phone calls are necessary. If you are expecting a call from a doctor, etc. please notify administration that you will be expecting this call and exceptions will be made. All personal long distance phone calls must be made with a calling card or from a cell phone. If needed, an in-service will be provided on transferring calls, using voice mail, etc.

STUDENTS: Telephone use by students is not a right and remains solely at the discretion of staff.

UNDER NO CIRCUMSTANCES ARE STUDENTS TO PLACE CALLS WITHOUT SUPERVISION. If it is determined that a student should speak with a parent or guardian, staff must:

1. Dial the number.
2. Determine that the parent/guardian is on the line & briefly Describe why the call is being made.
3. Turn the phone over to the student.
4. Confiscate the phone if the student is making rude, threatening, or inappropriate comments.

TIME-OUT ROOM USAGE: Time-out room usage should only be used to maintain a safe orderly environment for learning. It **may not** be used as a form of punishment. If a student is sent to a time-out room by a paraprofessional, a certified teacher must be notified immediately. The paraprofessional must then begin a time-out room usage form. A student may not be kept in isolated time-out for more than 30 minutes after he or she ceases the unsafe behaviors (30 minutes past calm). Procedures for this form will be covered in an in-service training session. ***Timeout is typically used due to severe disruptive behaviors or for verbally and/or physically aggressive behavior.***

VISITORS: All visitors must check in at the office and receive a name badge before entering the building.

After receiving name badge, any visitor should be escorted in the building at all times. Parents should remain in the office when picking up a student or bringing something for their child. If you see someone in the building without a name badge, direct him or her to the office to receive one. If they refuse to go to the office, stay with them, and have someone else notify the office.

TIME SHEETS: An in-service for filling out time sheets will be provided.

1. Fill out time sheets
2. Submit to supervising teacher for signature.
3. Turn in for principal/TAS signature.

MEDICATION: Students are not allowed to carry prescription or non-prescription medication unless it is an inhaler and a doctor has authorized the use. Medication may not be administered to students without authorization from the child's doctor and approval from Tri-County nursing staff. Medication must arrive at school in a properly labeled prescription bottle. Medication dispersal must be documented on the medication dispersal sheet. Parents may bring pain relievers to the school, but staff may not administer any over-the-counter medications, including cough drops, to students. The educational performance of students with disabilities is often affected by both their disability and the medications used to treat their condition. Side effects of these medications can also negatively impact a student's school performance. On the following two pages is a list of some of the more common medications used by the students we serve. This list is not meant to be all-inclusive. With the ever-changing medical field, this would be impossible. This list is meant to merely provide basic information about possible side effects for which to be aware.

Anticonvulsants

DRUG NAME	COMMON USE	POSSIBLE SIDE EFFECTS	EDUCATIONAL IMPLICATIONS
<p>Depoktoe/Depakene Valporic Acid Depakene-Myproic Acid Epival Divalporex Sodium</p>	<p>- Treatment of epilepsy (tonic-clonic), myoclonic and absence seizures), used with other anti-convulsant drugs to control multiple seizer types</p> <p>- Treatment of aggression and mood disorders</p> <p>- Treatment of migraines</p>	<ul style="list-style-type: none"> ▪ Drowsiness/lethargy ▪ Irritability ▪ Distractibility ▪ Mild slowing of reaction time ▪ Abdominal or stomach cramps (mild) ▪ Changes in menstrual periods ▪ Diarrhea ▪ Indigestion/nausea ▪ Weight loss or gain ▪ Increase or decrease in appetite ▪ Tremors ▪ Hair loss (usually temporary) 	<p>May inhibit verbal learning ability, short-term memory, attention, and vigilance, concentration, speed of mental and motor processing.</p> <p>If tremors/shakiness are experienced, the parents and physician should be notified.</p> <p>Impaired fine and gross motors skills may be noted. The student's balance, endurance, coordination and handwriting may also be affected.</p>
<p>Dilantin Dipehnylan diphenylhydantion DPH Novophenytoin Phenytoin phenytonin sodium</p>	<p>- Treatment of seizures (tonic-clonic, partial complex and partial simple seizures)</p> <p>- Stabilize irregular heartbeat.</p>	<ul style="list-style-type: none"> ▪ Swelling/tenderness of gums ▪ Sleeplessness ▪ Dizziness ▪ Headache ▪ Blurred or double vision ▪ Nausea ▪ Constipation ▪ Slurred speech ▪ Tiredness ▪ Impaired coordination/unsteadiness ▪ Involuntary movements ▪ Inhibits memory, concentration ▪ Slows speed of mental and motor processing <p>** Slurred speech, mental confusion, impaired coordination, dizziness, systagmus, blurred or double vision-- indicate a dosage adjustment may be needed.</p>	<p>Dilantin can have adverse effects on learning and behavior. Side effects such as nausea, constipation and stomach pain may cause students to not feed well.</p> <p>Modification of seatwork, reading and visual tasks may help if they have blurred vision.</p> <p>It may affect children cognitively by inhibiting memory, concentration and speed of mental and motor processing. They may need extra time to complete assignments due to their processing problems.</p>
<p>Felbatol felbamate</p>	<p>- Treatment of Partial (simple and complex) seizures</p> <p>- Secondarily generalized seizures</p> <p>- Partial and generalized seizures associated with Lennox-Gastaut syndrome</p>	<ul style="list-style-type: none"> ▪ stomach upset ▪ nausea ▪ vomiting ▪ decreased appetite ▪ dizziness ▪ headache ▪ trouble sleeping ▪ tiredness 	<p>Drowsiness can affect the student's efficiency in gathering information.</p> <p>They may have trouble focusing on school activities or difficulty concentrating or maintaining attention.</p> <p>Decreased appetite</p> <p>Staff may be asked to monitor frequency of seizures to assist M.D. in determining the effectiveness of the medication.</p>

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Cooperaitve Special education
information, 2006.

Anticonvulsants

DRUG NAME	COMMON USE	POSSIBLE SIDE EFFECTS	EDUCATIONAL IMPLICATIONS
<p>Klonopin (formerly known as Clonopin)</p> <p>Clonazepam</p> <p>Clorazepate</p> <p>Tranxene</p>	<p>- Treatment of Lennox-Gestaut syndrome, akinetic or atonic, myoclonic and atypical absence seizures.</p> <p>- Occasional use to reduce tics in Tourette Syndrome</p>	<ul style="list-style-type: none"> ▪ drowsiness ▪ incoordination ▪ behavior problems ▪ ataxia ▪ slurred speech ▪ double vision ▪ increased salivation ▪ respiratory depression 	<p>If irritability, aggression, hyperactivity, antisocial activities, or disobedience develop, one must always look at the medication as being a possible cause and discuss with parents and doctor.</p> <p>Blurred vision may affect reading and writing and ataxia affect ability to perform gross and fine motor activities.</p> <p>Drowsiness</p>
<p>Lamictal</p> <p>lamotrigine</p>	<p>- Treatment of partial seizures along with another medication</p> <p>- Treatment of secondary generalized tonic-clonic (grand mal) seizures</p> <p>- To prevent or reduce frequency of seizures</p>	<ul style="list-style-type: none"> ▪ dizziness ▪ drowsiness ▪ headache ▪ incoordination ▪ prolonged drowsiness ▪ rapid eye movements ▪ blurred vision ▪ nausea ▪ vomiting ▪ rhinitis ▪ light sensitivity ▪ rash 	<p>May cause impairment of physical abilities such as climbing, running, riding bikes, etc.</p> <p>More susceptible to severe sunburn</p> <p>Drowsiness can affect student's efficiency in gathering information.</p> <p>If dizziness, tremoring, lack of coordination or vision related side effects occur, ability to complete reading/writing tasks may be compromised.</p>
<p>Mebaral</p> <p>mephobarbital</p>	<p>- Treatment of tonic-clonic (grand mal) and absence (petit mal) epilepsy</p> <p>- To prevent or reduce frequency of seizures</p> <p>- As a sedative for relief of anxiety, tension and apprehension</p>	<ul style="list-style-type: none"> ▪ dizziness ▪ drowsiness ▪ irritability ▪ lethargy ▪ respiratory depression ▪ addiction ▪ chronic intoxication ▪ anemia 	<p>It can cause mood alterations from excitement to mild sedation (depression) and confusion.</p> <p>Activities that require alertness and good psychomotor coordination may be affected such as driving, climbing, running, riding bikes, etc. More susceptible to severe sunburn</p> <p>Drowsiness</p>
<p>Neurontin</p> <p>bupropoin hydrochloride</p>	<p>- Used with other medication to treat partial seizures with or without secondary generalization</p>	<ul style="list-style-type: none"> ▪ headache ▪ fatigue ▪ somnolence ▪ dizziness ▪ ataxia ▪ tremor ▪ uncontrolled eye movement ▪ blurred vision ▪ double vision ▪ ringing in ears ▪ nasal inflammation 	<p>There could be an altered level of alertness which can cause difficulty focusing on school activities and require minor adjustments in class.</p> <p>Problems with vision may impact ability to read and write.</p>

Rum River Special Education
Cooperaitve Special education
information, 2006.

Anticonvulsants

DRUG NAME	COMMON USE	POSSIBLE SIDE EFFECTS	EDUCATIONAL IMPLICATIONS
<p>Phenobarbital</p> <p>Barbita</p> <p>Luminal</p> <p>PBR/12</p> <p>Solfoton</p> <p>phenobarbitone</p>	<p>- To control epilepsy (seizures), all types</p> <p>- As a sedative to relieve anxiety and anxiety before surgery</p> <p>- To relieve insomnia</p>	<ul style="list-style-type: none"> ▪ drowsiness ▪ lethargy ▪ “hangover” effect ▪ hyperactivity ▪ irritability ▪ difficulty sleeping ▪ loss of coordination 	<p>Can inhibit short-term memory, affect attention, verbal learning ability, and vigilance, student may have difficulty recalling or remembering information, following directions and learning information presented verbally.</p> <p>May perform poorly on timed tests and need extra time.</p> <p>Side effects of hyperactivity, lethargy, irritability, and difficulty sleeping could alter school performance.</p>
<p>Primidone</p> <p>Apo-Primidone</p> <p>Myidone</p> <p>Mysoline</p> <p>Sertan</p>	<p>- Treatment of tonic-clonic (grand mal), complex partial (psychomotor, temporal lobe) and simple partial seizures</p>	<ul style="list-style-type: none"> ▪ drowsiness ▪ incoordination, ▪ irregular movements ▪ blurred vision ▪ nausea ▪ vomiting ▪ difficulty sleeping ▪ lethargy ▪ irritability ▪ loss of appetite ▪ headache ▪ behavior changes ▪ restlessness ▪ dizziness 	<p>Impaired fine and gross motor skills may result from ataxia. May have difficulty performing in gym, writing neatly, etc. and require adaptations.</p> <p>May have trouble focusing and concentrating or maintaining attention on school activities. Side effects of irritability, hyperactivity, lethargy, and difficulty sleeping.</p> <p>Blurred or fuzzy vision may impact ability to complete reading and writing tasks.</p>
<p>Tegretol</p> <p>Carbamazepine</p> <p>Eptol</p>	<p>-Control seizures: complex partial generalized tonic clonic (grand mal) and simple partial.</p> <p>- Decrease frequency, severity and duration of attacks of tic douloureux</p> <p>- Relieve facial nerve pain</p>	<ul style="list-style-type: none"> ▪ difficulty sleeping ▪ emotional lability ▪ dizziness ▪ blurred or double vision ▪ nausea ▪ agitation and irritability ▪ drowsiness, tiredness ▪ incoordination, unsteadiness ▪ increased sensitivity to light 	<p>Mood changes, nervousness, and difficulty sleeping, could alter school performance and require modifications. The student may have trouble focusing on school activities.</p> <p>May have trouble with perceptual/ or visual work due to blurred vision and incoordination. Preferential seating may be needed.</p> <p>Observe for signs of anorexia or subtle appetite changes, which may indicate excessive blood levels.</p> <p>May experience incoordination</p>
<p>Tranxene</p> <p>clorazepate dipotassium</p> <p>Tranxene-SD</p> <p>Tranxene T-TAB</p> <p>Gan-XENE</p>	<p>- Management of partial seizures.</p> <p>- Treat nervousness or tension.</p> <p>- Used for the symptomatic relief of acute alcohol withdrawal</p>	<ul style="list-style-type: none"> ▪ drowsiness ▪ dizziness ▪ nervousness ▪ blurred vision ▪ dry mouth ▪ headache ▪ irritability ▪ clumsiness 	<p>Side effects of drowsiness or nervousness could alter school performance and require modifications. The student may have trouble focusing on school activities.</p> <p>Hot weather, heavy exercise and profuse sweat may cause an overdose. Blood sugar may rise in diabetics, requiring insulin adjustment.</p>

Anticonvulsants

DRUG NAME	COMMON USE	POSSIBLE SIDE EFFECTS	EDUCATIONAL IMPLICATIONS
<p>Zarontin Ethosuximide</p>	<p>- To control absence (petit mal) seizures</p>	<ul style="list-style-type: none"> ▪ drowsiness ▪ dizziness ▪ hyperactivity ▪ irritability ▪ difficulty sleeping ▪ hiccups ▪ appetite loss ▪ abdominal pain ▪ vomiting 	<p>Side effects of drowsiness, and difficulty sleeping could alter school performance and require modifications.</p> <p>This drug can impair memory. Periodic review of materials, open book tests and an assignment notebook may help.</p> <p>May need to avoid activities requiring alertness or good psychomotor control (driving, climbing, use of shop equipment, etc.) until side effects known.</p>

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Antidepressants

DRUG NAME	COMMON USE	POSSIBLE SIDE EFFECTS	EDUCATIONAL IMPLICATIONS
Aventyl nortriptyline hydrochloride Pamelor	- Treatment of depression - Childhood enuresis - Chronic, severe nerve pain - Some sleep disorders	<ul style="list-style-type: none"> ▪ drowsiness ▪ dizziness ▪ tachycardia ▪ blurred vision ▪ constipation ▪ urine retention ▪ diaphoresis ▪ photosensitivity 	Due to side effects listed students may display an altered level of alertness. Blurred vision may be noted. May need to avoid activities requiring alertness or good psychomotor control until side effects known.
Elavil amitriptyline hydrochloride amitriptyline pamoate Endep Enovil	- Treat ADHD symptoms - Treat depression - Treat migraine headaches - Control chronic pain - Treat bulimia	<ul style="list-style-type: none"> ▪ dry mouth ▪ blurred vision ▪ upset stomach (nausea) ▪ irregular heartbeat ▪ lightheadedness upon rising from sitting/lying ▪ rapid heartbeat ▪ profuse sweating ▪ dizziness & drowsiness ▪ nervousness 	Nausea, indigestion, dizziness and drowsiness may be experienced. Student may not feel their best at all times, especially the first few weeks. Drowsiness Side effects of nausea, dizziness, blurred vision could alter school performance and require modifications.
Prozac fluoxetine hydrochloride	- Treatment of depression, suicide - Treat stereotypes and rigid behavior in Autism - Binge eating and vomiting behavior in bulimia - Attention-deficit disorder with aggressive tendencies - Self-injurious behavior - Treat some forms of anxiety and obsessive/compulsive behaviors	<ul style="list-style-type: none"> ▪ nausea ▪ anxiety ▪ headache ▪ insomnia ▪ tremors ▪ decreased appetite ▪ drowsiness and fatigue ▪ increased sweating ▪ upset stomach ▪ dry mouth ▪ dizziness ▪ nervousness ▪ agitation 	Drowsiness May be more nervous, agitated and fidgety which will affect behavior.
Wellbutrin bupropion hydrochloride	- Treat depression	<ul style="list-style-type: none"> ▪ headache ▪ confusion ▪ difficulty sleeping ▪ drowsiness ▪ tremor ▪ agitation ▪ dizziness ▪ irregular heart beat ▪ auditory disturbances ▪ dry mouth ▪ constipation ▪ nausea ▪ lack of or increased appetite ▪ weight loss or weight gain ▪ excessive sweating 	Most people experience increased restlessness, which may include agitation, difficulty sleeping and anxiety when starting this medication. There could be an altered level of alertness. May need to monitor food intake due to decreased appetite. Drowsiness and dizziness If tremoring occurs, completion of tasks requiring smooth coordinated movements might be affected and may need accommodations.

Antidepressants

DRUG NAME	COMMON USE	POSSIBLE SIDE EFFECTS	EDUCATIONAL IMPLICATIONS
Baclofen Clofen Lioresal Lioresal Intrathecal	- Prescribed to reduce high muscle tone that is painful or interferes with function, positioning, or personal care. - Treatment of severe spasticity	<ul style="list-style-type: none"> ▪ drowsiness ▪ dizziness ▪ nausea ▪ confusion ▪ muscle weakness 	During first few weeks, may note fatigue (drowsiness) which could affect ability to attend, complete tasks, etc., and need to adjust expectations for work completion during this time.
Klonopin Klonopin Clonazepam Clorazepate Tranxene	- Treatment of Lennox-Gestaut syndrome, akinetic or atonic, myoclonic and atypical absence seizures. - Occasional use to reduce tics in Tourette Syndrome	<ul style="list-style-type: none"> ▪ drowsiness ▪ incoordination ▪ behavior problems ▪ ataxia ▪ slurred speech ▪ double vision ▪ increased salivation ▪ respiratory depression 	Children may experience drowsiness, which can affect the student's efficiency in gathering information and completing work. Blurred vision may affect reading and writing, and ataxia may affect ability to perform gross and fine motor activities.

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Bronchodialator/Respiratory

DRUG NAME	COMMON USE	POSSIBLE SIDE EFFECTS	EDUCATIONAL IMPLICATIONS
<p>Albuterol</p> <p>albuterol sulfate</p> <p>Ventolin</p> <p>Proventil</p> <p>Volmax extended-release tablets</p>	<p>- Prevention and relief of bronchial spasms and wheezing (especially to treat asthma, emphysema, and other breathing conditions)</p>	<ul style="list-style-type: none"> ▪ aggression ▪ agitation ▪ nervousness ▪ tremors ▪ dizziness ▪ blurred vision ▪ excitement and hyperactivity ▪ dry mouth ▪ headache ▪ difficulty sleeping ▪ nausea ▪ rapid heartbeat ▪ increased blood pressure 	<p>Side effects of nausea, dizziness, blurred vision could alter school performance and require modifications.</p> <p>Albuterol can decrease attending skills, due to the stimulating effects of the medication on the central nervous system.</p> <p>The student may have trouble sitting still and/or focusing on school tasks.</p> <p>A student can become aggressive, anxious, easily excited and act out when on this medication, even when this is not their normal character (due to side effect of mood changes.)</p>
<p>Aminophylline</p> <p>Corophyllin</p> <p>Theophylline</p> <p>Ethylendiamine</p> <p>Somophyllin</p> <p>Truphylline</p>	<p>- Treat bronchial asthma symptoms</p> <p>- Prevent and relieve bronchial spasms and wheezing (in emphysema and other breathing conditions)</p>	<p>I</p> <ul style="list-style-type: none"> ▪ irritability ▪ difficulty sleeping ▪ headache ▪ nausea ▪ restlessness ▪ stomachache ▪ nervousness ▪ rapid throbbing heartbeat 	<p>Decreased lung functioning in combination with side effects could have a negative impact on academic performance. Could have trouble sitting still and/or focusing on school tasks, and require modifications.</p> <p>Scheduling the more academic parts of the day to correspond with a time when the student is less affected by asthma or side effects can also be helpful.</p>
<p>Brethaire</p> <p>Brethine</p> <p>Bricanyl</p> <p>terbutaline sulfate</p>	<p>- Treatment of bronchial asthma, bronchitis and emphysema</p> <p>- Prevention and relief of bronchial spasms and wheezing</p>	<ul style="list-style-type: none"> ▪ headache ▪ trembling ▪ increased heart rate ▪ insomnia ▪ nervousness ▪ restlessness 	<p>Side effects of tremoring and restlessness may affect quality of writing, ability to concentrate, complete schoolwork and sit still.</p> <p>Scheduling the more academic parts of the day to correspond with a time when the student is less affected by asthma or side effects can also be helpful.</p>
<p>Intal</p> <p>cromolyn sodium</p> <p>Cromolyn</p> <p>Gastrocrom</p> <p>Nasalcrom</p>	<p>- Treat asthma, exercise induced asthma, and allergic rhinitis</p> <p>- Treat systemic mastocytosis</p> <p>- Treat inflammation of covering to eye and cornea (eye drops)</p>	<ul style="list-style-type: none"> ▪ irritated throat and trachea ▪ cough ▪ bad taste in mouth 	<p>This drug has little or no side effects.</p> <p>Because of breathing difficulty and fear of trouble breathing, a child with asthma may worry about their health and intensify their condition.</p>

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Stimulants

DRUG NAME	COMMON USE	POSSIBLE SIDE EFFECTS	EDUCATIONAL IMPLICATIONS
<p>Adderall Dextroamphetamine amphetamine</p>	<p>- Treatment of Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD)</p> <p>- Narcolepsy (sudden and uncontrollable attacks of drowsiness and sleep)</p> <p>- Short-term treatment of obesity in children</p>	<ul style="list-style-type: none"> ▪ irritability ▪ difficulty sleeping ▪ loss of appetite ▪ nervousness, restlessness ▪ dry mouth ▪ irregular heart beat ▪ fast-pounding heart ▪ hyperactivity ▪ talkativeness 	<p>Side effects of mood changes, nervousness, and difficulty sleeping could alter school performance and require modifications.</p> <p>May need to avoid activities requiring alertness or good psychomotor control until side- effects known.</p>
<p>Catapres Catapres-TTS Clonidine Dixarit hydrochloride</p>	<p>- Treat Hypertension, Congestive Heart Failure</p> <p>- Dysmenorrhea and menopausal "hot flashes"</p> <p>- Alcohol and narcotic withdrawal syndrome</p> <p>- Prevent vascular/migraine headaches</p> <p>- Treat Tourette Syndrome</p> <p>- Reduces anxiety, ADHD symptoms, and improves attention</p> <p>- Beginning to be used to treat ADHD symptoms, often with another stimulant</p> <p>-Treat anxiety and panic disorders in children</p>	<ul style="list-style-type: none"> ▪ drowsiness ▪ nausea ▪ fatigue ▪ dizziness ▪ constipation ▪ headaches ▪ increased irritability ▪ localized skin reactions ▪ low blood pressure ▪ weakness ▪ dry mouth ▪ weight gain ▪ lightheadedness upon rising from sitting/lying 	<p>To combat side effect of drowsiness, include more frequent physical activity, movement to increase alertness. May need to avoid use of shop tools and equipment if drowsiness is an issue.</p>
<p>Cylert Pemoline magnesium pemoline</p>	<p>- Treatment of Attention Deficit Hyperactive Disorder (ADHD)</p> <p>-Attention Deficit Disorder (ADD)</p>	<ul style="list-style-type: none"> ▪ difficulty sleeping ▪ loss of appetite ▪ headache ▪ stomachache ▪ nervousness ▪ restlessness ▪ irritability ▪ dizziness <p>Additional side effects:</p> <ul style="list-style-type: none"> ▪ skin rash ▪ mild depression ▪ dizziness ▪ weight loss 	<p>Student may have trouble focusing on school activities during initial few weeks of medication due to temporary side effects -nervousness, insomnia, and headache.</p>

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Stimulants

DRUG NAME	COMMON USE	POSSIBLE SIDE EFFECTS	EDUCATIONAL IMPLICATIONS
<p>Dexedrine dextroamphetamine sulfate Oxydess II Robese Spancap # 1</p>	<p>-Treatment of narcolepsy - Treatment of Attention Deficit Hyperactivity Disorder (ADHD) - Short term treatment of obesity</p>	<ul style="list-style-type: none"> ▪ blurred vision ▪ constipation ▪ decreased appetite ▪ dry mouth ▪ headache ▪ insomnia ▪ irritability ▪ stomachache ▪ restlessness ▪ tachycardia ▪ weight loss 	<p>If student experiences blurred vision, modification of seatwork, reading and visual tasks may be necessary.</p>
<p>Ritalin Ritalin SR Methidate methylphenidate</p>	<p>- Treatment of ADHD/ADD - Treatment for hyperactive Children - Treatment for narcolepsy</p>	<ul style="list-style-type: none"> ▪ appetite loss ▪ insomnia ▪ nervousness ▪ dizziness ▪ headache ▪ fast irregular or pounding heart ▪ beat ▪ upset stomach ▪ lethargy and depression 	<p>The student may have trouble focusing on school activities during initial few weeks of medication due to temporary side effects - insomnia, headache, nervousness.</p> <p>Side effects of mood changes, nervousness, and difficulty sleeping could alter school performance and require modifications. May need to monitor lunch/eating due to decreased appetite</p>

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OTHER MEDICATIONS

DRUG NAME	COMMON USE	POSSIBLE SIDE EFFECTS	EDUCATIONAL IMPLICATIONS
<p>Catapres</p> <p>Catapres-TTS</p> <p>Clonidine</p> <p>Dixarit hydrochloride</p>	<p>- Treat Hypertension, Congestive Heart Failure</p> <p>- Dysmenorrhea and menopausal (hot flashes)</p> <p>- Alcohol and narcotic withdrawal syndrome</p> <p>- Prevent vascular/migraine Headaches</p> <p>- Treat Tourette Syndrome</p> <p>-Reduces anxiety, ADHD symptoms, and improves attention</p> <p>- Beginning to be used to treat ADHD symptoms, often with another stimulant</p> <p>- Treat anxiety and panic disorders in children</p>	<ul style="list-style-type: none"> ▪ drowsiness ▪ nausea ▪ fatigue ▪ dizziness ▪ constipation ▪ headaches ▪ increased irritability ▪ localized skin reactions ▪ low blood pressure ▪ weakness ▪ dry mouth ▪ weight gain ▪ lightheadedness upon rising from sitting/lying 	<p>To combat side effect of drowsiness, include more frequent physical activity, movement to increase alertness. May need to avoid use of shop tools and equipment if drowsiness is an issue.</p>
<p>Prednisone</p> <p>Deltasone</p> <p>Liquid Pred</p> <p>Apo-prednisone</p> <p>Merticorten</p> <p>Orasone</p> <p>Panasol</p> <p>Prednicen</p> <p>Prednisone Intesol</p> <p>Sterapred</p>	<p>- Treatment of severe inflammation or immunosuppression</p> <p>- Treat emphysema, bronchial asthma</p> <p>- Treat kidney and some allergic diseases, blood disorders</p> <p>- To suppress allergic reactions</p>	<ul style="list-style-type: none"> ▪ difficulty sleeping ▪ irritability ▪ increased or decreased appetite ▪ nervousness ▪ restlessness ▪ nausea ▪ headache ▪ dizziness ▪ restlessness/hyperactivity ▪ talkativeness 	<p>Side effects of restlessness, difficulty sleeping which could alter school performance and require modifications.</p> <p>Student may have trouble focusing on school activities and require redirection and assistance with organizational skills.</p> <p>May become more irritable, fidgety and talkative which will affect behavior.</p> <p>May need to monitor lunch/eating due to increased or decreased appetite.</p>

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SECTION TWO
LEGAL AND ETHICAL
ISSUES

The mediocre teacher tells. The good teacher explains. The superior teacher demonstrates. The great teacher inspires. ~William Arthur Ward

It's the "Person First" -- Then the Disability

What do you see first?

- The wheelchair?
- The physical problem?
- The person?

If you saw a person in a wheelchair unable to get up the stairs into a building, would you say, "There is a handicapped person unable to find a ramp?" Or would you say, "There is a person with a disability who is handicapped by an inaccessible building?"

What is the proper way to speak to or about someone with a disability?

Consider how you would introduce someone -- Jane Doe-- who doesn't have a disability. You would give her name, where she lives, what she does or what she is interested in -- she likes swimming, or eating Mexican food, or watching Brad Pitt movies.

Why say it differently for a person with disabilities? Every person is made up of many characteristics--mental as well as physical -- and few want to be identified only by their ability to play tennis or by their love for fried onions or by the mole that's on their face. Those are just parts of us.

In speaking or writing, remember that children or adults with disabilities are like everyone else -- except they happen to have a disability. Therefore, here are a few tips for improving your language related to disabilities and handicaps.

1. Speak of the person first, then the disability—(ie: a student with ED)
2. Emphasize abilities, not limitations.
3. Do not label people as part of a disability group --don't say "the disabled." Instead, say, "People with disabilities."
4. Don't give excessive praise or attention to a person with a disability; don't patronize them.
5. Choice and independence are important; let the person do or speak for him/herself as much as possible.
6. A disability is a functional limitation that interferes with a person's ability to walk, hear, talk, learn, etc. Use "handicap" to describe a situation or barrier imposed by society, the environment or oneself.

Say . . .

child with a disability
person with cerebral palsy
person who is deaf or hard of hearing
person with retardation
person with epilepsy or person with seizure disorder
person who has...
without speech, nonverbal
developmental delay
emotional disorder, or mental illness
uses a wheelchair
with Down Syndrome
has a learning disability
nondisabled
has a physical disability
congenital disability
condition
seizures
cleft lip
mobility impaired
medically involved, or has chronic illness
paralyzed
has hemiplegia (paralysis of one side of the body)
has quadriplegia (paralysis of both arms and legs)
has paraplegia (loss of function in lower body only)
of short stature
accessible parking

Instead of . . .

disabled or handicapped child
palsied, or C.P., or spastic
deaf and dumb
retarded
epileptic
afflicted, suffers from, victim
mute or dumb
slow
crazy or insane
confined to a wheelchair
mongoloid, retarded
is learning disabled
normal, healthy
crippled
birth defect
disease (unless it is a disease)
fit
hare lip
lame, crippled
sickly
invalid or paralytic
hemiplegic
quadriplegic
paraplegic
dwarf or midget
handicapped parking

Reprinted from the June 1998, PACER Center Early Childhood Connection and September 1999, PACER Center PACESETTER

DEFINITION OF EMOTIONAL DISTURBANCE

23 Illinois Administrative Code 226.522 (f) **Emotional Disturbance** (includes schizophrenia but does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance) means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- Inappropriate types of behavior or feelings under normal circumstances;
- A general pervasive mood of anxiety or unhappiness or depression; or
- A tendency to develop physical symptoms or fears associated with personal or school problems.

DETERMINATION OF ELIGIBILITY FOR BEHAVIOR DISORDER/EMOTIONAL DISTURBANCE SERVICES

As with any other disability determination, eligibility for ED/BD services must be determined through a case study evaluation. All documentation, including anecdotal records, outside reports, teacher checklists, intervention strategies, and the early intervention report must be included with the referral. A comprehensive case study evaluation for possible ED services must include, but need not be limited to:

1. An interview with the student.
2. Consultation with the student's parents.
3. A social developmental study, including an assessment of the student's adaptive behavior and cultural background.
4. A report regarding the student's medical history and current health status.
5. A vision and hearing screening, completed at the time of the evaluation or within the previous six months.
6. A review of the child's academic history and current educational functioning.

LEGAL AND ETHICAL ISSUES FOR PARAPROFESSIONALS

As a paraprofessional, you may be faced with situations where your own interests, a student's interests, or the school's interests may conflict. As a school worker, you must always consider the ethical implications of the decisions that you make and the potential impact on students, their families, and other school staff.

When working with students with disabilities, a clear code of ethics can establish a framework for your relationships with various members of the educational setting. The following sections can establish guidelines for expected behavior.

Work Responsibilities

1. Recognize that the classroom teacher has the ultimate responsibility for the instruction and the behavior of the students and follow the directions given by your supervisor.
2. Realize that you may be assigned to a particular classroom or grade, but you may be asked to work with other classes and/or age groups at any given time.
3. Assist students in performing activities initiated by the teacher.
4. Supervise children in the hallway, lunchroom, playground, etc.
5. Reinforce learning in small groups or with individuals, while the teacher works with other students.
6. Refer concerns expressed by parents, students or others to the classroom teacher. The teacher is responsible for communicating progress and concerns with parents—not the paraprofessional.
7. Perform clerical tasks such as attendance, typing, copying, etc.
8. Assist the teacher in observing, recording, and charting behavior.
9. Assist the teacher with crisis problems and behavior management.
10. Carry out instructional programs designed by the teacher.
11. Work with the teacher to develop classroom schedules.
12. Assist in planning field trips or activities.
13. Read aloud or listen to children read.
14. Grade and hand out papers.
15. Assist in creating flashcards, posters, bulletin boards, etc.
16. Take care of student emergencies and illnesses such as vomiting, toileting accidents, etc.
17. Supervise when students arrive at school, eat breakfast, eat lunch, and get on buses in the evening.
18. Supervise in the restrooms.
19. Straighten room at the end of the day.
20. Participate in Crisis Prevention Intervention (CPI) after receiving training.
21. Complete time sheets in a timely manner
22. Carry out any other responsibilities deemed appropriate for this position.
23. Avoid situations where you are alone in an enclosed area with a student.
24. STAY BUSY. If you have down time, ask your teacher what you can do to help. Move around the room, and avoid just sitting for extended periods of time.

Paraprofessionals May Not:

1. Communicate concerns or progress about students to parents.
2. Discuss any aspect of a student's behavior, progress, and concerns with anyone outside of the school setting.
3. Be solely responsible for assigning grades.
4. Assume full responsibility for supervising assemblies or field trips.
5. Transport students.

Relationships with Students and Parents:

1. Discuss a child's progress, limitations, and/or educational program only with the supervising teacher in the appropriate setting. This information should not be shared with everyone in the building, but only with the staff directly involved with the student.
2. Discuss school problems and confidential matters only with appropriate personnel and only when students are not present.
3. Respect the dignity, privacy, and individuality of all students, parents, and staff members.

Relationships with Students and Parents Cont:

4. Present yourself as a positive adult role model.
5. Use behavior management strategies, which are consistent with the standards established by Ward School.

Relationship with the Teacher:

1. Recognize the role of the teacher as the supervisor
2. Express differences of opinion only when students are not present.
3. Establish communication and a positive relationship with the teacher.
4. Discuss concerns about the teacher or teaching methods directly with the teacher.
5. If issues are not resolved, then discuss the concerns **ONLY** with the teacher's supervisor.
6. Do not discuss teacher problems with students, other teachers, other paraprofessionals or parents.
7. Follow the behavior management approach as established by the teacher. Learn the system quickly.

Relationship with the School:

1. Accept responsibility for improving skills.
2. Become familiar with school policies and procedures.
3. You are part of a team. Represent the school and its programs in a positive manner. The paraprofessional should refrain from:
 - a. Airing school problems and confidential matters, including personalities, outside of school circles;
 - b. Discussing administrative, interdepartmental and interschool problems in the presence of pupils
 - c. Gossiping about problems with those who cannot assist in the solution.
 - d. Entering another classroom during the instructional part of the day to speak with a staff member about a non-school related subject. This disrupts the learning environment.

Confidentiality:

One of the most important aspects of ethical behavior for school staff is the handling and disclosure of confidential information about students or their families. During a normal day, you will come into contact with a wide variety of information, which may include test scores, behavior, attendance, court proceedings, family problems and many other kinds of personal information. All school personnel are required by law to keep this information confidential.

1. Be careful when answering the phone. A "Permission to Release Information" form must be on file to exchange information with any agency outside the school setting (SIRRS, Probation, outside counselors, etc.)
2. Do not use students' last names when providing information to parents (ie. Valentine's Day list—only use first names on the list).
3. Do not take a student's picture unless a photography release has been signed by parents and is on file with the classroom teacher.

Chain of Responsibility:

No matter how smoothly a program runs, problems will arise. If a problem does arise, the paraprofessional must follow the chain of responsibility in order to resolve the problem.

1. If a problem arises, the paraprofessional should contact the supervising teacher about the problem.
2. If the problem isn't resolved, the next step is to contact the building principal.
3. If the problem isn't resolved, the next step is to contact the assistant director.
4. If the problem isn't resolved, the next step is to contact the special education director.
5. If the problem cannot be solved, refer to the grievance procedures in the *Contractual Agreement between Tri-County Special Education Joint Agreement and the Tri-County Special Education Association*.

If a problem arises with another paraprofessional, the first rule of thumb is to contact the person that you have the concern with. Try to work out the problem. If the person is unwilling to resolve the problem, then work through the chain of command until the problem is resolved.

Adapted from Issues and Responsibilities in Utilizing, Training, and Managing Paraprofessionals, by SE Vasa and AL Steckelberg, 1991, Lincoln: Department of Special Education and Communication Disorders, University of Nebraska.

ABUSE AND NEGLECT

You are required by law to report any suspected incidents of abuse or neglect because paraprofessionals are in positions that provide services to children and adults. This includes abuse suspected internally (within your setting) or externally (outside of your setting). All states impose a civil or criminal penalty on those who don't report incidents.

Paraprofessionals are to report any suspicions to the supervising teacher. The law protects your identity when you report any suspected cases. Knowing this, you must then know what signs to look for that indicate abuse or neglect. There can be many, and they can be particularly difficult to detect. However, here are a few signs to look for.

SIGNS OF ABUSE:

Signs of Physical Abuse:

1. Malnutrition
2. Constant fatigue or listlessness
3. Poor hygiene
4. Inadequate clothing for weather conditions
5. Appearance of overall poor care
6. Injuries treated inappropriately or inadequately
7. Improper supervision for needs
8. Poor work/school attendance
9. Drug or alcohol abuse
10. Excessive child care or other responsibilities which are expected in order to have basic needs met
11. Unexplained bruising, scabbing, scarring
12. Changing the story throughout day or with different people about how injuries occurred.

Signs of Emotional Abuse:

1. Very low or high body weight
2. Lack of concern for physical appearance
3. Habit disorders (sucking, rocking)
4. Sleep disorders
5. Poor self-concept
6. Anxiety
7. Depression
8. Hostility
9. Unresponsive to praise
10. Antisocial behaviors

Signs of Sexual Abuse:

1. Difficulty walking or sitting
2. Bruises, abrasions, or bleeding in the genital or perineal area
3. Swelling of genitalia
4. Complaints of genital pain
5. Recurrent urinary tract infections
6. Torn, stained or bloody underclothing
7. Behavior signs depend on the age and maturity of the individual, the nature and duration of the abuse, and the individual's relationship to the abuser. They may include the following:
 - a. Becoming withdrawn
 - b. Daydreaming excessively
 - c. Exhibiting poor self-esteem
 - d. Seeming frightened or phobic
 - e. Acting suddenly younger or more immature

Rum City Cooperative Special
Education Information, 2006 .

There is a brilliant child locked inside of every student. Our job is to find the key.

--Marva Collins

SECTION THREE
BEHAVIOR MANAGEMENT

Children have more need of models, than of critics. --Joubert

PURPOSE

The overall purpose of behavior management is to aide students in displaying behaviors conducive to learning. The goal of positive behavior management should be to teach and encourage academic and social behaviors that are appropriate for the classroom situation. The most important thing to remember is that each day is a new day. Accept and care about each student unconditionally. Do not hold grudges, and do not take statements or situations personally. Our job is not to “catch” a student doing something wrong. It is to provide guidance to them so they will become successful students. These students are here for a reason... and SO ARE WE.

Planned Ignoring

Sometimes the most effective way to deal with student misbehavior is to “ignore it.” You should ignore in the following situations:

1. When the inappropriate behavior is unintentional or not likely to reoccur.
2. When the goal of misbehavior is to gain adult attention.
3. When you want a behavior to decrease.
4. Do not intervene when there is nothing you can do.

You should intervene in the following situations:

1. When there is physical danger or harm to yourself, others or the child
2. When a student disrupts the classroom
3. When there are violations to rules or policy
4. When there is interference with learning
5. When the inappropriate behavior will spread to other students.

Positive Reinforcement

The use of positive reinforcement cannot be emphasized enough. The use of specific praise is essential to encourage appropriate behavior in our students.

1. Describe the behavior that you see and make the praise contingent on the demonstration of that appropriate behavior.
2. Praise should be used with a ratio of three praise statements for every negative/neutral statement.
3. The Precision Request Sequence should be used consistently in asking students to comply with rules or follow directions. The diagram is included. If you need a review, contact your supervisor.

Characteristics of Effective Praise:

1. Include the student’s name in your praise. It helps to be specific.
2. Praise should be descriptive. It should let the student know what he/she is doing correctly.
3. The praise must be convincing. You should use a tone of voice and body language, which convey that the praise is genuine. The praise must also be appropriate for the age and grade level of the student.
4. The praise is more effective if it is varied and praise should not disrupt the class or lesson.
5. EXAMPLES:
 - a. “Steve, you went from one page right to the next; that’s the way to keep working.”
 - b. “Janice, you capitalized the first word of every sentence. You’ve really learned the rule!”

WAYS TO SAY "GOOD JOB"

Nice going.

That's great.

That's clever.

Very creative.

Excellent work.

Very interesting.

What neat work.

You've got it now.

That's a good point.

Thank you very much.

I appreciate your help.

You made it look easy.

Ann is paying attention.

Keep up the good work.

That's the right answer.

Now you've figured it out.

That's coming along nicely.

Everyone's working so hard.

That's quite an improvement.

Now you've got the hang of it.

I like the way Tom is working.

You're on the right track now.

That's a very good observation.

That's an interesting way to look at it.

This kind of work pleases me very much.

Congratulations! You got ____ right.

It looks like you put a lot of hard work into this.

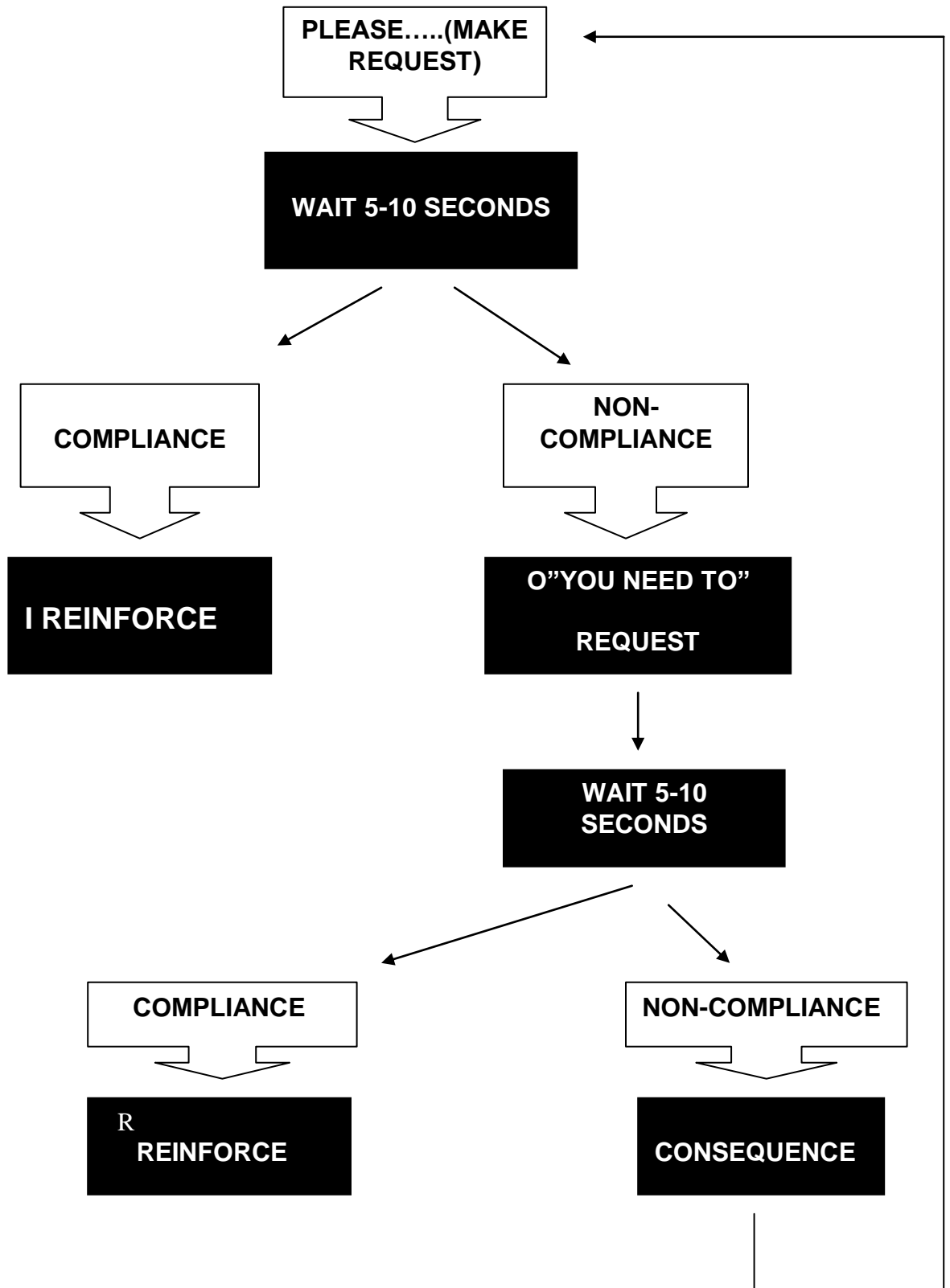
Thank you for raising your hand, Charles.

What is it?

Thank you for (sitting down, being quiet, getting right to work, etc.)

I bet your mom and dad would be proud to see the job you did on this.

**PRECISION REQUEST
SEQUENCE**



VARIABLES THAT AFFECT COMPLIANCE

Compliance can be increased simply by the way a request is made.

Below are several examples and non-examples of effective techniques for increasing compliance.

Distance - Get close to a student when given a command.

Effective: Three feet (one desk distance)

Ineffective: Across the classroom; from behind your desk

Eye Contact - Look students in the eye. Request eye contact when giving a command.

Voice Tone - Make your request in a soft, but firm voice, with eye contact. Yelling a request to get a student's attention is not effective.

Non-emotional vs. Emotional - Be calm, not emotional. Yelling, threatening gestures, ugly faces, guilt-inducing statements, rough handling, deprecating comments about the student or his/her family only reduce compliance.

Descriptive Requests - Describe the behavior you want. Requests that are positive and descriptive are better than general requests.

Effective: Please sit in your chair with your feet on the floor, hands on your desk, facing the front of the room.

Ineffective: Pay attention.

Question Format - Direct requests increase compliance. Questions reduce compliance.

Effective: Please start your work.

I need you to stop teasing.

Ineffective: Isn't it time to do your work?

Wouldn't you like to do your work now?

Would you please stop teasing?

Make more "Start" requests than "Stop" requests - It is better to make more positive requests for a child to start an appropriate behavior and to make fewer negative requests for a child to stop misbehavior.

Effective: Please start your math assignment.

Ineffective: Please stop arguing with me.

Time - When giving a command or request, give the student 5 seconds before repeating the request. During this short interval, do not converse with the child (arguing, excuse making). Simply look the child in the eyes and wait for a response. Then, restate the request.

Limit to Two Requests - Don't nag. Issue a request only twice following the Precision Request Sequence. Then follow through with the preplanned consequence. The more times you request the less likely you are to gain compliance.

Verbal Praise - It is easy to request a behavior from a child and then ignore the positive result. If you do not acknowledge that the student complied, then overall compliance will decrease.

OBSERVABLE PROBLEM BEHAVIORS

INATTENTION

- Off-task
- Daydreaming in a fog
- Excessive talking
- Out of seat
- Playing with things
- Not completing work

LEARNING AND REASONING SKILLS

- Not following verbal directions
- Not following written directions
- Illogical answers
- Rarely indicates that he or she does not understand
- Poor handwriting coordination, direction of letter formation
- Difficulty remembering, long-term
- Difficulty remembering, short-term

LOW SELF-CONCEPT

- Underachieving
- Negative self-talk (I'm so stupid, I can't do anything right)
- Poor eye contact
- Lying
- Excessive excuses to get out of classroom to avoid completing work
- Talking back, talking out of turn

IMMATURE BEHAVIOR

- Thumb sucking
- Baby talking
- Excessive crying
- Temper tantrums
- Talking back (poor turn taking)
- Needing to be the focus of attention
- Interrupting conversation
- Preoccupation with personal interests

ORGANIZATIONAL SKILLS

- Messy desk, desk top, work space
- Forgetting objects, paper, homework
- Lack of sequencing (forgetting steps in an activity)
- Forgetting coat, lunch, homework, etc.
- Needing a lot of prompts
- Hyperactivity

From: School Based Interventions for Students with Behavior Problems: Julie Bowen, William Jenson, Elaine Clark, 2004)

DEALING WITH PROBLEMATIC BEHAVIOR

1. Find what a student does well and build on it.
2. Build rapport.
3. Accent the positive.
4. Be consistent.
5. Keep calm; maintain your poise. Tension can agitate poor behavior.
6. Lower your voice.
7. Slow your rate of speech.
8. Give the person space—stand at arm length from person acting out.
9. Allow verbal venting to a point.
10. Ignore irrelevant comments and redirect back to problem at hand.
11. Remind the student of the consequences of the behavior.
12. Provide choices within limits.
13. Have a good sense of humor.
14. Use CPI as absolutely the last resort.
When the student is calm, use the incident to teach alternative behaviors.

DEALING WITH PROBLEMATIC BEHAVIOR, CONT:

15. Use unique ways to quiet a room. For example, turn off the lights, talk softly, play soft music, etc.
16. Admit your mistakes.
17. If possible, correct the student away from other students. Take away the audience.

AVOID THE FOLLOWING

1. Taking the pupil's misbehavior personally.
2. Forcing an issue with a difficult student in front of a group.
3. Making a threat that you cannot or will not carry out.
4. Using sarcasm.
5. Labeling a child as "bad."
6. Ridiculing behavior.
7. Forcing a student to admit an error.
8. Demanding a confession.
9. Asking a student why he/she acts out.
10. Comparing a student's behavior with another student's.
11. Taking away excessive points or privileges.
12. Using these words "If...then..." as a threat. "Never." "Always."
13. Pleading with a student.
14. Making unsubstantiated accusations.
15. Drawing unrelated persons into a conflict.
16. Saying "I'm the boss."
17. Insisting on the last word.
18. Making generalizations about a student.
19. Mocking a student.
20. Holding a grudge.
21. Staying in a situation if you are feeling very frustrated or angry.

NOTES:

The purpose of this handbook is to outline general procedures for Paraprofessionals employed by Tri-County Special Education. The handbook cannot be complete in all details but it does not, by omission, restrict legislative or administrative authority. It is understood, whether expressed or not, that all information contained in the handbook is subject to state laws and regulations. This handbook is not intended to supersede the collective bargaining agreement reached with the collective bargaining unit.

*Portions of this list were adapted from:
www.honorlevel.com*