

BEHAVIOR SUPPORTS FOR STUDENTS WITH DISABILITIES LOS ANGELES UNIFIED SCHOOL DISTRICT

California Education Code states that the education of students with disabilities can be made more effective through the use of positive behavioral interventions and supports to address learning and behavioral needs. Students with disabilities who exhibit behavioral challenges must receive timely positive supports and interventions and appropriate assessments in accordance with the Federal Individuals with Disabilities Education Act (IDEA) (20 U.S.C. Sec. 1400 et seq.).

Behavioral interventions, supports, and other strategies are used in consideration of the student's physical freedom and social interaction, be administered in a manner that respects human dignity and personal privacy, and ensure a student's right to placement in the least restrictive educational environment. When student's behavior impedes his or her learning or that of others, the IEP team shall develop evidence-based positive behavioral interventions based on data.

MULTI-TIERED SYSTEM OF SUPPORT

It is expected that instruction and support for all students utilizes a Multi-Tiered System of Support (MTSS) that falls within three tiers. Each tier focuses on creating a positive, safe environment for students and allows for consistent, ongoing implementation and monitoring of support based on data.

UNIVERSAL INSTRUCTION AND INTERVENTION (TIER I)

- The focus of Tier I is to provide good first teaching in the area of behavior. School-wide and classroom behavioral expectations are defined, taught, reinforced, and monitored by school site staff. Staff should maximize structure by developing predictable routines, using effective management strategies and actively teaching pro-social behaviors. Students are actively engaged in learning experiences that reinforce appropriate behaviors. School staff should establish, teach, and review positively stated and clear behavioral expectations, reinforce appropriate behavior, and correct problem behaviors. Progress monitoring is required to determine if the instruction and intervention at Tier I are effective.

SELECTED INSTRUCTION AND INTERVENTION (TIER II)

- At Tier II, students continue to receive the instruction, intervention, and support available at Tier I. Tier II instruction and intervention provides a focused level of support when differentiation in Tier I has not resulted in an improvement in prosocial behaviors and/or a reduction in the target behavior(s). Effective intervention addresses target behavior(s) by re-teaching behavioral expectations, providing reinforcement, and using planned responses to address problem behaviors. Behavioral data is collected and analyzed to support decision-making and problem-solving.

- ***TARGETED INSTRUCTION AND INTERVENTION (TIER III)***

At Tier III, students continue to receive Tier I and Tier II instruction, intervention, and support. Tier III is the most intensive level of instruction and individualized intervention to address problem behavior and/or social skill deficits. As with all instruction and intervention, relevant data are to be collected and

analyzed to determine the type of Tier III supports that may be warranted. Progress monitoring data is collected, reviewed and analyzed to determine the effectiveness of the interventions.

PROCEDURES TO ADDRESS STUDENTS WITH BEHAVIORS IMPEDING THEIR LEARNING AND THE LEARNING OF OTHERS

A Functional Behavior Assessment (FBA) is a systematic process for identifying and understanding behavior(s) that impedes learning. FBA utilizes data collection to gather and analyze information about the student's target behavior(s) and environment(s) in order to hypothesize the purpose (function) of the target behavior(s) and develop antecedent and consequence-based behavioral interventions.

- When an FBA is requested, parental consent is required. On the assessment plan, check "Social Emotional" and write "FBA." The IEP team is to review the FBA and develop a Behavior Plan based upon the results.
- The parent shall be invited to participate in the IEP meeting, which must be conducted within 60 days following receipt of the parent's signed consent for the FBA.
- Members of the IEP team shall include, but not be limited to all of the following:
 - The parent(s) or guardian(s)
 - The administrator/designee
 - The student's teacher(s)
 - A general education teacher knowledgeable of the student
 - The FBA assessor or a special education teacher who can interpret the results
 - The student if appropriate

Note: The assessor who conducted the FBA shall present the assessment report, which includes all data and evidence-based interventions to the IEP team. The assessor shall present a proposed Behavior Plan and solicit input from the IEP team members.

BEHAVIOR PLANS

A Behavior Plan or Behavior Intervention Plan is a proactive plan to address behavior(s) that impedes the learning of the student or others. Behavior Plans focus on understanding "why" the behavior occurred by identifying the antecedents and consequences. Based upon this information, a replacement behavior is identified which supports the student in learning a socially appropriate way to meet their needs rather than using the problem behavior. The Behavior Plan also addresses what needs to be changed in the environment in order to support the student's success.

- When a student has a Behavior Plan that has been developed by the IEP team, the information from that plan must be disseminated to school personnel/staff, which are responsible for its implementation. This may include general education teachers, special education teachers, special education assistants, behavior intervention support personnel, bus personnel, and yard/supervision staff.
- When a student has a Behavior Plan that has been developed by the IEP team, the information from that plan must be available to school personnel/staff, who may be responsible for its implementation.

This may include general education teachers, special education teachers, special education assistants, bus personnel, and yard/supervision staff.

- If a student with transportation services has a Behavior Plan, the driver shall be informed by the school administrator/designee of the plan and its implementation. The driver shall not be required to be responsible for implementing any areas of the behavior plan that are inconsistent with California Highway Patrol requirements for safe operations of the vehicle.

IEP TEAM PROCEDURES SPECIFIC TO THE USE OF MECHANICAL RESTRAINTS

Mechanical restraints may only be utilized in the following situations and under the following conditions:

- If there is a safety concern on the bus regarding the welfare of an individual and the safe operation of the vehicle, the IEP team may determine that a mechanical restraint such as a bus safety vest will be utilized after less restrictive options have been attempted and documented on the IEP.
- If a private physician recommends mechanical restraints, such as soft arm splints, because of a student's severe self-injurious behavior, the District physician must consult with the private physician and participate on the IEP team to discuss and document the possible uses of such restraints in the educational setting. The private physician may be invited to the IEP team meeting and may submit a report for the team's consideration. Doctor's orders for mechanical restraints should include: the specific behavior for which the restraint is to be used, how long the restraint is to be implemented, and range of motion exercises when the restraint is removed.
- The IEP document must include:
 - Less restrictive options attempted;
 - Procedures and criteria for the use of the restraint (i.e. under what conditions it will be applied, by whom, criteria for removal of the restraint, who will monitor its use, etc.);
 - A plan to teach the student appropriate behavior; and
 - A schedule for systematic monitoring and fading of the use of the restraint.

EMERGENCY INTERVENTIONS

A behavioral emergency is the demonstration of a serious unpredictable, spontaneous behavior which poses a clear and present danger of physical harm to the student or others which, cannot be immediately prevented by a less restrictive response.

District approved emergency interventions may be used only by trained personnel when absolutely necessary and as a last resort, to control unpredictable, spontaneous behavior.

When an emergency intervention is used with a student with an Individualized Educational Program (IEP) staff must:

- Notify parent or guardian within 24 hours.
- Complete a Behavioral Emergency Report (BER). The BER must be submitted to the Division of Special Education, Behavior Support Office and the Local District Special Education Administrator (SEA) within 48 hours of the emergency intervention.
- Schedule an IEP meeting within 48 hours to discuss the need for a FBA or an Interim Behavior Response Plan (IBRP) or to develop or modify a current Behavior Plan.

Note: California Education Code Section 56521.1 states: “(a) Emergency interventions may only be used to control unpredictable, spontaneous behavior that poses clear and present danger of serious physical harm to the individual with exceptional needs, or others, and that cannot be immediately prevented by a response less restrictive than the temporary application of a technique used to contain the behavior. (b) Emergency interventions must not be used as a substitute for the systematic behavioral plan that is designed to change, replace, modify, or eliminate a targeted behavior.”

Non-Suicidal Self-Injurious Behavior

Non-Suicidal Self-Injurious Behavior (NSSIB) exhibited by students with an IEP is defined as two or more non-consecutive or consecutive occurrences of any of the following:

- **Biting:** closing of the upper and lower teeth on the flesh of any portion of own body
- **Choking:** closing both hands around own neck that could result in airway obstruction
- **Ear pulling:** pulling own ears forcefully and repetitively
- **Eating*** nonnutritive objects (e.g., dirt, paper, rocks) *that are strictly outside of developmental norms.*
- **Gouging:** using hand, knuckles, fingers, and/or objects to dig repetitively into orifice(s) (e.g., eye, ear)
- **Hair pulling:** pulling of own hair resulting in removal of hair
- **Head banging:** Moving own head and making contact with a stationary environmental object that could result in tissue damage
- **Head hitting:** using own open or closed hand, or objects, to make contact with any part of own head or face that could result in tissue damage
- **Rumination** is defined as any occurrence of: 1) Holding food material in mouth at a time other than when eating or 2) Self-induced vomiting that may or may not involve placing finger in mouth
- **Skin picking:** scratching or picking of own skin repetitively, picking of existing wounds, and/or rubbing own body parts against objects that results in tissue damage
- **Teeth grinding:** rubbing the upper and lower teeth against each other repetitively

When a student with an IEP engages in NSSIB the following procedures must be followed:

- **Complete the NSSIB Referral Form and fax to the Division of Special Education, Behavior Support Unit.**
- **Upon receipt of the NSSIB Referral Form, a representative from the Division of Special Education will contact the school team within 48 hours to provide consultative services.**
- **An IEP meeting may be required to address the NSSIB.**