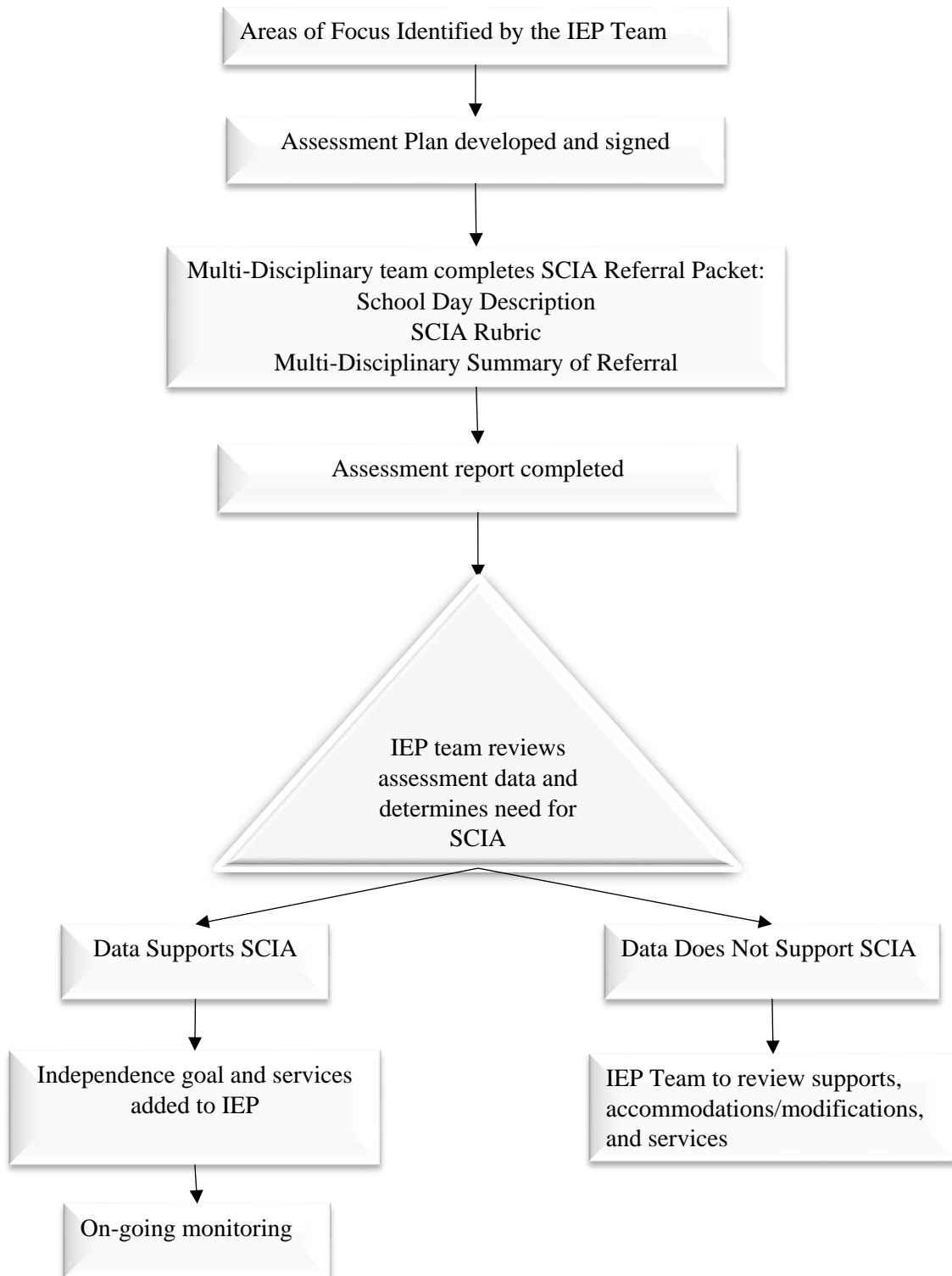


Decision Tree for Need for SCIA Initial Determination



School Day Description and Assistance Needed

Student Name	DOB
School	Case manager
Teacher	Date/Dates Completed

Please describe the school day, the assistance now provided, and the assistance needed.

Time	Activity	Behavior or Need Exhibited	Current Support Provided (please include natural supports)	By Whom	Additional Support Needed (ex: visual supports, health plan, increased supervision, revised BIP, additional adult monitoring)

Identified Areas of Need (Indicate all that apply): Health Personal Care Behavior Support Instruction
Other (specify): _____

Special Circumstances Instructional Assistance Rubric

Student Name: _____ DOB: _____ Disability: _____ Date Reviewed: _____

Teacher: _____ Current Program: _____ Person Completing Rubric (Name/Title): _____

Select the number that best describes the student in each rubric category that is appropriate.

	<i>Health</i>	<i>Personal Care</i>	<i>Behavior</i>	<i>Instruction</i>	<i>Least Restrictive Environment</i>
0	<input type="checkbox"/> General good health. No specialized health care procedure, medications taken, or time for health care.	<input type="checkbox"/> Independently maintains all “age appropriate” personal care.	<input type="checkbox"/> Follows adult directions without frequent prompts or close supervision. Handles change and redirection. Usually gets along with peers and adults. Seeks out friends.	<input type="checkbox"/> Participates fully in whole class instruction. Stays on task during typical instruction activity. Follows direction with few to no additional prompts.	<input type="checkbox"/> Participates in some core curriculum within general education class and requires few modifications. Can find classroom. Usually socializes well with peers. Can advocate for their own needs.
1	<input type="checkbox"/> Mild or occasional health concerns. May have allergies or other chronic health conditions. No specialized health care procedure. Medication administration takes less than 10 minutes time. Requires support with 0-25% of their age appropriate health/medical needs.	<input type="checkbox"/> Needs reminders to complete “age appropriate” personal care activities (washing hands, going to the bathroom, wiping mouth, tying shoes, zippers, etc.) Requires support with 0-25% of their age appropriate personal care needs.	<input type="checkbox"/> Follows adult direction but occasionally requires additional encouragement and prompts. Occasional difficulty with peers or adults. Does not always seek out friends but plays if invited. Can be managed adequately with a classroom behavior management plan. Requires adult assistance for 0-25% of the day to address behavior needs described in Behavior Intervention Plan (BIP) or behavior goal.	<input type="checkbox"/> Participates in groups at instructional level but may require additional prompts, cues, or reinforcement. Requires reminders to stay on task, follow directions, and to remain engaged in learning, and adaptations to the curriculum 25-50% of the day	<input type="checkbox"/> Participates with modifications and accommodations. May need occasional reminders of room and schedule. Requires some additional support to finish work and be responsible. Needs some social cueing to interact with peers appropriately. Requires prompts to participate 0-25% of the time. Requires minimal prompting to self-advocate.
2	<input type="checkbox"/> May have chronic health issues, and generic specialized health care procedure. Health care intervention for 10-15 min. daily (diet, blood sugar, medication). Requires support with 26-50% of their age appropriate health needs.	<input type="checkbox"/> Requires reminders and additional prompts or limited hands-on assistance for washing hands, using bathroom, wiping mouth, shoes, buttons, zippers, etc. Occasional toileting accidents. Requires support with 26-50% of their age appropriate personal care needs.	<input type="checkbox"/> Has problems following directions and behaving appropriately. Unable to experience much success without BIP implementation. Requires adult assistance for 26-50% of the day to address behavior needs, implement reinforcement schedules, and teach new positive behaviors..	<input type="checkbox"/> Cannot always participate in whole class instruction. Requires smaller groups and frequent verbal prompts, cues or reinforcement. Requires more verbal prompts to follow directions and adaptations to the curriculum 51-75% of the day	<input type="checkbox"/> Participates with visual supervision and verbal prompts 25-50% of the time. Requires visual shadowing to get to class. Needs modifications and accommodations to benefit from class activities. Regular socialization may require adult facilitation. Requires prompting and adult support to self-advocate.
3	<input type="checkbox"/> May have very specialized health care procedure and medication. Limited mobility or physical limitations requiring assistance (e.g., stander, walker, gait trainer, wheelchair). Special food prep or feeding. Health related interventions 15-45 min. daily. Requires support with 51-75% of their age appropriate medical needs.	<input type="checkbox"/> Frequent physical prompts and assistance for personal care. Food prep required regularly. Requires toilet schedule, training, direct help, diapering, etc. Reminders may be required for appropriate eating procedures and pacing. Requires support with 51-75% of their age appropriate personal care needs.	<input type="checkbox"/> Serious behavior problems almost daily. Disruptive and/or prone to physical aggression. Requires close visual supervision to implement BIP. Safety issues are present. Requires adult support for 51-75% of the day to address behavior needs, implement reinforcement schedules, and teach new positive behaviors.	<input type="checkbox"/> Difficulty participating in a large group. Requires low student staff ratio, close adult proximity and prompts including physical assistance. Primarily complies only with individual directions and monitoring. Likely require modifications not typical for class as a whole.	<input type="checkbox"/> Participation requires additional staff for direct instructional and behavioral support 51-75% of the time. Requires direct supervision going to and from class. Always requires modifications and accommodations for class work. Requires adult to facilitate social interaction with peers. Does not self-advocate without direct adult one on one support.
4	<input type="checkbox"/> Specialized health care procedure requiring care by specially trained employee (G tube, tracheotomy, catheterization). Requires positioning or bracing multiple times daily. Health related intervention 45 min. daily. Direct assistance with most personal care. Requires two-person lift. Direct 1:1 assistance 45 or more minutes daily. Requires 75-90% help with their medical needs	<input type="checkbox"/> Requires direct assistance with most to all personal care. Has limited ability to assist in any personal care procedures. Requires a two person lift. Requires 75-90% help with their personal care needs	<input type="checkbox"/> Serious behavior problems with potential for injury to self and others, elopes, aggressive on a daily basis. Staff has been trained in the management of assaultive behaviors. Requires adult support for 76-90% of the day to address behavior needs, implement reinforcement schedules, teach new positive behaviors and/or line-of-sight supervision.	<input type="checkbox"/> Requires constant verbal and physical prompting to stay on-task and follow directions. Regularly requires individualized instructional strategies. Requires significant accommodations and modifications not typical for the class group.	<input type="checkbox"/> Requires adult assistance 75% to 90% of the time in close proximity for direct instruction, safety, mobility or behavior monitoring. Requires individual assistance to go to and from class. Requires adult to facilitate social interaction with peers and remain in close proximity at all times. Does not self-advocate.
5	<input type="checkbox"/> Specialized health care takes up more than 2.5 hours of the school day cumulatively. Specialized health care is for several medical procedures such as multiple g-tube feedings; seizure monitoring; use of multiple equipment throughout the day which is unable to be accomplished with existing staff. Requires over 90% help with their medical needs	<input type="checkbox"/> Requires continuous monitoring for all personal care (cannot be left unattended) at any point during self care procedures. Requires hand over hand support to eat and lunch takes more than 30 minutes. Requires significant amount of staff support and time to transition to/from various equipment. This level of support is unable to be accomplished with existing staffing. Requires over 90% help with their personal care needs	<input type="checkbox"/> Requires adult within close proximity at all times because of behavioral concerns of eloping; aggression; or other significant safety concerns. Behavior plan is detailed and has a high level of frequent interventions. Requires adult support for over 90% of the day to address behavior needs, implement reinforcement schedules, and teach new positive behaviors. This level of support is unable to be accomplished with existing staffing.	<input type="checkbox"/> Requires constant verbal and physical prompting to stay on task and follow directions. Cannot participate in a group without individual support over 90% of the time. All instruction is individualized. This level of support is unable to be accomplished with existing staff.	<input type="checkbox"/> Requires adult assistance over 90% of the time in close proximity for direct instruction, safety, mobility or behavior monitoring. IEP has significant amounts of general education participation that is unable to be provided with existing staff.

YOLO COUNTY SCIA MULTI-DISCIPLINARY SUMMARY OF REFERRAL

Student Name:

DOB:

1. Reason for Referral:

Describe any areas rated a 3 or above on the SCIA Rubric. Please indicate severity/frequency/duration.

Check all that apply:	Concern
	Health:
	Personal Care:
	Behavior Support:
	Instruction:
	Least Restrictive Environment:

Please describe any other health, personal care, behavior, instruction or Least Restrictive Environment Inclusion issues:

2. Describe Parent/Guardian Concerns:

Student Name:

DOB:

3. Interventions:

For each area checked above, describe in detail the interventions, their effectiveness, and how long they have been in place below. Refer to the Intervention Checklist attached.

a. Health:

i. Is there a Health Plan in place?

ii. Please describe the health concerns:

b. Personal Care:

c. Behavior.

i. Is there a Behavioral Intervention Plan in place for this student? Attach or describe the data gathered on Behavior Intervention Plan fidelity including frequency/duration data.

ii. If the student does have an intervention plan, how effective is it in addressing the student's needs

iii. Where and when does the behavior occur typically?

Student Name:

DOB:

d. Instruction:

e. Least restrictive environment:

4. Describe in detail any other related services and supports that were provided to address these issues. Please list dates of service and duration. Specify the interventions used and how the student responded.

Service	Frequency/Duration of the Service	Effectiveness

a. Please describe the student's participation in these services, and state what gains, if any, were made with regard to the referral issues specified in question #1? Why do you think this level of intervention was unsuccessful? Also address the current staff to student ratio in the classroom.

b. Describe the pupil's overall educational performance (passing or failing, attendance, relationship with teachers/staff, progress on goals, participation in class, level of inclusion with same age peers, etc.):

c. Has the student recently experienced any changes/or are changes anticipated? (e.g. a change of school placement; change in home situation, etc. or is the team considering a change of placement?)

5. Describe the impact of the student on the other students in the classroom or school

Student Name:

DOB:

6. Describe any other information that may be relevant to the Special Circumstance Instructional Support assessment (medication, outside agency involvement, etc.):

Student Name:

DOB:

Intervention Checklist

Please check all boxes that describe interventions that have been attempted to address the student's behaviors that are identified on the "Behavior Checklist."

Tier 1 – (School-wide systems of support. Addresses 75-80% of population).

- Positive class-wide behavior management system
- Individual instructional supports
- Motivational systems
- Social support
- Counseling on an as-needed basis
- General social skills training
- Character education
- Guidance services or programs (e.g., bullying prevention, safe & drug-free schools, etc...)
- Teaching school rules and behavior expectations
- Posted class schedule
- Changes in class schedule/staff
- Parent conferences
- Firm, fair, and corrective discipline
- PBIS implemented school-wide
- OTHER:

Tier 2 – (Targeted classroom and small-group strategies. Addresses 15-25% of population).

- Behavior contract
- Behavior intervention plan
- Increased academic support or differentiated teaching
- Instructional pacing
- Self-management programs
- Social/emotional supports
- Moderate supervision/monitoring
- School based counseling with social-emotional goal
- Toileting schedule
- Targeted social skills training
- More restrictive placement
- Describe:*
- Adult mentor for checking-in/out
- Home/school communication
- Function-based assessment and intervention
- Increased curriculum assessments
- Task analysis of health or personal care skills
- Check In/Check Out
- Environmental supports
- Describe:*
- Peer support
- Pragmatic Language
- IEP behavior goals and support
- Describe:*
- OTHER:

Tier 3 – (Intensive individualized interventions. Addresses 5-10% of population and are over and above current classroom supports).

- Curricular modifications
- Describe:*
- Intense, sustained supports
- Intensive supervision/monitoring
- Intensive social skills instruction
- More restrictive placement
- Describe:*
- Continuing behaviorist services
- Home-school plan
- Health aide support
- Health plan
- Family services
- Describe:*
- Emergency intervention plan
- Trained mentoring for the teacher
- Increased program staff
- Planned discussions (Weekly Staffing)
- Student schedule independent of the class
- OTHER: _

YOLO COUNTY SCIA MULTI-DISCIPLINARY ASSESSMENT
Independence Plan

Student Name	Date of Birth	Date of Plan
Date of IEP	Teacher(s)	Case Manager

What are the replacement performance (behavior or academic) goals for the student?

<p>Independence Goal:</p>	<p><u>Current baseline</u> of desired behaviors:</p>	<p><u>Current level</u> of supports used to perform desired behavior/skills:</p>
<p>Procedures: (What will be taught so that the student learns the replacement behavior/skills?)</p>	<p>Arrangements: (Where/when/materials)</p>	<p>Persons responsible:</p>

<p>Measurement/Progress Monitoring: (Who, How often, and How the data will be collected and analyzed. If using a data sheet, please attach)</p>	<p>Description of the level of SCIA support and criteria for fading:</p>
	<p>What are the modifications/accommodations that will be used to promote and sustain independence?</p>

Supplemental Documents

**SCI Assistance
Student Interview**

Student:	ID#:	Date:
Age:	Grade:	Disability:
DOB:	Gen Ed Teacher:	Placement:
School:	Sp Ed Teacher:	Contact Phone:
Case Mgr:	Interviewer:	Interviewee:

1. What do you like about school? When are you successful?

2. When do you have problems during your school day?

3. How do school staff members help you during the day?

4. Who else helps you in school?

5. What programs do you participate in that help you?

6. What are some things you would like to learn to help you to be more independent?

7. Is there anything else you'd like us to know about you?

SCI Assistance Parent Interview

Student:	ID#:	Date:
Age:	Grade:	Disability:
DOB:	Gen Ed Teacher:	Placement:
School:	Sp Ed Teacher:	Contact Phone:
Case Mgr:	Interviewer:	Interviewee:

1. What special education services and/or other assistance does your child currently receive?

2. When is your child successful during his/her school day? What is working?

3. What areas of difficulty does your child have and during which activities do these occur?

4. What other school programs or support from other students does your child benefit from?

5. What skills would you like your child to develop to be more independent?

6. Is there anything else you'd like us to consider?

***Special Circumstances Instructional Assistance
Evaluation Report Template***

Student:	ID#:	Date:
Age:	Grade:	Disability:
DOB:	Gen Ed Teacher:	Placement:
School:	Sp Ed Teacher:	Contact Phone:
Case Mgr:	Psychologist:	Contact Phone:
Evaluation Report Prepared By:		

I. Reason for Referral

II. Background Information and Educational Setting *(summarize special education and related services history; educational history, including academic progress/assessments and progress on IEP goals; results of previous evaluations, if applicable; previous interventions and outcomes; educationally relevant health, developmental, and medical findings; review of BSP or BIP; and disciplinary referral information)*

III. Evaluation Procedures *(include information regarding administration of tests in primary language of student by qualified personnel; validity of the evaluation; validity of tests for the purpose for which they were used)*

IV. Summary of School Day Description, Interviews, Rubric, Observations, and Summary of Referral: *(summarize results of the parent/teacher/student interviews and the rubric; include information regarding relevant behavior noted during observation of the student)*

V. Summary of Standardized and/or Curriculum-Based Assessments *(if applicable)*

VI. Recommendations *(include information regarding the need for specialized services, materials, and equipment; propose independence plan; indicate if the student's needs can be met in the regular education classroom with the current level of support)*

Respectfully Submitted,

TECHNIQUES TO PROMOTE INDEPENDENCE

1. Watch before assisting. Can the student ask for help from teacher or peer? Can the student problem solve on his or her own? What amount of time passes before frustration?
2. Give the student extra time to process and respond before assisting.
3. Have high expectations as to what the student understands or can do independently.
4. Provide consistent classroom schedule (posted, visual, at desk if needed, reinforcement periods included). Teach student how to use it.
5. Start with the least intrusive prompts to get student to respond:
 - a. Gestural, hand or facial signals
 - b. Timer
 - c. Verbal
 - d. Light physical
 - e. Hand over hand
6. Prompt, then back away to allow independent time.
7. Use strengths and weakness, likes and dislikes to motivate student participation and interest.
8. Model; guide (watch and assist); check (leave and check back).
9. Teach independence skills (raising hand, asking for help, modeling other students).
10. Praise for independent attempts.
11. Direct the student to answer to the teacher.
12. Prompt the student to listen to the teacher's instructions. Repeat only when necessary.
13. Encourage age appropriate work habits. See what other students are doing.
14. Be aware of proximity. Sit with the student only when necessary.
15. Encourage peer assistance and partnering. Teach peers how to help, not enable.
16. Utilize self-monitoring checklists for student.
17. Color code materials to assist with organization.
18. Use transition objects to help student anticipate/complete transition (i.e., head phones for listening center).
19. Break big tasks into steps.
20. Use backward chaining (i.e., leave the last portion of a cutting task for the student, and then gradually lengthen the task).

21. Assist in encouraging a means for independent communication (i.e., PECS).
22. Provide positive feedback (be specific to the situation).
23. Ask facilitative questions ("What comes next?" "What are other students doing?" "What does the schedule say?" "What did the teacher say?").
24. Provide student with choices.
25. Maintain a log to track independence and need for assistance. Ask Case Manager for data collection sheets to record increasing independence.
26. Establish teacher/aide signal for when the aide should intervene. General rule of thumb: Teacher should prompt up to three times before SCIA steps in.
27. Make sure that class perceives you are there to help all of them, not just one student.
28. Find alternate tasks as student independence increases.

IEP GOALS AND OBJECTIVES CHARTING

Student: _____

School Year: _____

Levels of Assistance
1 = Independent
2 = Gesture/Non-Verbal Cue
3 = Verbal Cue
4 = Model
5 = Physical Prompt

Goals/Objectives	Dates:										
Trainer's Initials											

Comments:
