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Professional Learning for Paraprofessionals Working in Special Education

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PROFESSIONAL LEARNING FOR PARAPROFESSIONALS WORKING
IN SPECIAL EDUCATION

Amy Davis
A Special Project
Submitted to the faculty of the Office of the Graduate School
in partial fulfillment of the requirements
for the degree
Master of Science in Education with a Major in Special Education
in the Department of Professional Studies
Indiana University-Purdue University Fort Wayne
May 2016
Accepted by the Graduate Faculty, Indiana-University-Purdue Fort Wayne, in partial fulfillment of the requirements for the degree of Master of Science in Education with a major in Special Education.

Special Project Committee

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Abstract

This Special Project focuses on professional learning paraprofessionals working in Special Education receive as well as need to maximize knowledge and understanding regarding students’ individualized needs. Professional learning is a growing trend in the field of special education, however, paraprofessionals working in Special Education receive limited professional learning. A needs assessment survey was given to current paraprofessionals and teachers working in Special Education to analyze what professional learning has previously been offered as well as possible future topics. The findings from the literature review and the needs assessment survey supported the needs for a handbook to be created. The handbook will better facilitate professional learning for paraprofessionals working in Special Education and assist in better understanding students’ individualized needs.
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Chapter 1

Introduction

Statement of the Problem

Some students with disabilities in Special Education often require significant and extensive care in regards to their individualized needs; cognitively, behaviorally, medically, and physically. The caregivers; teachers and paraprofessionals, are expected to assess what those needs are and then teach accordingly within the classroom. However, paraprofessionals working in Special Education very often do not receive the same level of professional learning given to other service providers such as; Special Education teachers, therapists, behavioral consultants, and psychologists (McKenzie, 2011).

Significance of the Study/Topic

In order to adequately equip paraprofessionals working with students with disabilities with the skills and knowledge needed to effectively serve and support students with disabilities in Special Education; the need for professional learning is rapidly being recognized as trend within the field (Giangreco & Broer, 2007). The significance of the study/topic is to increase the paraprofessionals’ knowledge and understanding of specific individualized needs regarding students with disabilities in Special Education, in turn, this will increase progression in skills and development of the students. The paraprofessionals will begin to better understand the reasoning and thought-process behind behavioral strategies, academic instruction, medical health needs, and physical techniques used to increase the student’s developmental self.
Purpose of the Study

The purpose of the survey is to determine what professional learning paraprofessionals working in Special Education receive to work with students with disabilities in Special Education. The survey assessed knowledge, skill, and understanding regarding students with disabilities individualized needs; cognitively, behaviorally, medically, and physically as well as what additional professional learning that is needed. The handbook created a Teacher/Paraprofessional Professional Learning Program (McKenzie, 2011) used to educate paraprofessionals working with students with disabilities in their knowledge and understanding of specific individualized needs regarding these students with disabilities in Special Education.

Research Approach

A needs assessment survey was given to teachers and paraprofessionals working with students with disabilities to collect information on professional learning for special education paraprofessionals regarding students with disabilities in Special Education. The Special Education teachers and paraprofessionals in a mid-western urban public elementary school were asked to participate in a study on professional learning evaluating paraprofessional’s current knowledge, skill, and understanding of working with students with disabilities in Special Education. The survey highlights what professional learning gaps need to be filled in concerning individualized needs of students in specific areas. The survey and research was approved by the principal of the mid-western urban public elementary school.
Key Terms

*Professional Learning (Development)* - a comprehensive and intensive approach to improving teachers’ and principals’ effectiveness in raising student achievement.

*Paraprofessional (Assistant/Paraeducator)* - an individual who works under the supervision and direction of licensed teachers or related services personnel to assist in areas that related to personal, social, and instructional needs.

*Cognitive skills*: Cognitive skills are the ability for an individual to gain meaning and knowledge from experience and information.

*Academic skills*: a collection of study habits, learning strategies, and time management tools that help students learn and absorb school lessons (math, language arts, science, social studies, and health).

*Behavioral skills*: skills that emphasis positive interactions between self and others.

*Physical skills*: skills that emphasis the physical motor aspect of an individual. Included in this are gross: walking, running, jumping, etc… and fine: grasping, holding, releasing, etc….

*Self-Help/Functional Skills*: skills that can be used in everyday life to assist in complete independence regarding oneself. Included in this are: food management, dressing, personal hygiene, and health care.

*Instructional team*: each person on the student’s individualized team that will assist in instruction. Included in this are: family members, teachers, paraprofessionals,
administration, related service providers, and any other person that will assist in the student’s educational instruction.

*Collaboration:* A team of individuals working together as equal partners involved all aspects of the educational process for students including: planning, teaching, and assessment.

*Eligibility:* Determination of what specific services an individual is eligible to receive based upon evaluations, assessments, and observations.
Chapter 2

Literature Review

Introduction

Students with disabilities in Special Education receive educational services and supports from a broad array of individuals including; Special Education teachers, paraprofessionals, and other service providers (Carter, O’Rourke, Sisco, & Pelsue, 2009). These individuals assist the students with disabilities in various ways including; cognitive, language, behavior, medical, and physical skills. However, paraprofessionals working in Special Education very often do not receive the same level of professional learning given to other service providers such as; Special Education teachers, Therapists, Behavioral Consultants, and Psychologists (McKenzie, 2011). Given the potential impact these school staff (paraprofessionals) can have on the educational outcomes of students with special needs, it is striking that paraprofessionals receive limited formal initial or in-service training on basic educational practices (Griffin-Shirley & Matlock, 2004).

The purpose of this literature review was to investigate specific professional learning paraprofessionals receive when working with students with disabilities including; how that learning was given and by whom. In addition, this literature review defined professional learning along with the requirements and roles of paraprofessionals working with students with disabilities in the Special Education field.

Definition of Professional Learning (Development)

According to the Proposed Amendments to Section 9101 (34) of the Elementary and Secondary Education Act as reauthorized by the No Child Left Behind Act of 2001,
Professional Learning (Development) is defined as:

“(34) PROFESSIONAL DEVELOPMENT The term “professional development” means a comprehensive, sustained, and intensive approach to improving teachers’ and principals’ effectiveness in raising student achievement --

(A) Professional development fosters collective responsibility for improved student performance and must be comprised of professional learning that:

(1) is aligned with rigorous state student academic achievement standards as well as related local educational agency and school improvement goals;
(2) is conducted among educators at the school and facilitated by well-prepared school principals and/or school-based professional development coaches, mentors, master teachers, or other teacher leaders;
(3) primarily occurs several times per week among established teams of teachers, principals, and other instructional staff members where the teams of educators engage in a continuous cycle of improvement”.

The terms, professional learning and professional development, are often used interchangeably and mean the same thing. It is up to the school district or building to decide which term is used. While professional learning is often looked at as an approach to improve teachers’ effectiveness, it applies to all individuals responsible for increasing student understanding and knowledge of skills and abilities within the educational field.

The No Child Left Behind Act of 2001 outlines what professional learning is, what it looks like, how it is conducted and by whom.

**Definition and Requirements of a Paraprofessional Working in Special Education**

The terms, paraprofessional and assistant, are often used interchangeably and mean the same thing. According to Indiana State Board of Education, Special Education Rules (Article 7, 2010, p. 16), a paraprofessional is defined as “an individual who works under the supervision and direction of licensed teachers or related services personnel to assist in areas that related to personal, social, and instructional needs”. It is up to the school district or building to decide which term is used. Therefore, a
paraprofessional working with students in Special Education, provides assistance within specific areas needed for the student that may include academics, social, and/or personal self-help skills. This assistance is overseen by a licensed teacher or staff personnel within a related service and may be done within the classroom or another designated area for teaching as set up by the school and/or school district.

In addition to a high school diploma the following is required under Indiana State Board of Education, Special Education Rules,

“a paraprofessional who provide instructional support in a program must have the following:
(1) A high school diploma or its recognized equivalent.
(2) Paraprofessionals hired after January 8, 2002, in accordance with No Child Left Behind Act of 2001 must have achieved one of the following:
   (A) Completed two years of study at an institution of higher education.
   (B) Obtained an associate’s or higher degree.
   (C) Met a rigorous standard of quality and be able to demonstrate, through a formal state academic assessment, knowledge of and the ability to assist in instructing reading, writing, and mathematics (or, as appropriate, reading readiness, writing readiness, and mathematics readiness)” (Article 7, p. 37).

Role of a Paraprofessional Working in Special Education

In 2012, the number of paraprofessionals in Special Education in public and charter schools in the United States was over 450,000, and this number continues to rise (Stockall, 2014). The specific roles that paraprofessionals play within the classroom is often multifaceted; one-on-one direct support, small group instructional support, implementing behavior plans, modifying materials, collecting data, and assisting in personal care (Carter, O’Rourke, Sisco, & Pelsue, 2009). These responsibilities of the paraprofessionals are often looked at as a crucial part of providing instructional educational services for students with disabilities.
Paraprofessionals hold a significant place in the education of students with disabilities; assisting in maintaining and generalizing specific learned skills throughout multiple environments (Stockall, 2014). However, various scholars in Special Education have raised serious concerns about how some paraprofessionals are currently being utilized within the classrooms regarding students with special needs. These concerns primarily focus on (a) inappropriately entrusting paraprofessionals with primary instructional responsibilities that should be left to highly qualified teachers, (b) involving paraprofessionals in ways that are not supported by research, and (c) inadequate training and supervision of paraprofessionals (Brock & Carter, 2013).

Although paraprofessionals can serve as valuable members of an instructional team, their role on the team should be targeted and well defined. Studies have suggested that paraprofessionals may be most effective in their support of students when given clear instructions, focused training, and ongoing supervision and support to implement a specific instructional strategy for a specific student (Brock & Carter, 2013).

Professional Learning for Paraprofessional Working in Special Education

Paraprofessionals in Special Education frequently engage in educating students with disabilities in very specific and individualized manners; cognitively, behaviorally, medically, and physically. Paraprofessionals working with students with disabilities generally assume primary responsibility for personal care tasks (e.g., feeding, toileting); shared responsibilities for activity preparation (e.g., constructing instructional materials, observing student behavior), critical tasks (e.g., keeping attendance), grading papers), and
other tasks (e.g., organizing classrooms); and limited responsibility for planning instruction (e.g., determining goals and objectives, deciding on behavior management strategies) and parent communication (e.g., calling parents, writing progress reports) (Carter, O’Rourke, Sisco, & Pelsue, 2009). However, the extent to which these paraprofessionals feel prepared and equipped to assume those tasks is unknown as well as their felt need for additional training (Carter, O’Rourke, Sisco, & Pelsue, 2009).

Very often paraprofessionals in Special Education do not receive the same level of professional learning given to other service providers such as; teachers in Special Education, therapists, behavioral consultants, and psychologists (McKenzie, 2011). In order to adequately equip paraprofessionals in Special Education with the skills and knowledge needed to effectively serve and support students with disabilities in Special Education; professional learning for them is rapidly being recognized as trend within the field (Giangreco & Broer, 2007). Although studies have shown, evidence-based practices for ensuring that these individuals are well equipped to assume their responsibilities effectively remains sorely lacking, and limited guidance is currently available to support teachers in providing meaningful training and supervision for this segment of the workforce (Carter, O’Rourke, Sisco, & Pelsue, 2009).

**Responsibility of Professional Learning for Paraprofessionals Working in Special Education**

According to Indiana State Board of Education, Special Education Rules Article 7 page 37, the public agency will provide in-service trainings and teachings to paraprofessionals (assistants) regarding; their role as it is connected to the role of the
teacher of Special Education, the skills and knowledge necessary to perform designated responsibilities and duties, and information on specific needs and characteristics of the students in addition to Special Education procedures and laws.

Overall, the most common form of training paraprofessionals working with students with disabilities receive include: on-the-job training, in-service training, other forms of training unspecified, and conference training. However, of those four forms of trainings, paraprofessionals report that the most school-provided training (on-the-job) were basic educational terminology regarding students, programs, roles, and instructional activities; rules and procedural safeguards regarding managements of students’ behaviors; purposes of programs for students with disabilities; effects a disability can have on a student’s life; and ethical practices for confidential communication about students with disabilities (Carter, O’Rourke, Sisco, & Pelsue, 2009).

According to the Council for Exceptional Children, the majority of paraeducators (paraprofessionals) are supervised by special education teachers and overwhelmingly they feel supported by their special education supervisors. On-the-job training for paraprofessionals working with students with disabilities more often than not falls onto the licensed teacher that the paraprofessional is being overseen by in regards to the student with a disability. Those licensed teachers Special Education often receive formal professional learning themselves in regards to working with students with disabilities including: providing purposeful and explicit skill and strategy instruction, using time effectively, creating safe and respectful classroom environments, and collaborating effectively with other service providers (Benedict, Brownell, Park, Bettini,
Collaborating effectively with other service providers includes communicating regularly with paraprofessionals who provide and support instruction for individual students with disabilities. How that collaboration occurs between licensed Special Education teachers and paraprofessionals is left up to each individual, each classroom, each school building, and each school district as there is not a clear set amount of professional training required or commanded given by the federal or state Departments of Education.

However, the Council for Exceptional Children in collaboration with the National Resource Center for Paraeducators (paraprofessionals) has validated a specialty set of required guidelines to expand Special Education paraprofessional roles. These are the guidelines that all paraeducators (paraprofessionals) serving individuals with exceptionalities should possess including:

- Foundations: Understanding the different Special Education exceptionalities/eligibility for which a student may be diagnosed with in accordance with specific supports and services that may be offered to these students. This guideline also details out the roles/responsibilities the student AND family play in the educational process.

- Development and Characteristics of Learners: Understanding typical and atypical human growth and development among individuals as well as the impact that atypical development has on students with exceptionalities.

- Individual Learning Differences: Understanding each student possesses
different learning characteristics in regards to instruction.

-Instructional Strategies: Understanding and highlighting different instructional methods to best fit each individual student and their strengths in regard to learning. This guideline details out specific methods including: promoting successful strategies that allow the student to gain a positive sense of self, facilitating maintenance and generalization of learned skills, adapting or modifying materials including assistive technology to best serve the student, using various positive behavioral supports, guiding students’ future knowledge by assessing current understanding, and continuous facilitation of integrating students into multiple educational settings to increase understanding.

-Learning Environments: Understanding behavioral supports including: rules, procedural safeguards, and legal practices, while providing a safe and positive environment for students

-Language: Understanding typical speech language development for all students in order to support individualized methods of communication when atypical development has occurred.

-Instructional Planning: Understanding purpose behind each individualized educational plan and how to follow through with the plan in regards to instruction.

-Assessment: Understanding purpose behind assessments as well as how to assist in collecting data and/or information regarding knowledge and understanding from the student.

-Professional and Ethical Practices: Understanding basic ethical guidelines and
practices regarding professionalism, privacy, confidentiality, and law compliance. This guideline also details out the importance of safety and health of each student and the paraprofessionals role in the protection of that.

-Collaboration: Understanding the specific relationships within the instructional team and the importance of maintaining those relationships to continue moving the student forward.

Under each guideline is set list of knowledge and skills that are included to outline specific skills that paraprofessionals should acquire and apply when working with students with disabilities. These knowledge and skills allow paraprofessionals working with students with disabilities a more concrete and distinct foundation for what should be occurring within the classroom as well as for each student (Paraeducator Common Core Specialty, 2011, p. 1).

Conclusion

This literature review has been informed of what is occurring within the Special Education field regarding professional learning for paraprofessionals. It has shown there is a significant gap in regards to professional learning for paraprofessionals working with students with disabilities. The research, including the Special Education law under the state of Indiana, deems professional learning for paraprofessionals as significant and essential, however, shows very little ways of that occurring or ways for it to occur. It also deems the professional learning to occur under a (the) licensed Special Education teacher, however, there is again very little direction on how, what, when, and where.

In general, this literature review has opened the door on a crucial topic of
conversation within the field of Special Education. Paraprofessionals working in Special Education assist students’ everyday on making progress on specific and individualized goals empowering them to reach full potential and there is no real learning or training to support that assistance. Professional learning for students with disabilities should be shared between all individuals working with the students including paraprofessionals.

This special project, including the handbook, begins to close that significant gap allowing professional learning for paraprofessionals working with students with disabilities to be provided educational support in their understanding and knowledge of individualized needs of each student in Special Education. It gives paraprofessionals working in Special Education a foundation in which to jump off of regarding individualized needs.

Based on the literature provided above, the three research questions asked in regards to the special project of; Professional Learning for Paraprofessionals Working in Special Education include:

1. By surveying Special Education teachers and assistants, what Professional Learning/Training is currently offered for Special Education assistants?

2. What current knowledge and skills are used by Special Education assistants with the Special Education classroom?

3. What additional knowledge and skills can be applied in the classroom by Special Education assistants?
Chapter 3
Methodology

Introduction

The purpose of the needs assessment was to assess and evaluate what professional learning was currently being used for paraprofessionals working with students in Special Education. The research connected what is currently being used in Special Education classrooms to the survey results of what needs to be used or topics to focus on; allowing paraprofessionals to increase understanding and knowledge of individualized needs of students in the classroom.

Participants

The staff working with students with disabilities of a Mid-western, urban Elementary school were asked to participate in this survey. The staff has direct contact with students with disabilities. The twenty staff members range in age from 21 years – 63 years and have various experiences, backgrounds, and knowledge within the field of Special Education. The staff is all female except one male teacher and includes: five classroom teachers and 14 paraprofessionals.

The needs assessment was distributed on October 14, 2015 and returned by October 28, 2015. It was given to 19 staff who currently work in a Special Education classroom; five teachers and 14 paraprofessionals. Out of 19 staff members, 13 were completed and returned including five teachers and eight paraprofessionals.
Setting

The Midwestern school is an urban Title-One public school that serves students from Pre-Kindergarten to fifth grade. The school has one principal, one assistant principal, two administrative assistants, 21 general education teachers, eight Special Education teachers, a caseworker, a full time school nurse, 14 self-contained classroom Special Education paraprofessionals, and 10 specialized therapists. The school has approximately 450 general education students and 47 students with disabilities within self-contained classrooms. Indiana Department of Education report for 2014-2015 school year; 100% free school breakfast and lunch offered to students. Racial make-up for 2014-2015 school year; Caucasian (white): 56% and Ethnicity: 44%. Scores for Indiana Statewide Testing for Educational Progress (ISTEP) for 2014-2015 school year; total (3rd-5th grades) 76.2% with a state grade of an A given.

Research Designs/Data Sources

The research design includes qualitative data collection methods. The needs assessment survey was used in assessing the data to discover what professional learning is being used for paraprofessionals working with students with disabilities and what professional learning still needs to be addressed to enhance the knowledge and skill of these paraprofessionals. Purdue University’s IRB Board approval has given approval regarding needs assessment (Appendix B). CITI on-line training has been successfully completed; this on-line training involves the rights and welfare of human subjects (Appendix A). Fulfilling the research training requirements; IRB and CITI on-line training was mandatory prior to administering the needs assessment.
survey to participates.

Survey questions (Appendix E) asked to the participates included; what previous professional learning topics have been taken and what other possible topics should be offered to increase understanding and knowledge. A general question of what participates believed professional learning was used for was also asked. This was done to collect information on what participates believe professional learning is to be used for.

**Recruitment and Data Collection Procedures/Methods**

Recruitment concerning data collection involves a voluntary and confidential written survey provided to teachers and paraprofessionals working with students with disabilities via school mailboxes (Appendix D). The survey was distributed on October 14, 2015 and returned October 28, 2015. The surveys were returned in a provided envelope to designated school mailbox with limited access. The survey was accompanied by a written letter regarding purpose and instructions of for study. The survey was given to five classroom teachers and 14 paraprofessionals working with students with disabilities.

**Data Analysis Procedures/Methods**

The needs assessment survey along with the literature review was analyzed and combined to create a handbook assessing and guiding professional learning for Special Education paraprofessionals. The creation of a handbook regarding professional learning for paraprofessionals working in Special Education hopes to influence knowledge and understanding regarding individualized student needs; cognitively, behaviorally, medically, and physically. It will assist in educating paraprofessionals on the reasoning
and thought-process behind behavioral strategies, academic instruction, medical health needs, and physical techniques used to increase the student’s developmental self and increase the assistant’s role in impacting progression of student skills. This handbook is a tool to direct specific professional learning for Special Education communities. It allows for collaboration between the teachers and paraprofessionals working with students with disabilities.
Chapter 4
Data Analysis

Introduction

The needs assessment survey content covered questions relating to professional learning for paraprofessionals working in Special Education. It was distributed to teachers and paraprofessionals working with students in Special Education via paper/pen. The study’s purpose was to; assess what professional learning is currently being offered for Special Education assistants, what current knowledge and skills are used by paraprofessionals working in a Special Education classroom, and what additional knowledge and skills can be applied in a Special Education classroom by paraprofessionals.

The needs assessment survey was distributed to 19 staff currently working in a Special Education classrooms; five teachers and 14 paraprofessionals. Of those 19 surveys, 13 were returned with eight fully filled out and five partially filled out with a return rate of 68%. The survey questions were worded differently between teachers and paraprofessionals, however, the content of the questions remained the same. In the needs assessment survey, the more common term of “assistant” was used as opposed to “paraprofessional” to aid the participants understanding of questions being asked.

The results from the needs assessment survey is presented in both numerical order and themes regarding the information asked. Data from the teachers are presented first followed by data from the paraprofessionals. The raw data from the needs assessment surveys is presented in Appendix K.
Data Results (Teacher)

Demographics of Participants

Question 1: How many years have you taught and/or worked in the Special Education field? Of the five teachers surveyed, three have taught/worked in the field of Special Education field for more than 10 years. One teacher has less than three years’ experience and one teacher experience is between 5-10 years.

Question 2: What age range do you currently teach and/or work in regarding Special Education? Of the five teachers surveyed, three teach/work students that are in the age range of preschool to 1st grade with the remaining two teachers teaching/working students that are in the age range of 2nd to 5th grade.

Professional Learning/Training received in the Last School Year

Question 3: How much position-specific professional learning/training from your school district have your assistants received within the last school year regarding their current Special Education student

Figure 4.1

Received Assistant Professional Learning within last School Year

- 80%; 4 teacher’s responses
- 20%; 1 teacher’s response
- 0-3 trainings
- 4-6 trainings
- 7+ trainings
In figure 4.1, of the five teachers surveyed, 80% (4 out of 5) responded their assistants have received 0-3 trainings within the last school year. One teacher responded their assistants received 4-6 trainings.

Question 4a: Do you feel this professional learning/training has increased your assistants understanding and knowledge of your current students’ needs? Of the five teachers surveyed, 100% (5 out of 5) responded the professional learning/training their assistants received somewhat increased the understanding and knowledge of current students’ needs.

Question 4b: Why or why not? Of the five teachers asked, three believed professional learning for paraprofessionals should be more “consistent” and “ongoing/regular” for understanding and knowledge to increase.

One teacher believed assistants understanding and knowledge was increased after professional learning was received because it “sparked” related questions/topics within the classroom. One teacher responded, “New special education assistant training was received by assistants and was minimally helpful in the area of confidentiality.”

Question 5: Please check areas that your assistants have received position-specific professional learning /training on within the last school year. Of areas checked, please elaborate on specific skills/ideas learned. Under each specific area, the teachers were asked to explain what specific professional learning/trainings topics their assistants have received within the last school year. Figure 4.2 show their collective responses for each specific area:

-Academics/Cognitive: Therapy trainings and differentiation
- Behavioral: Causes of behavior and therapy trainings
- Language/Communication: Therapy trainings and AAC device trainings
- Medical: Therapy trainings
- Self-Help/Functional: Therapy trainings and encouragement of independence

**Figure 4.2**

Questions 6: Do you feel this position-specific professional learning/training is enough to meet the needs of your current Special Education students? Of the five teachers surveyed, 60% (3 out of 5) responded they believe the professional learning/training their assistants received in not enough for the needs of the current students. The remaining 40% (2 out of 5) believe the professional learning/training was somewhat enough for their assistants to use in order to meet the needs of current students.

**Future Professional Learning/Training Topics for Assistants**

Question 7: What specific areas of professional learning/training do you feel your
assistants need to meet the needs of your current Special Education students? Please elaborate on specific skills within area. In figure 4.3, six areas were given to teachers regarding what professional learning/training should be given to assistants in order to increase understanding and knowledge of individualized students’ needs. In those six areas, teachers responded with specific topics including:

- Academics/Cognitive: Scaffolding, task analysis, and typical/atypical child development
- Behavioral: Positive behavioral supports and consistency
- Language/Communication: AAC devices, visual schedules, and PECS
- Medical: Seizures, medication, and tube-feeding
- Self-Help/Functional: Dressing, Personal Hygiene, Feeding, and Toileting
- Any other area: Teamwork, communication, confidentiality, and professionalism

**Figure 4.3**

Number of Responses noting Professional Learning Trainings in Specific Area

- Academics/Cognitive
- Behavioral
- Medical
- Language/Communication
- Self-Help/Functional
- Any other area
Question 8: Do you think your assistants would be willing to receive position-specific professional learning/training to meet the needs of current Special Education students? Out of the five teachers surveyed, 100% (5 out of 5) responded they believe their assistants would be willing to receive position-specific professional learning/training in order to increase their knowledge and understanding regarding students’ individualized needs.

Question 9: What amount of position-specific professional learning/training would you be willing to facilitate or support for assistance to receive to better serve current Special Education students? Out of the five teachers surveyed, 80% (4 out of 5) responded they would be willing to facilitate/support assistants’ professional learning/training monthly for their assistants. One teacher surveyed, 20% (1 out of 5) responded they would be willing to facilitate/support assistants’ professional learning/training twice a month for their assistants.

Question 10: What do you think is your assistants understanding of professional learning/training regarding Special Education? Five different responses were given by all five teachers answering the survey question. One teacher replied, “They hate it and look at it as a way to get away from the students. However, most do want to learn.” Second teacher replied, “How to learn to be better professionals at work with staff and students.” Third teacher replied, “Unclear at times.” Fourth teacher replied, “Professional Learning is just for teachers. Assistants are valued as being worth the effort to train.” Fifth teacher replied, “It is intended for them to be able to help students.”

Question 11: Please comment on any additional knowledge or skills that you feel
are necessary for your assistants within the Special Education field and your current students’ needs? Out of five teachers, four responded to this question. Responses varied. One teacher, “HIPPA laws and therapy concerns (how and why) Second teacher, “Speak less and give wait/processing time.” Third teacher, “More trainings would be great.” Fourth teacher, “General training is needed in every area. Teachers have enough on their plates to facilitate, nice if downtown Special Education office would offer.”

Data Results (Assistant)

Demographics of Participates

Question 1: How many years have you taught and/or worked in the Special Education field? Out of the eight assistants surveyed, four have taught/worked in the field of Special Education field between three to five years. Two assistants have less than three years’ experience and two assistants have taught/worked in the field of Special Education field for more than 10 years.

Question 2: What age range do you currently teach and/or work in regarding Special Education? Out of the eight assistants surveyed, six teach/work students that are in the age range of preschool to 1st grade with the remaining two assistants teaching/working students that are in the age of 2nd to 5th grade.

Professional Learning/Training received in the Last School Year

Question 3: How much position-specific professional learning/training from your school district have you received within the last school year regarding your current Special Education students?

Question 4a: Do you feel this professional learning/training has increased your
understanding and knowledge of your current students’ needs? Of the eight assistant surveyed, seven responded. Those responses were split down the middle; 43% (3 out of 7) responded “Yes, the professional learning/training received has increased understanding and knowledge”, 29% (2 out of 7) responded “No, the professional learning/training received has not increased understanding and knowledge, and 29% (2 out of 7) responded, “Somewhat, the professional learning/training has increased understanding and knowledge”.

Question 4b: Why or why not? Of the eight assistants surveyed, six responded. Those responses were also divided. Two assistants answered yes stated, “Yes. I have a better understanding in CPI situations (behavioral)” and “my understanding of how a special needs child’s mind works has increased”. Two assistants answered no stating, “No, have not received any” and “Professional learning that was received was not helpful and did not increase knowledge to help students growth or development”. Two assistants answered somewhat stating, “Somewhat, initial training was more general information, not specific to individualized students.” and “Yes, because new things were learned but no because being in the environment and learning is just easier to do.”

Question 5. Please check areas that you have received position-specific professional learning/training on within the last school year. Of areas checked, please elaborate on specific skills/ideas learned. Under each specific area, the assistants were asked to explain what specific professional learning/trainings topics they have received within the last school year. Figure 4.4 show their collective responses for each specific area:
Academics/Cognitive: Follow teacher’s modeling

Behavioral: BIP and CPI training

Language/Communication: AAC devices, PECS, and therapist training

Medical: Tube-feeding

Self-Help/Functional: Therapist training

**Figure 4.4**

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**Question 6:** Do you feel this position-specific professional learning/training is enough to meet the needs of your current Special Education students? Of the eight assistants surveyed only seven responded. There was 57% (4 out of 7) responded they believe the professional learning/training received is not enough for the needs of the current students. The remaining 43% (3 out of 7) believe the professional learning/training was to use in order to meet the needs of current students.
Future Professional Learning/Training Topics for Assistants

Question 7: What specific areas of professional learning/training do you feel necessary to meet the needs of your current Special Education students? Please elaborate on specific skills within area. In figure 4.5, six areas were given to assistants regarding what professional learning/training should be given in order to increase understanding and knowledge of individualized students’ needs. In those six areas, assistants responded with specific topics areas including:

Academics/Cognitive:

Behavioral: structured guidelines

Language/Communication:

Medical:

Self-Help/Functional:

Any other area: Independent feeding, physical aspect of job, and toileting

One assistant responded with a follow-up statement, “I feel all of these are of equal importance. Every child/student is different in terms of their disability and needs.” There were multiple areas that were not answered.

Question 8: Would you be willing to receive position-specific professional learning/training to meet the needs of current Special Education students? Out of the eight assistants surveyed, 100% (8 out of 8) responded they would be willing to receive position-specific professional learning/training in order to increase their knowledge and understanding regarding students individualized needs.
Question 9: How often would you be willing to receive position-specific professional learning/training to better serve your current Special Education students?

Out of the eight assistants surveyed, 50% (4 out of 8) responded they would be willing to attend professional learning/training monthly. The other four assistants were split; 25% (2 out of 8) responded willingness to attend professional learning/training twice a month with the other 25% (2 out of 8) responded willingness to attend professional learning/training weekly.

Question 10: What is your understanding of professional learning/training regarding Special Education? Five different responses were given by five assistants answering the survey question. Three assistants replied, “It is very much needed. It is necessary to provide/ensure/support care for the students.” One assistant replied, “My
understanding is fine, but I think the training should be better.” And the final assistant replied, “None.”.

Question 11: Please comment on any additional knowledge or skills that you feel are necessary for your position within the Special Education field and your current students’ needs? Five different responses were given by five assistants answering the survey question. Two assistants responded, “This training is very necessary.” and “When I first started in Special Education, I felt very inadequate and needed training. I read on my own and sought out resources to supplement what was taught on the job.” Three assistants responded with further thoughts on professional learning topics including; reasoning behind the disability, understanding IEP and progress monitoring, physical lifting skills, and communication skills with other staff.

**Conclusion from Teacher and Assistant Needs Assessment Surveys**

Analyzing the data (teachers and assistants) showed numerous commonalities. Both sets of data showed little to no position-specific professional learning received within the last school year (question 3 on both sets of surveys). In Figure 4.6, both teachers and assistants agreed that there was no real professional learning/training offered to assistants within the last school year to increase their knowledge and understanding of current students’ needs.

Teachers: How much position-specific professional learning/training from your school district have your assistants received within the last school year regarding their current Special Education students?
Assistants: How much position-specific professional learning/training from your school district have you received within the last school year regarding your current Special Education students?

Figure 4.6

<table>
<thead>
<tr>
<th>0-3 trainings</th>
<th>4-6 trainings</th>
<th>7+ trainings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher</td>
<td>Assistant</td>
<td></td>
</tr>
</tbody>
</table>

The comparison of the data showed a slight discrepancy in whether the professional learning/training increased understanding and knowledge of current students’ needs (question 4a on both sets of surveys). 100% teachers (5 out of 5) responded professional learning/training did somewhat increase assistants’ knowledge and understanding while only 72% of assistants (5 out of 7) responded professional learning/training did or somewhat did increase their knowledge and understanding of students’ needs. 28% of assistants (2 out of 7) responded there was no increase from the professional learning/training.

Teachers: Do you feel this professional learning/training has increased your assistants’ understanding and knowledge of your current students’ needs?
Assistants: Do you feel this professional learning/training has increased your understanding and knowledge of your current students’ needs?

In Figure 4.7, both sets of data showed all areas of professional learning/training would be necessary to meet students’ needs (question 7 on both sets of surveys). The assistant surveys concluded high importance of professional learning/training under all areas; academic/cognitive, behavioral, language/communication, medical, self-help/functional, and any other area deemed necessary while the teacher surveys concluded high importance of self-help/functional, behavioral, and any other areas. However, high importance for all areas of professional learning/training was given to aid in increasing knowledge and understanding.

Teachers: What specific areas of professional learning/training do you feel your assistants need to meet the needs of your current Special Education students? Please elaborate on specific skills within area.

Assistants: What specific areas of professional learning/training do you feel are necessary to meet the needs of your current Special Education students? Please elaborate on specific skills within area.

Teachers answers varied, however, agreed that behavioral and self-help/functional were high in need and include; positive support strategies for behaviors and basic independent skills for living a functional life. Teachers also concluded that confidentiality, teamwork, and professionalism also should be included.

Assistants answered were high in all areas, however, little specifics were given as to specific topics.
Both sets of data showed 100% willingness to receive position-specific professional learning/training to meet the needs of current Special Education students (question 8 on both sets of surveys). Teachers and assistants are willing to work towards ALL assistants receiving needed professional learning/training to increase knowledge and understanding regarding students’ needs.
Teachers: Do you think your assistants would be willing to receive position-specific professional learning/training to meet the needs of current Special Education students?

Assistants: Would you be willing to receive position-specific professional learning/training to meet the needs of current Special Education students?

**Final Conclusion regarding overall Data Analysis**

Data analyze regarding both sets of surveys concluded: teachers and assistants believe professional learning/training paraprofessionals working in Special Education would contribute to an increase of knowledge and understanding of students’ individualized needs. The responses from both teachers and assistants working in Special Education conclude that professional learning on individualized topics relevant for students receiving Special Education services is vital to continue moving forward in understanding and knowledge.
Chapter 5

Handbook

Professional Learning Handbook for Paraprofessionals Working in Special Education

by: Amy Davis
Part I: Introduction

Purpose:

The purpose behind this handbook is to guide and assist educating paraprofessionals working in Special Education on the reasoning and thought-process behind behavioral strategies, academic instruction, medical health needs, and self-help techniques used to increase the student’s developmental self and increase the assistant’s role in impacting progression of student skills. This handbook will be a tool to direct specific professional learning for Special Education communities; allowing for collaboration between the teachers and paraprofessionals working with students with disabilities as well as influencing knowledge and understanding regarding individualized student needs; cognitively, behaviorally, and medically.

Table of Contents

There are multiple sections within the handbook to assist the reader.

Section One: Welcome letter
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Section Six: Description of Exceptionalities (Disabilities/Eligibilities)
Section Seven: Logistics in planning for Professional Learning
Section Eight: Understanding the IEP
Section Nine: Professional Learning Topic Areas
  1. Academic/Cognitive
  2. Behavioral
  3. Medical
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  5. Self-Help/Functional

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Section Eleven: Conclusions
Section Twelve: References
Part II: Handbook

Section One

Welcome Letter:

Hi! My name is Amy Davis and currently I teach students receiving Special Education services in an Indiana public elementary school. I have been working in the field of Special Education for almost 13 years. In that time, I have discovered a) the importance of and b) impact Special Education paraprofessionals have while working with students receiving Special Education services.

Paraprofessionals are often times on the front lines of education. They assist students in developing, maintaining, and generalizing specific skills across a multitude of environments; however, often times are rarely acknowledged, educated, or even trained on those specific skills. Because of this reason, I have developed a handbook regarding professional learning for paraprofessionals working in Special Education.

This handbook will detail out not only the roles, responsibilities, and qualifications of paraprofessionals working in Special Education but also specific professional learning topics/areas as well as protocols to continue enhancing understanding and knowledge.

I hope this handbook assists you and your team working in Special Education. Enjoy! 😊

Sincerely,

Amy L. Davis
Section Two

How to use this handbook….

This handbook was developed to guide and assist educating paraprofessionals working with students in Special Education. It was designed to be as user-friendly, effective, and efficient as possible. The handbook can be utilized as a whole or in separate sections depending on what is needed and/or wanted of the user.

The bulk of the handbook is designated to: specific topic areas regarding Special Education; academic/cognitive, behavioral, medical, speech/language, and self-help/functional as well as numerous professional learning protocols to utilize and apply. This handbook is generalized and should be used as a guide to assist in formatting specific professional learning for specific students and needs regarding training.

Section Three

Key Terms or Definitions

Professional Learning (Development) – a comprehensive and intensive approach to improving teachers’ and principals’ effectiveness in raising student achievement.

Paraprofessional (Paraeducator/Assistant) - an individual who works under the supervision and direction of licensed teachers or related services personnel to assist in areas that related to personal, social, and instructional needs.

Cognitive skills: the ability for an individual to gain meaning and knowledge from experience and information.
**Academic skills:** a collection of study habits, learning strategies, and time management tools that help students learn and absorb school lessons (math, language arts, science, social studies, and health).

**Behavioral skills:** skills that emphasis positive interactions between self and others.

**Physical skills:** skills that emphasis the physical motor aspect of an individual. Included in this are gross: walking, running, jumping, etc… and fine: grasping, holding, releasing, etc….

**Self-Help/Functional Skill:** skills that can be used in everyday life to assist in complete independence regarding oneself. Included in this are: food management, dressing, personal hygiene, and health care.

**Instructional team:** Instructional team includes each person on the student’s individualized team that will assist in instruction. Included in this are: family members, teachers, paraprofessionals, administration, related service providers, and any other person that will assist in the student’s educational instruction.

**Collaboration:** A team of individuals working together as equal partners involved all aspects of the educational process for students including: planning, teaching, and assessment.

**Eligibility:** Determination of what specific services an individual is entitled to receive based upon evaluations, assessments, and observations.

**Protocol:** a set of step-by-step guidelines—usually in the form of a simple one- or two-page document—that is used by educators to structure professional conversations or
learning experiences to ensure that meeting, planning, or group-collaboration time is used efficiently, purposefully, and productively.
Section Four

Roles and Responsibilities of Paraprofessionals

Paraprofessionals’ roles and responsibilities working with students in Special Education are often looked at as multifaceted and complex. Paraprofessionals are responsible for a student’s safety and health as well as specific skills including; academic instruction, behavioral support, individualized medical needs (medication and/or diet), language/communication, physical motor needs, and assisting in personal care skills (personal hygiene, dressing, and/or feeding). The responsibilities do not stop there though. Paraprofessionals also assist in modifying materials, collecting and assessing data, and implementing instructional and behavioral plans (Carter, O’Rourke, Sisco, & Pelsue, 2009).

All of these roles and responsibilities are done either in a small group or one-on-one setting depending on the specific responsibility and/or the student. If a student has intense medical needs and requires assistance receiving medication, this may qualify as a one-on-one support with the paraprofessional giving that in a private and secure location. However if a small group of students require support in academic instruction, this may occur in a small group setting within the classroom.

In accordance to their specific responsibilities, paraprofessionals are looked at as holding a significant place in the education of students with disabilities; assisting in maintaining and generalizing specific learned skills throughout multiple environments (Stockall, 2014). However, with these specific responsibilities comes very little training or professional learning. It often falls upon the public agency (school district or building)
to provide this to the paraprofessionals working in the Special Education classrooms.

Overall, the most common form of training paraprofessionals working with students with disabilities receive include: on-the-job training, in-service training, other forms of training unspecified, and conference training regarding disabilities (Carter, O’Rourke, Sisco, & Pelsue, 2009).

This handbook was developed and designed to provide in-service training or professional learning training to paraprofessionals working with students in Special Education. It offers specific trainings and protocols in regards to students’ individualized needs allowing paraprofessionals the ability to educate and care for students in Special Education with more understanding and knowledge.
Section Five

Qualifications and Requirements of Paraprofessionals

According to Indiana State Board of Education, Special Education Rules (Article 7, 2010, p. 37), a paraprofessional who provide instructional support in a program must have the following:

“(1) A high school diploma or its recognized equivalent.
(2) Paraprofessionals hired after January 8, 2002, in accordance with No Child Left Behind Act of 2001 must have achieved one of the following:
   (A) Completed two years of study at an institution of higher education.
   (B) Obtained an associate’s or higher degree.
   (C) Met a rigorous standard of quality and be able to demonstrate, through a formal state academic assessment, knowledge of and the ability to assist in instructing reading, writing, and mathematics (or, as appropriate, reading readiness, writing readiness, and mathematics readiness)”.

School districts may also require:

CPR training | Experience
<table>
<thead>
<tr>
<th>First Aid training</th>
<th>Physical Skills</th>
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![First Aid logo](image1)

![Physical Skills image](image2)
Section Six

Description of Exceptionalities (Disabilities/Eligibilities)

According to Indiana State Board of Education, Special Education Rules (Article 7, 2010, p. 67-80), eligibility criteria for Special Education is separated and defined in 13 categories:

**Autism Spectrum Disorder**: “Autism spectrum disorder is a lifelong developmental disability that includes autistic disorder, Asperger's syndrome, and other pervasive developmental disorders, as described in the current version of the American Psychiatric Association’s Diagnostic Statistical Manual of Mental Disorders. The disability is generally evident before three (3) years of age and significantly affects verbal, nonverbal, or pragmatic communication and social interaction skills and results in an adverse effect on the student's educational performance. Other characteristics often associated include the following:

1. Engagement in:
   - (A) repetitive activities; and
   - (B) stereotyped movements.
2. Resistance to:
   - (A) environmental change; or
   - (B) change in daily routines.
3. Unusual responses to sensory experiences”.

**Blind or low vision**: ““Blind or low vision”, which may be referred to as a visual impairment, means a disability that even with best correction affects the student's ability to use vision for learning, which adversely affects the student's educational performance. The term:

1. includes a reduced ability or a complete inability to utilize the visual system to acquire information; and
2. may include or be limited to a reduction in field of vision”.

**Cognitive Disability**: “A cognitive disability:

1. is manifested during the developmental period;
2. is characterized by significant limitations in cognitive functioning;
3. is demonstrated through limitations in adaptive behavior; and
4. adversely affects educational performance.

(b) A student with a mild cognitive disability has cognitive functioning that generally:

1. falls two (2) standard deviations below the mean; and
2. manifests delays in adaptive behavior consistent with the mild cognitive disability.

(c) A student with a moderate cognitive disability has cognitive functioning that generally:
(1) falls three (3) standard deviations below the mean; and
(2) manifests delays in adaptive behavior consistent with the moderate cognitive disability.
(d) A student with a severe cognitive disability has cognitive functioning and adaptive behavior skills that generally: (1) falls four (4) or more standard deviations below the mean; and
(2) manifests delays in adaptive behavior consistent with the severe cognitive disability”.

**Deaf or Hard of Hearing:** ““Deaf or hard of hearing”, which may be referred to as a hearing impairment, means the following:
(1) A disability that, with or without amplification, adversely affects the student's:
   (A) ability to use hearing for developing language and learning;
   (B) educational performance; and
   (C) developmental progress.
(2) The hearing loss may be:
   (A) permanent or fluctuating;
   (B) mild to profound; or
   (C) unilateral or bilateral.
(3) Students who are deaf or hard of hearing may use:
   (A) spoken language;
   (B) sign language; or
   (C) a combination of spoken language and signed systems”.

**Deaf-Blind:** ““Deaf-blind”, which may be referred to as dual sensory impaired, means a disability that:
(1) is a concomitant hearing and vision loss or reduction in functional hearing and vision capacity;
(2) causes significant communication and adaptive behavior deficits;
(3) adversely affects the student's educational performance; and
(4) cannot be accommodated for by use of a program or service designed solely for students who are:
   (A) deaf or hard of hearing; or
   (B) blind or have low vision.
(b) Students who are deaf-blind represent a heterogeneous group that includes the following:
(1) Students who are both deaf and blind with:
   (A) measured acuities and intellectual and adaptive functioning; or
   (B) estimated acuities and intellectual and adaptive functioning supported by a description of pathology.
(2) Students with hearing and visual reductions of a mild to severe degree:
   (A) with additional learning or language disabilities that adversely affect educational performance; or
(B) who have been diagnosed with a chronic or degenerative pathology or a disease that may potentially result in deaf-blindness.

(3) Students with generalized central nervous system dysfunction who:
   (A) exhibit:
   (i) auditory and visual impairments; or
   (ii) deficits in auditory-visual functioning; and
   (B) may demonstrate inconclusive or inconsistent responses:
   (i) during hearing and vision assessments; or
   (ii) to auditory and visual stimuli in the environment.

(c) A student who is solely deaf-blind is not considered to be a student who has multiple disabilities as defined in section 9 of this rule”.

**Developmental delay** (early childhood): “Developmental delay is a disability category solely for students who are at least three (3) years of age and not more than five (5) years of age, or five (5) years of age but not eligible to enroll in kindergarten. Developmental delay means a delay of either two (2) standard deviations below the mean in one (1) of the following developmental areas or one and one-half (1.5) standard deviations below the mean in any two (2) of the following developmental areas:

1. Gross or fine motor development.
2. Cognitive development.
3. Receptive or expressive language development.
4. Social or emotional development”.

**Emotional Disability**: “Emotional disability” means an inability to learn or progress that cannot be explained by cognitive, sensory, or health factors. The student exhibits one (1) or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance:

1. A tendency to develop physical symptoms or fears associated with personal or school problems.
2. A general pervasive mood of unhappiness or depression.
3. An inability to build or maintain satisfactory interpersonal relationships.
4. Inappropriate behaviors or feelings under normal circumstances.
5. Episodes of psychosis”.

**Language or speech impairment**: “A language or speech impairment is characterized by one (1) of the following impairments that adversely affects the student's educational performance:

1. Language impairments in the comprehension or expression of spoken or written language resulting from organic or nonorganic causes that are nonmaturational in nature. Language impairments affect the student's primary language systems, in one (1) or more of the following components:
   (A) Word retrieval.
   (B) Phonology.
(C) Morphology.
(D) Syntax.
(E) Semantics.
(F) Pragmatics.

2. Speech impairments that may include fluency, articulation, and voice disorders in the student's speaking behavior in more than one (1) speaking task that are nonmaturational in nature, including impairments that are the result of a deficiency of structure and function of the oral peripheral mechanism”.

Multiple Disabilities: “Multiple disabilities” means coexisting disabilities, one of which must be a significant cognitive disability. The coexisting disabilities are lifelong and interfere with independent functioning, and it is difficult to determine which disability most adversely affects educational performance. The term does not include deaf-blind”.

Other Health Impairment: “Other health impairment” means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment that:

1. is due to chronic or acute health problems, such as:
   (A) asthma;
   (B) attention deficit disorder or attention deficit hyperactivity disorder;
   (C) diabetes;
   (D) epilepsy;
   (E) a heart condition;
   (F) hemophilia;
   (G) lead poisoning;
   (H) leukemia;
   (I) nephritis;
   (J) rheumatic fever;
   (K) sickle cell anemia; and
   (L) Tourette syndrome; and

2. adversely affects a student's educational performance”.

Orthopedic Impairment: “An orthopedic impairment is a severe physically disabling condition that adversely affects educational performance. The term may include impairments caused by any of the following:

1. A congenital anomaly.
2. A disease, such as:
   (A) poliomyelitis; or
   (B) bone tuberculosis.
3. Other causes, such as:
   (A) cerebral palsy;
   (B) amputations; or
   (C) fractures or burns that cause contractures”.
Specific Learning Disability: “Specific learning disability” means a disorder in one (1) or more of the basic psychological processes involved in understanding or in using language, spoken or written, that adversely affect the student's educational performance, including conditions referred to, or previously referred to, as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. As follows, a specific learning disability:

(1) Manifests itself when the student does not achieve adequately for the student's age or to meet state approved grade level standards in one (1) or more of the following areas, when provided with learning experiences and instruction appropriate for the student's age or state approved grade level standards:

(A) Reading disability, which is a specific learning disability that is neurological in origin and has a continuum of severity. It is characterized by difficulties with accurate or fluent, or both, word recognition and by poor spelling and decoding abilities. A reading disability may be due to difficulties in the following:
   (i) Basic reading skills.
   (ii) Reading fluency skills.
   (iii) Reading comprehension.

(C) Written expression disability, which is a specific learning disability that is neurological in origin and has a continuum of severity. Written expression is a complex domain that requires the integration of the following:
   (i) Oral language.
   (ii) Written language.
   (iii) Cognition.
   (iv) Motor skills.

(D) Math disability, which is a specific learning disability that is neurological in origin and has a continuum of severity. The ability to perform mathematical computations and reasoning requires multiple core cognitive processes. A math disability may be due to difficulties in the following:
   (i) Mathematics calculation.
   (ii) Mathematics problem solving.

(D) Oral expression disability, which is a specific learning disability that:
   (i) is neurological in origin;
   (ii) has a continuum of severity; and
   (iii) is characterized by deficits in using expressive language processes to mediate learning of:
   (AA) reading;
   (BB) writing;
   (CC) spelling; or
   (DD) mathematics; skills.

(E) Listening comprehension disability, which is a specific learning disability that:
(i) is neurological in origin;
(ii) has a continuum of severity; and
(iii) is characterized by difficulties in using receptive language processes to mediate learning of:
(AA) reading;
(BB) writing;
(CC) spelling; or
(DD) mathematics;
skills.

(2) Can be evidenced through either of the following:
(A) Insufficient progress to meet age or state approved grade level standards in one (1) or more of the areas identified in subdivision (1) when using a process based on the student's response to scientific, research based intervention.
(B) A pattern of strengths and weaknesses in performance or achievement, or both, relative to:
(i) age;
(ii) state approved grade level standards; or
(iii) intellectual development;
that is determined by the group to be relevant to the identification of a specific learning disability. The multidisciplinary team is prohibited from using a severe discrepancy between academic achievement and global cognitive functioning to meet this requirement.

(3) Does not include learning problems that are primarily the result of any of the following:
(A) A visual, hearing, or motor disability.
(B) A cognitive disability.
(C) An emotional disability.
(D) Cultural factors.
(E) Environmental or economic disadvantage.
(F) Limited English proficiency.
(G) Lack of appropriate instruction in reading or math evidenced by the following:
(i) Data demonstrating that prior to, or part of, the referral process, the student was provided appropriate instruction in general education settings, delivered by qualified personnel.
(ii) Data based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the student's parents”.

**Traumatic brain injury**: “A traumatic brain injury is an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance. The term applies to open or closed head injuries resulting in impairments in one (1) or more areas, such as the following:

(1) Cognition.
(2) Language.
(3) Memory.
(4) Attention.
(5) Reasoning.
(6) Abstract thinking.
(7) Judgment.
(8) Problem solving.
(9) Sensory, perceptual, and motor abilities.
(10) Psychosocial behavior.
(11) Physical functions.
(12) Information processing.
(13) Speech.
(b) The term does not apply to brain injuries that are:
(1) congenital or degenerative; or
(2) induced by birth trauma”.
Section Seven

Logistics in planning for Professional Learning

According to Indiana State Board of Education, Special Education Rules Article 7 page 37, the public agency will provide in-service trainings and teachings to paraprofessionals (assistants) regarding; their role as it is connected to the role of the teacher of Special Education, the skills and knowledge necessary to perform designated responsibilities and duties, and information on specific needs and characteristics of the students in addition to Special Education procedures and laws. The law leaves professional learning/training for paraprofessionals working in Special Education up to the individual school districts/building. Often the most difficult component of professional learning/training is planning the logistics.

-How will the paraprofessionals receive professional learning/training?
-When and where will the paraprofessionals receive this professional learning/training?
-Who will give the professional learning/training?
-What will the professional learning/training be on?

The first part of logistically figuring out professional learning/training for paraprofessionals is to fill out a Professional Learning Model. This will guide all the components needed to move forward in planning successful professional learning/trainings for paraprofessionals working in Special Education. It will assist in keeping everything on track and allow easier flow when planning and executing professional learning.
Professional Learning Logic Model (Blank)

Logic Model Special Education Commitment

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Initial Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Intended Results</th>
</tr>
</thead>
</table>

Adapted by Fort Wayne Community Schools
Professional Learning Logic Model (Example)

Logic Model Special Education Commitment

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Initial Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Intended Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 1 training @ quarter</td>
<td>• survey paraprofessionals for specific interests under 3 main topics</td>
<td>• a plan for student coverage</td>
<td>• Provide PL to paraprofessionals</td>
<td>Paraprofessionals will be empowered in taking ownership of student performance and supported in implementing best practices for student growth.</td>
</tr>
<tr>
<td>• 6 teachers developing para PL</td>
<td>• commit to Weds. PL for planning the para prof. PL</td>
<td>• a plan for staff attendance</td>
<td>• Dec 9 on role differentiation</td>
<td></td>
</tr>
<tr>
<td>• 2 teachers present @ session</td>
<td>• gathering info on 3 topics and collaborate</td>
<td>• sign in sheet</td>
<td>• Feb. 3 on behavior manag.</td>
<td></td>
</tr>
<tr>
<td>• student coverage during 11:00</td>
<td>• student coverage during trainings assigned and accounted for</td>
<td>• agenda on power point (common)</td>
<td>• Apr. 13 on academic/cog. insights</td>
<td></td>
</tr>
<tr>
<td>• 30 min @ 7:20 &amp; 11:00</td>
<td>• invitations to paras and admin.</td>
<td>• practice session for 2 presenters to present to other 4</td>
<td>• Paraprofessionals write any questions down at the end of each training.</td>
<td></td>
</tr>
</tbody>
</table>

• Type a review after each session indicating addressing questions.
Paraprofessional/Assistant Survey

While teachers or administrators often feel they know what paraprofessionals working in Special Education need to receive in regards to professional learning, allowing the paraprofessionals to have a voice in the matter will increase ownership and ultimately knowledge of suggested topics area. There may be specific topics or issues the paraprofessionals wish to receive more learning on. Surveying the assistants prior to planning professional learning will assist in finding those topics or issues that training is wished and/or needed on. A simple and confidential survey can be used.

Dear paraprofessional,

Please fill out the following survey regarding professional learning topics/issues:

What would you like to learn more about?

_____ Academics
_____ Behavior
_____ Medical
_____ Physical
_____ Self-Help
_____ Other (Please specify)

Please elaborate specifically on certain ideas under the topics/issues. This allows teachers and administrators to plan accordingly to better educate individuals working with students receiving Special Education.

Thank you!
Paraprofessional/Assistant Reminder Letter

After the logistics of professional learning have been figured out, a reminder letter to paraprofessionals on the upcoming training can be distributed. This is a nice way to remind paraprofessionals of when/where the training is occurring in addition to the importance of it.

Dear paraprofessional,

Reminder: professional learning is taking place on ________________ at ______. It will be held in the ________________________________. The topic area is _________________. Please bring a pen and snacks will be provided.

Thank you!

Paraprofessional/Assistant Post Evaluation Form

After the professional learning has been completed, a post evaluation form can be distributed to each paraprofessional. It allows for specific feedback regarding the professional learning topic and any meaningful changes that can be made in the future.

Dear paraprofessional,

Please share with us your thoughts regarding the professional learning topic, ______________________________. Be honest and know this remains confidential. Your feedback allows us to continue growing as professionals.

Thank you!
Professional Learning Agenda

An agenda for the professional learning/training illustrates the expectations and guides the time during the training. It shows everyone what will be occurring and when.

Special Education Assistants
Professional Learning Agenda
12/9/15
Role Differentiation

1. **Intended Goal/Purpose:**

Every person will be empowered to take ownership of student performance and supported in implementing best practices for student growth.

2. **Plan:**

7:30-7:40 a.m.-Small group work (quiz and sticky notes)
7:40-7:55 a.m.-Large group work (discussion of four components under role/contribution to classroom).
   - Safety
   - Engagement
   - Positive Climate
   - Positive Communication
7:55-8:00 a.m.-Individual work (reflection and survey)

3. **Conclusion/Wrap-up:**

Every person will reflect (individually) on topic as well as Professional Learning protocol using provided survey.
Section Eight

Understanding the IEP

What is an Individualized Education Plan?

Individualized Education Plan (IEP)
Individual education planning (IEP) is an individualized educational plan where teachers, support personal, and parents work together as a team to meet the needs of individual students who require a range of supports. The team develops outcomes or goals based on a student’s current needs and skills, and writes the plan for the school year in the student’s IEP.

Who needs an IEP?
Most IEPs are written for students who need extra support academically, behaviorally, or physically. The IEP is developed when staff and parents come together to decide what is needed to meet student’s individualized needs.

Purpose of an IEP
To provide a plan to help a student meet individual goals beyond current skills. An IEP is individualized to each student whom it is designed for.

Components of an IEP
- student identification and background information
- present levels of performance including; academic, medical, behavioral, physical, and language.
- student specific goals
- teaching methods and strategies
- whom will implement the IEP and the setting(s)
- least restrictive environment of student
- timeline for evaluations and assessments
- service provided and/or provisions

Adapted by: Center for Parent Information and Resources
Section Nine

Professional Learning Topic Area:

Academics/Cognitive:

Students receiving Special Education services often need specific assistance regarding academic or cognitive skills. Typically, goals for Math and Language Arts are written into the student’s Individualized Education Plan (IEP) working on specified skills the student has not yet been able to master in accordance with state standards. When a goal is written in an IEP, it comes from an assessment of present levels regarding the subject and the next step developmentally typically pulled from academic state standards.

Below are several topics that can be discussed at a professional learning/training for paraprofessionals working in Special Education including; SMART goals, task analysis, data sheets, and prompt levels to document goal/skill ability.
All IEP goals are written as SMART goals.

- Specific
- Measurable
- Attainable
- Realistic
- Timely

SMART goals help educators on improving student achievement. A SMART goal clarifies exactly what students should learn, the standard of learning expected, and the measures used to determine if students have achieved that standard.

A SMART goal is:

- Specific: Focuses on specific student learning. Answers questions-Who/What?
- Measurement: The success toward meeting the goal. Answers-How well?
- Attainable: Specific amount of time goal will be achieved.
- Realistic/Relevant: Goals aligned to student achievement and state standards
- Time bound: Goals have a clear time-frame for being completed-Answers-When?

Examples:

By April 1, 2017, Amy will increase her Language Arts skills in a one-on-one or small group setting moving from 10 sight words read to 20 sight words read at 80% accuracy on 4/5 trials given, as measured by weekly data sheets.

By April 1, 2017, Amy will increase her Math skills in a one-on-one or small group setting moving from sequencing numbers 1-10 to sequencing numbers 1-20 at 80% accuracy on 4/5 trials given, as measured by weekly data sheets.

Adapted by Fort Wayne Community Schools
SMART Goal Planning Form

Specific – WHO?
______________________________________________________________

WILL?
______________________________________________________________

Achieve- WHAT?
______________________________________________________________

AS MEASURED
BY______________________________________________________________

Assessment- HOW WELL?
______________________________________________________________

BY
______________________________________________________________

Time of Year- WHEN?
______________________________________________________________

Adapted by Fort Wayne Community Schools
Task Analysis

Students receiving Special Education services often need skills or tasks broken down into smaller steps. This allows for the skill to be more manageable and is more likely to be retained into short and eventually long term memory. Task analysis is the process of breaking a skill down into smaller, more manageable components. The following six steps are what occurs during the task analysis process (National Professional Development Center on Autism)

- Step 1: Identify the Target Skill
- Step 2: Identify the prerequisite skills of the learner and the materials
- Step 3: Break the skill into components
- Step 4: Confirming that the task is completely analyzed
- Step 5: Determining how the skill will be taught
- Step 6: Implementing intervention and monitoring progress

When teaching an academic skill or any skill to a student receiving Special Education services it is crucial that the skills be broken into smaller and more manageable sections. As each section is accomplished, the student will begin to put everything together and eventually accomplish the larger task.

Example: A student receiving math services is trying to learn multiplication facts. Task analysis shows that breaking the multiplication facts down is easier for the student to retain. For instance, the student first learners the fact family 2 and then the fact family 3 and so on... Multiplication facts build on one another and by breaking the skill into
smaller pieces, the students is more likely able to retain each math multiplication fact and build upon to the next one.
Prompt Levels

Prompt Level 1: **Total Physical Assistance-No Cooperation (No evidence 0%)**-The student may offer active resistance to the adult. The adult will simultaneously give verbal cues and physically manipulate the student.

Prompt Level 2: **Total Physical Assistance-With Cooperation (Introduction less than 10%)**-The student offers no active resistance and cooperates with the adult. The student will simultaneously give verbal cues and physically manipulate the student.

Prompt Level 3: **Partial Physical Assistance-With Cooperation (Emerging 11%-30%)**-The adult directs the student’s hand to tasks and the student completes the task.

Prompt Level 4: **Command and Model (Developing 31%-50%)**-The adult initially gives the verbal cue and demonstrates the task for the student. He/she will repeat the verbal cue, letting the student independently perform the task.

Prompt Level 5: **Command and Point (On-Going 51%-75%)**-The adult will simultaneously give the verbal cue while pointing to the physical object that is to be manipulated.

Prompt Level 6: **Command Only (Demonstrated 76%-90%)**-Only a verbal cue to encourage the student to perform the task independently.

Prompt Level 7: **Self Initiates (Applied 91%-100%)**-The adult will use no physical, gestural, or verbal cues to encourage the student to perform the task independently.

These prompt levels are one way to measure how a student is progressing regarding a specific skill or task. There are many other ways to measure, depending on school district, school building, or the individualized student themselves.

Adapted by Fort Wayne Community Schools
Data sheet (blank)

<table>
<thead>
<tr>
<th>Prompt</th>
<th>Date</th>
<th>Level</th>
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</tr>
</tbody>
</table>

Adapted by Fort Wayne Community Schools
Professional Learning Topic Area

Behavioral:

Students receiving Special Education services may often receive services that assist in managing behavior, social, and/or emotional needs. Students may need extra assistance to show appropriate behavior when angry, frustrated, and/or noncompliance.

Below are several topics that can be discussed during a professional learning/training for paraprofessionals working in Special Education including; behavior implantation plans, functional behavior assessments, possible documentation of targeted behavior, and what targeted behaviors may look like.
What is a Behavioral Implementation Plan (BIP)?

Behavior Implementation Plan (BIP) is a plan to assist a student in decreasing a targeted behavior(s). It may be inside of the student’s IEP or developed on its own depending on the student’s needs. Typically, the BIP is developed after a Functional Behavior Assessment (FBA) is completed. An FBA drives the BIP. It shows targeted behaviors, function of behavior, interventions/strategies used to decrease behavior, and any triggers that show before behavior is displayed. After the FBA is completed, it assists in developing the BIP. The BIP is looked at as the plan in which the targeted behavior(s) is defined and interventions/strategies are discussed on how to decrease that targeted behavior(s) in a safe and appropriate manner. A BIP is most successful when each member of the intervention team is implementing. The targeted behavior(s) begins to decrease if BIP is developed and implemented correctly. Typically, the instructional team meets every 30-45 days to discuss the BIP and what is succeeding and what needs more assistance.
Behavioral Implementation Plan (example)

<table>
<thead>
<tr>
<th>Student Information:</th>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIP Report By:</td>
<td>School:</td>
<td>Grade:</td>
</tr>
</tbody>
</table>

**Problem Behavior:**
Inappropriate behavior(s)

**Replacement Behavior:**
What is expected of the student?

**Method of Teaching Replacement Behavior and By Whom:**
How will we teach the desired behavior and who will teach it?
- Direct instruction, by: __________
- Role playing, by: __________
- Behavior contract, by: __________
- Decision-making lesson, by: __________
- Other, by: __________

**Accommodations, Interventions, and Who is Responsible for Them:**
What help will we give the student to help him/her succeed?
- Clear, concise directions
- Frequent reminders/prompt
- Teacher/staff proximity
- Reinforce the student privately
- Modify assignments
- Provide rules & expectations
- Provide alternate recess
- Provide cooling off period
- Communicate regularly with parents
- Other

**Interventions & Who’s Responsible for Them:**
1. __________
2. __________
3. __________
4. __________

**Method of Measuring Progress:**
How will we know if it’s working or not?
- Direct observation
- Charting/Graphing
- Daily behavior sheet
- Weekly behavior sheet
- Self-monitoring
- Number of discipline referrals

**Length of Behavior Plan:**
One week
Two weeks
Other: __________

**Positive Consequences for Appropriate Behavior:**
What can the student earn?
- Verbal praise
- Immediate feedback
- Positive call or note home
- Tangible rewards
- Free time
- Positive visit to office

**Negative Consequences for Inappropriate Behavior:**
What happens if student does not behave?
- Loss of points/tokens
- Loss of privileges
- Time out
- Phone call home
- Work detail
- In-school suspension
- Escort to another area

Adapted by Fort Wayne Community Schools
### Functional Behavioral Analysis (Guide)

<table>
<thead>
<tr>
<th>Outcome *</th>
<th>Description</th>
<th>Instructional Goal</th>
<th>Instructional Contexts **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power / Control</td>
<td>When child’s outcome is the control of events and/or situations; characterized by child acting to stay in situation and keep control</td>
<td>a. Develop appropriate behavior for control</td>
<td>1. Teach and practice social skills (i.e., expressing opinion or disagreement, ignoring distractions, working cooperatively, using self-control)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Develop tolerance for external control</td>
<td>2. Increase choice opportunities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Increase shared control activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4. Decrease number and length of activities which require external control</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5. Limit the number of power plays</td>
</tr>
<tr>
<td>Protection / Escape / Avoidance</td>
<td>When child’s outcome is to avoid task or activity, escape a consequence, or terminate or leave a situation</td>
<td>a. Develop appropriate ways to avoid or terminate unpleasant or harmful situations</td>
<td>1. Teach and practice social skills (i.e., asking a question or for help, making a complaint, dealing with group pressure, anxiety reducers, cognitive restructuring)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Develop abilities to work through problem situations in acceptable ways</td>
<td>2. Increase opportunities to negotiate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Increase ways child can shift or end activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4. Increase number of activities in which child is successful</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5. Increase number and duration of reliable/predictable routines</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6. Increase opportunities to develop personal networks</td>
</tr>
<tr>
<td>Attention</td>
<td>When child becomes the focus of a situation, draws attention to self; result is that child puts self in the foreground of a situation, discriminates self from group for a period of time; distinguishing feature is that becoming the focus is the end product of the behavior.</td>
<td>a. Develop ways to gain attention in desired ways</td>
<td>1. Teach and practice social skills (i.e., contributing to discussions, offering to help, using self-control, accepting no)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Develop ways to postpone attention</td>
<td>2. Increase ways children can gain attention</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Increase the means by which a child can contact others</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4. Increase the different types of activities within the classroom</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5. Increase non-academic activities</td>
</tr>
</tbody>
</table>

Adapted by Fort Wayne Community Schools
| Acceptance / Affiliation | Outcome for the child is to connect / relate to others; mutuality of benefit is present | a. Develop ways to related effectively with others | 1. Teach and practice social skills (i.e., beginning a conversation, offering to help, giving and accepting a compliment, sharing, apologizing, dealing with own or another’s anger)  
2. Increase the number of activities involving peer interactions (ex. cooperative learning)  
3. Increase the amount of unstructured time  
4. Increase the amount of time / activities with one or more significant others (adults and peers) |
| --- | --- | --- | --- |
| Expression of self | Outcome for child is a forum of expression; could be statement of needs or perceptions or a demonstration of skills and talents | a. Develop ways to express one’s needs and feelings appropriately.  
b. Develop ways to demonstrate individual perceptions, skills, and talents (ex.: art, music, writing, other creative events) | 1. Teach and practice social skills (i.e., knowing and expressing own feelings, dealing with own or other’s anger, resisting to failure, accepting no)  
2. Increase activities requiring self-expression  
3. Increase opportunities of expression of uncomfortable (undesirable, negative) feelings |
| Gratification | Outcome for child is self-reward or enjoyment; distinguishing characteristic is self-directed; others may play agent role, but self-reward or enjoyment is the outcome of activity | a. Develop appropriate behaviors that lead to enjoyment  
b. Develop awareness of one’s own reinforcement system(s) | 1. Teach and practice social skills (i.e., sharing, setting a goal, using self-control, accepting consequences, rewarding self, dealing with wanting something that isn’t yours)  
2. Increase the number of appropriate activities which produce enjoyment  
3. Increase strategies to access one’s own reinforcers appropriately |
| Justice / Revenge | Outcome for child is settling of difference or the score; restitution or conviction are usually involved | a. Develop appropriate ways to resolve differences  
b. Develop tolerance for non-equivalent solutions  
c. Develop the ability to resist premature closure | 1. Teach and practice social skills (i.e., dealing with an accusation, negotiating, responding to teasing, staying out of fights, problem solving)  
2. Increase opportunities to negotiate  
3. Increase forums for discussing  
4. Increase supervision and structure in free areas  
5. Increase opportunities for different persons to have different roles |

Adapted from: *Neel and Cesna, 1993; McGinley and Goldstein, 1997*
<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Possible Setting Events</th>
<th>Antecedent (What Happened Just Before Behavior)</th>
<th>Behavior Observed</th>
<th>Consequence (What Happened Immediately After)</th>
<th>Hypothesized Function</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Doesn't feel well</td>
<td>□ Nonpreferred task</td>
<td>□ Vocalization</td>
<td>□ Attention given</td>
<td>□ Escape demand</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No medication</td>
<td>□ Change in routine</td>
<td>□ Aggression</td>
<td>□ Break given/removed demand</td>
<td>□ Communicate feelings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bad weather</td>
<td>□ Preferred activity stopped</td>
<td>□ Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Difficult morning at home</td>
<td>□ Other (specify)</td>
<td>□ Other (specify)</td>
<td>□ Get attention</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (specify)</td>
<td></td>
<td></td>
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</tbody>
</table>

Table 14.3  ABCF Chart with Check Boxes

Adapted by: www.playen8.bloguez.com
Functional Behavioral Assessment

Student Name:
School:
Date Developed:

Student Profile
1. Medical History:

2. Educational History:

3. Environmental/ Home Factors:

4. Description and Function of Behavior

<table>
<thead>
<tr>
<th>Behavior 1: Identified Behavior</th>
<th>Frequency</th>
<th>Duration</th>
<th>Intensity</th>
</tr>
</thead>
</table>

Functions of Behavior:
☐ Power/Control ☐ Justice/Revenge ☐ Protection/Escape/Avoidance
☐ Attention/Affirmation ☐ Gratification

Appropriate Replacement Behavior:

Prior Interventions: (What has been tried before? What was successful/not successful and why?)

Antecedents: (Visible characteristic that the behavior is starting to escalate?)

<table>
<thead>
<tr>
<th>Behavior 2 (If needed): Identified Behavior</th>
<th>Frequency</th>
<th>Duration</th>
<th>Intensity</th>
</tr>
</thead>
</table>

Functions of Behavior:
☐ Power/Control ☐ Justice/Revenge ☐ Protection/Escape/Avoidance

5/28/13
Professional Learning for Paraprofessionals Working in Special Education

☐ Attention/Affirmation  ☐ Gratification

**Appropriate Replacement Behavior:**

Prior Interventions: (What has been tried before? What was successful/not successful and why?)

Antecedents: (Visible characteristic that the behavior is starting to escalate?)

<table>
<thead>
<tr>
<th>Behavior 3 (If needed):</th>
<th>Frequency</th>
<th>Duration</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified Behavior</td>
<td></td>
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</tbody>
</table>

**Functions of Behavior:**

☐ Power/Control  ☐ Justice/Revenge  ☐ Protection/Escape/Avoidance

☐ Attention/Affirmation  ☐ Gratification

**Appropriate Replacement Behavior:**

Prior Interventions: (What has been tried before? What was successful/not successful and why?)

Antecedents: (Visible characteristic that the behavior is starting to escalate?)

5. Additional Information

List activities, objects, persons perceived as positive by the student (Reinforcement Survey)
Behavior Documentation Form
Duration Chart

Student: ___________________________  Date of Birth: ___________________________
Observer: ___________________________  Date: ___________________________
School: ___________________________  Grade: _______  Sex: M / F

Using a duration chart involves recording the amount of time the student engages in a behavior or how long that behavior lasts. It is appropriate to measure duration for behaviors that occur over a period of time where a beginning and ending time can be recorded. For example, you can record the duration of time that a student spends out of his or her seat or the amount of time a student engages in arguing. (Behaviors that occur only for seconds might be better measured by a frequency count.)

Target Behavior: ___________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Setting</th>
<th>Begin Time</th>
<th>End Time</th>
<th>Total Duration</th>
<th>Comments</th>
</tr>
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<tbody>
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Adapted by Fort Wayne Community Schools
### ABC Data Sheet – Version 2

Record each instance of one behavior, as well as the antecedent (what happened right before the behavior), the consequence (what happened right after the behavior), and what the possible function of that behavior was (what outcome did it achieve for the child/student?).

Describe the target behavior: ____________________________________________________________

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Setting Events (what's going on at that daytime? Tired/didn't sleep well, substitute teacher, etc.)</th>
<th>Antecedent</th>
<th>Behavior</th>
<th>Consequence</th>
<th>Function</th>
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Adapted by Fort Wayne Community Schools
Possible Targeted Behaviors:

Physical Aggression- Kicking, hitting, punching, biting, scratching, grabbing, head-butting, and/or pulling hair.

Self-Injury- Hurting self by; biting, head-butting against wall and/or floor, cutting, scratching, and/or pulling out hair.

Noncompliance- Refusal to do what is being asked; work, transition, and/or listening/following directions.

Verbal Aggression-Swearing and/or yelling
Students receiving Special Education services may need assistance in medical/health areas especially if the student has been diagnosed with a more intense disability requiring extra care. This may consist of assistance receiving medication or specified health needs including seizure and/or g-tube feeding care plans.

Below are several topics that can be discussed during a professional learning/training for paraprofessionals working in Special Education including; medication administration, seizure care including documentation, and g-tube feeding care including documentation. This professional learning/training should have consultation with school or district nurse.
Medication Administration Training

**FWCS Medications at School**  
**A Guide for Trained Non-Medical School Personnel**

Purpose: Given the school systems are required by state statute to provide medications to students in the school setting, FWCS, under the supervision of the school nurse, provides training for unlicensed school personnel to safely administer medications in school.

Objectives:
- Illustrate medication principles
- Define medication terms
- Clarify record keeping
- Restate the need for proper techniques
- Explain the different routes medication may be given
- Present procedures for emergency medication
- Provide understanding of the “5 Rights” of medication administration
- Describe process for responding to medication errors

Procedure: careful instruction with ongoing support and supervision from the school nurse.
- Train every two years.
- Provide consistency by assigning one primary person in each building to administer
- Train several additional staff in each school to guarantee coverage
- Trained staff, assigned by administrator in consultation with the school nurse may include principals, teachers, school secretaries, and paraprofessionals.

*The role of trained unlicensed school personnel is to administer or assist in the administration of medications to students, according to established policies.*

- To obtain and understand medication information from the medication administration plan developed by the registered nurse.
- To follow the specific instructions as described in the authorization to give medications (medication permit) of each individual student.
- To administer only those medications where there is a specific order for a specific child.
- To record the time and date of administration of medications and the effects observed.
- To report any unusual reactions to the medication to the appropriate person/s.
- In addition, to seek instruction from the registered school nurse for any problems or in
the case of any uncertainty related to the administration of a medication.

**Medical Terms**
- Authorization: how the medications will be given and permission for administration from the parent
- Administration: assisting a student in the ingestion, application, inhalation, injection or self-management of medication
- Delegation: To commit or entrust a task to another properly trained and capable person
- Dispense: To prepare and give out medications
- Herbal Supplements: Plants of herbs used as supplements
- Individual health care plan: a plan of action used by the school nurse to meet the health care need of a student during the school day
- Long-term medication: For the treatment of chronic conditions
- Prescriptions: A direction, usually written, by the physician to the pharmacist for the preparation and use of a medicine or remedy
- PRN medications: Medications only given on an as needed basis
- Non-prescription medications: Over the counter (OTC) medications obtained without a prescription
- School bottle: Provided by the pharmacy for use at school
- Self-Administration: With proper permission and training the student is allowed to carry and administer certain medication

**Legal Obligations**

*The purpose of these laws:*
To ensure those students who require medication during the school day will be able to attend school even if a registered nurse is not available in the building.

To ensure that students who receive medications during the school day do so under safe circumstances.

*Examples of gross or willful and wanton misconduct.*
Deciding not to administer medications because one just does not feel one has the time
Administering medication without completed authorization permits
Failure to call students for medication
Giving medication to a student from another student’s bottle
Safe Storage of Medication

Prescription medications must always be kept in the original, labeled container from the pharmacy. Over the counter medicine should also be kept in the original, labeled bottle or box.

All medication containers must have the student’s name on them.

All medications should be logged in (a record of the number of pills, ounces of liquid or number of inhaler must be made on the student’s medication record sheet).

Access to medications and keys to medication cabinets must be limited to authorized school personnel only and kept in a secure place.

Except for self-administered medications that students have permission to carry with them, medications should always be stored in a clean, locked cabinet, or secured area. Drugs, such as Ritalin, must be safely secured.

Procedure in place for Medication at School

The Authorization for Administration of Medication at School will be signed by the parent or legal guardian and kept for record. All areas must be completely filled out and dated.

The prescription label services as written authorization from the physician, dentist, or nurse practitioner licensed to practice in the United States.

If the dosage changes, a new authorization should be filled out, signed and dated. The school nurse must be notified. The prescription label must match the permit information.

Herbal supplements need a signed Authorization for Administration of Herbal Medication at School AND a prescription from the physician. Most herbal supplements can be given at home.

Sample medications (given out by physicians/health care facility) must be accompanied by the written instructions (name of the medication, dosage and times to be administered) signed and dated by the physicians, dentist, or nurse practitioner licensed to practice in the United States.

The medication should be the original container with the student’s name on the package.
These medications need a completed and signed *Authorization for Administration of Medication at School* permit.

**Over-the-counter (OTC)** medications need to be in the original containers with the student’s name on the package. Dosage must be as indicated on the package for the age and size of the student, unless a physician, in writing, indicates other specific instructions. These medications need a completed and signed *Authorization for Administration of Medication at School* permit.

*Notify your school nurse if you get a new OTC medication prior to giving.* Do not casually hand out any OTC medicines. You do not know the interactions, correct dose according to the child’s age/weight, or if the child may have an allergic reactions.

**Self-Administration of Medication**

Students must have written permission from a parent AND physician to carry self-administered medication: inhalers for asthma (airway obstruction) EpiPen for severe allergic (anaphylactic), or diabetes. Self-administered medications are for immediate use in a life-threatening situation.

**Handling Medication**

Provide a clean area—DO NOT eat or drink in this area.

Before you give any medication to a child, always wash your hands and avoid touching the medications. You are trying to keep children well. If the child will touch the medication, he or she should also wash their hands.

Pour medication (capsules or tablets) into a medicine cup, the lid of the bottle, or a small paper cup. A clean paper towel or catsup cup will also do if the medicine is a capsule or tablet. Have the children pick up the medication themselves and put it in his or her own mouth. If a child does not have the developmental skills to take their own tablets or capsules, put on disposable gloves so you do not transfer germs to the child and to protect yourself from any infectious diseases the child could transfer to you. The gloves are considered contaminated after each use, and should be disposed of.

Cutting, crushing or otherwise changing the form of a tablet should only be done under special circumstances and only with the written authorization of the health care provider. If the child brings in tablets that are supposed to be cut, but have not been, call the parent of the school nurse. Do not try to cut scored tablets with a knife, because you can easily get the dose wrong, have the medication land on the floor- or cut yourself. Parents/legal guardians as requested to cut tablet at home.
A written prescription may call for you to crush them-use a pill crusher. Ask the parent to supply the pill crusher. Be sure to wash and dry the pill crusher after each use so no residual medication is left.

Liquid medications need to be measured. They are most accurately measured into calibrated medicine spoon, syringe or medicine cup. Never use silverware- it is not accurate. If you use a measuring cup, put it on a flat surface and read it at eye level for accuracy. Always pour from the side of the bottle OPPOSITE the label so the label stays readable. Whatever type measuring container you use, be sure the child takes the entire does of medication.

Routes & Forms of Medication

*Ask for assistance from the school nurse if you have no administered medication in forms such as inhalers, nebulizers, eye and/or ear drops.*

*Oral medications* include solid forms such as tablets, capsules, melt strips, granuels, melt strips and capsules. Tablets come in many forms; regular, chewable, and scored are three of the most common. Capsules are coated so they dissolve over a period in the stomach or the intestines, but not in the mouth. Most often, the prescription calls for capsules to be swallowed whole. There are capsules designed to be broken apart and sprinkles onto soft food.

There are two kinds of *liquid medications*, syrups/elixirs and suspensions. Syrups and elixirs are clear liquids. Suspensions are not clear. They contain medication that does not dissolve completely in the liquid. They usually need to be refrigerated (amoxicillin). In addition, because suspensions can separate, they always need to be shaken at least 15 seconds before being measured and given to a child. A four-to-six ounce glass of water should follow all oral medication unless otherwise indicated.

*Transdermal Medication.* The medication is imbedded in patches and applied to the skin. The medication is absorbed through the skin. Usually the patch is applied once a day at home.

The patch should be applied to clean, dry skin, which is free of any cuts or irritation. Skin irritation or allergic skin rash may occur.

In some rare cases, the patch may come loose and need to be reapply. Specific instructions and a medication permit should be in place to reapply the patch.
Use gloves to avoid touching the medicated part of the patch. If you touch the sticky part of the patch, wash your hands immediately.

Press the entire patch firmly into place. Wash your hands after applying the patch.

Notify the school nurse and parent if the patch is not in place. In some medicated patches, the medication continues to work for about three hours after the patch is removed.

If the patch falls off or is removed by the student and cannot be reapplied, notify the parent and school nurse. Wearing gloves and using caution not to touch the sticky part of the patch, fold the used patch in half so that the sticky side sticks to itself. Dispose of it in the sharps container. Wash hands after disposing of the patch.

**Topical medications** include eye drops and ointments, eardrops, and ointments, sprays, powders and creams that are applied to the skin. Gloves are indicated because of the potential of close contact with a child mucous membranes women ministry topical medication. To use eye drops, begin to wash your hands and getting a tissue. Check the label to see if they need to be refrigerated or shaken. **Refer to information about other eye medications.**

**Inhaled medications** are delivered in a fine mist. Sometimes they are delivered by a spray bottle, sometimes by an inhaler, and sometimes buy a machine called a nebulizer. **Refered to information about inhalers, nose drops and nebulizers.**

**Record-Keeping & Reporting**

Record keeping is very important when medication is given at school. In fact, a medication “log” must be kept for each student. The medication log can be used to make anecdotal Notes of any unusual circumstance around the child’s medication regimen. This log becomes a permanent record for parents and health providers, and provides legal protection to those who give medications at school. It also helps prevent children. From missing their medication or from getting an accidental double dose. Each time you give medication to a child, fill in the actual time and sign the log. Write in ink and write legibly.

Always count and record the number of any medication that comes into or goes out of the school.

- Identify the student – first and last name
- Read the medication administration plan (Signed medication permit) - **First check**
- Wash your hands
- Select and read the label on the medication container – **second check**
- Prepare the medication and read the label again
- Read the label again and administer the medication watching to see that the student takes the medication – *third check*
- Put the medication away
- Document that administration of the medication on the medication record (log) sheet

**Do NOT** erase, “white-out”, or “black-out” errors, draw a single line through the air and initial.

**Accidental Errors**

Accidents do happen and honesty is in our own best interest and in the interest and safety of the children in your care. So report all errors promptly. Notify your administrator (principal) if you make an error, call the school nurse and follow the instructions given. The school nurse will complete the medication error report form according to school corporation policy.

**To avoid common problems**

If the medication is delivered to school in an unacceptable container (baggie, envelope, Tupperware, etc.) Do not give medication until it is in the proper label the container with the signed permit. Do not transfer medication from an unacceptable container into a medication bottle. Do not transfer medication from one medication bottle to another medicine bottle. The parent/legal guardian or pharmacist should do this. Contact the school nurse for further instruction.

**Changes in current medication orders**

Call the school nurse **prior** to giving if:
- New medication
- Change in dose

**Students refuses to take medication**

- Contact the parent and the school nurse.
- Make a notation on the medication record form.

**Student has no medication or outdated medication**

- Contact the parent and the school nurse. (Make every effort to notify the parent prior to running out of medication or medication is to outdated).
- Record the notification on the medication record form.
Side Effects of Medications

All medications—whether over-the-counter or prescription—can cause side effects. Because different medications affect the body in different ways, a wide range of side effects can occur. Teachers spend a lot of time with children and get to know them well. So encourage the parents to give their permission, to let the child’s teacher know that the child is taking medication and what the side effects might be. Then if you or the teacher sees any unusual behaviors, you could notify the school nurse and the child’s parents.

Examples

Ritalin: common side effects may include increased heart rate, increased blood pressure, headache, dry mouth, Weight loss, hives, dizziness and over attending (if he does too high), Stomachache, tremor, ties, Tourette’s syndrome.

Strattera (atomoxetine) increased the risk of suicidal ideation in short-term studies in children or adolescents with attention deficit hyperactivity disorder or (ADHD).

Concerta: because of possible effects in blood pressure, Concerta should be used cautiously with vasopressor agents.

Zoloft: common side effects may include nausea, diarrhea/loose stools, tremors, insomnia, sedation for dry mouth.

Contact your school nurse for additional information on specific medications.

Allergic reactions

Children can have very severe allergic reactions at school. Usually the school knows when a child has a severe allergic reaction to things such as peanuts or insect stings. When a child has a severe allergic reaction at school, they may suddenly be in extreme distress.

Medical emergency—any reason or condition related to the administration of medication, which poses an immediate threat to the health, or well-being of the student.

Signs of allergic reaction watch for:
- Hives - Fainting
- Swelling of face - Abdominal Pain
- Difficulty breathing - Vomiting
- Hoareseness - Seizures
- Follow established school policies
- Call 911
- Notify school nurse
- Notify parents

**EpiPen and EpiPen Junior, Twinject** discussion. Follow written policy for individual students.

**Monitoring the Supply of Medication**

Always count and record the number of any medication that comes into or goes out of the school. When medication is running low, notify parents and enough time so they can get it refilled. Check to make sure that the medications/inhalers/emergency medications are NOT outdated.

**disposing of medications**

If the physicians order is out of date or if any medication is left over, at the end of the school year, notify parents that unless they pick it up by a certain date, it will have to be destroyed. Medications should NEVER be thrown into a wastebasket, where another person could find it. Instead, if the parents do not respond, the school nurse will dispose of the medication according to the district safety policies and procedures. A record is to be maintained of the medications destroyed. A second individual should be present when medications are destroyed.

**Confidentiality**

Whatever you learn about a child’s medication or health condition CANNOT be discussed with anyone unless the parents give their permission. If parents want school personnel to know either child needs medication, they will say so. Otherwise, nothing you learn about a child’s health status must be shared. Confidentiality should extend outside the school setting. A breach of confidence geology, with a child who has a chronic illness, for example – can result in Stu serious pain for the child in the family. It can also lead to lawsuits and liability for the school in the person who violated the families confidentiality.

**Five Rights**

**Right Child;** do not guess! Even if you think you know the child you’re giving medication to, double check by asking his/her full name. If nonverbal, ask another staff member to verify the correct student.
**Right Medication:** Make sure you are assisting the child with the right medication. Check three times. Compare the physicians written instructions to the medication permit and the pharmacy label. Label usually has both the trade and generic name of the medication. If the school on the bottle is different from the name on the medication permit – do not give the medication and call the school nurse. If the medication appears to have changed (color, shape, or form) do not give the medication and call the school nurse.

**Right Dosage:** be sure to give the exact amount of the medication specified by the physician and on the pharmacy label and medication permit. Carefully measure and or count the correct dosage. If any of the information does not agree, do not give the medication and call the school nurse.

**Right Time:** check the medication log for the time when the medication should be given. I’ve to 30 minutes before or after the prescribed time is OK. If more than a 1/2 hour before the time of the medication permit, hold the medication until the right time and then give. If more than 1/2 hour after the time of the medication permit, do not give the medication – Call the school nurse.

**Right Route:** this is the method by which the medication is to be taken, whether by mouth, rubbing on the skin, inhalation, etc. Again, the medication permit in pharmacy label will tell you how this is to be done. If the route and the permit are different, do not give the medication and call the school nurse.

**Special Circumstances**

*School delays or early dismissal.* Medication administration during these times must be evaluated on an *individual basis*. Examples: 2-hour delay. Students may take their medication at home right before coming into school. If they do not arrive until 10:50 AM and a dose of medication is routinely schedule to be given at noon, that child maybe become over medicated. It is important to consult the parent and school nurse before getting the medication.

**DO’s of Medication Administration**

DO you give your full attention to the task – take time to verify each step.

DO remain with the student until the medication is taken – make sure that oral medications are swallow.

DO prepare and administer medication for only one student at a time.
DON’T’s of Medication Administration

DO NOT give medication from a container that has a label that cannot be read.

DO NOT give medication from another student's container – even if the medications are the same.

DON’T leave medication unattended.

DO NOT try to hide a medication error.

DO NOT increase or decrease (or change in any way) any medication without specific instructions from the school nurse.

DO NOT give a medication if there is any question about whether it is correct.

Adapted by Fort Wayne Community Schools
Procedure for Medication Authorization at School 2015-16

1. **Authorization of Medication at School**
   - Medications may be administered at school if the following requirements are met:
     - The medication is prescribed by a licensed physician and the prescription is labeled as such.
     - The medication is administered by a licensed or certified school nurse.
     - The medication is administered in accordance with the directions provided by the prescriber.
     - The medication is stored and handled in a manner consistent with the manufacturer's instructions.

2. **School Nurse’s Responsibilities**
   - The school nurse is responsible for:
     - Storing medications in a secure area.
     - Administering medications according to the prescribed schedule and dosages.
     - Documenting the administration of each medication.
     - Reporting any incidents related to medication administration.

3. **Procedures for Medication Administration**
   - Prior to administering any medication, the school nurse should:
     - Review the student’s medical history.
     - Verify the prescription and administration instructions.
     - Check the medication for any potential side effects.
     - Administer the medication in a manner consistent with the manufacturer’s instructions.

4. **Authorization of Medication at Home**
   - Medications may be administered at home if:
     - The medication is prescribed by a licensed physician.
     - The medication is stored and handled in a manner consistent with the manufacturer’s instructions.
     - The medication is administered according to the prescribed schedule and dosages.

5. **Procedure for Medication Authorization**
   - Medications may be authorized for administration at school if:
     - The medication is prescribed by a licensed physician.
     - The medication is stored and handled in a manner consistent with the manufacturer’s instructions.
     - The medication is administered according to the prescribed schedule and dosages.

6. **Authorization of Medication at School**
   - Medications may be administered at school if:
     - The medication is prescribed by a licensed physician.
     - The medication is stored and handled in a manner consistent with the manufacturer’s instructions.
     - The medication is administered according to the prescribed schedule and dosages.

7. **Procedure for Medication Authorization**
   - Medications may be authorized for administration at school if:
     - The medication is prescribed by a licensed physician.
     - The medication is stored and handled in a manner consistent with the manufacturer’s instructions.
     - The medication is administered according to the prescribed schedule and dosages.

8. **Authorization of Medication at School**
   - Medications may be administered at school if:
     - The medication is prescribed by a licensed physician.
     - The medication is stored and handled in a manner consistent with the manufacturer’s instructions.
     - The medication is administered according to the prescribed schedule and dosages.

9. **Procedure for Medication Authorization**
   - Medications may be authorized for administration at school if:
     - The medication is prescribed by a licensed physician.
     - The medication is stored and handled in a manner consistent with the manufacturer’s instructions.
     - The medication is administered according to the prescribed schedule and dosages.

10. **Authorization of Medication at School**
    - Medications may be administered at school if:
        - The medication is prescribed by a licensed physician.
        - The medication is stored and handled in a manner consistent with the manufacturer’s instructions.
        - The medication is administered according to the prescribed schedule and dosages.
Medication Documentation Form

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- **July**: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31
- **August**: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31

Adapted by Fort Wayne Community Schools
Seizure Training

Seizure Training

**Types of Seizures:**

- Absence (Petit Mal)
  - Often difficult to detect
  - Person appears to be out of touch or staring for brief periods
  - May or may not have twitching of facial or tremors

- Partial Seizures
  - Uncontrollable rhythmic movement of one area of the body.

- Grand Mal
  - Generalized contraction and release of muscles over entire body with loss of consciousness.

**Causes:**

- The cause for seizures is often unknown. If you have a student who has a seizure disorder you should know what to expect and how to prevent injury.
Seizures also can occur when the brain is deprived of oxygen and/or glucose or in response to drugs or trauma.

**First Aid for Seizures:**

- Prevent Injury
  - Clear the area of any objects that could injure the person.

- Begin timing the seizure

- Call for assistance (school nurse or administrator)

- Protect Head
  - Place something soft like a pillow, jacket or your hand under their head.

- Do NOT put anything in the mouth

- Allow for recovery
  - When the seizure is over allow for a quiet private place to recover.
**Emergency Care:**

-A seizure can be scary to watch, but only becomes an emergency under certain circumstances.
   - Someone who has no known history of seizures suddenly has one.
   - A person with a seizure disorder has two seizures without waking up in between or a seizure lasts longer than five minutes.

-If this happens call 911.
### Seizure Forms

Adapted by Fort Wayne Community Schools

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<th>Date of Seizure</th>
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**Parent Information**

- **Name:**
- **Address:**
- **Phone:**
- **Emergency Contact:**
- **Date of Birth:**
- **Student:**
- **School:**
- **Teacher:**

**School:**

- **Address:**
- **Phone:**

**Emergency Forms**

- **Contact:**
- **Phone:**
- **Email:**

**Health Services**

- **Contact:**
- **Phone:**
- **Email:**

**Referral Information**

- **Reason:**
- **Date:**
- **Referrer:**
- **Signature:**
### Physician Information Form

**Professional Learning for Paraprofessionals Working in Special Education**

Adapted by Fort Wayne Community Schools

<table>
<thead>
<tr>
<th>Physician Information Form</th>
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<tbody>
<tr>
<td><strong>Date of Birth:</strong></td>
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<tr>
<td><strong>Address:</strong></td>
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<tr>
<td><strong>Zip Code:</strong></td>
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<tr>
<td><strong>Telephone:</strong></td>
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</table>

**Physician Information**

| Physician's Name: |  |
| Physician's Address: |  |
| Physician's Phone: |  |

**Emergency Contacts**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Phone:</th>
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</table>

**Allergies**

<table>
<thead>
<tr>
<th>Substance:</th>
<th>Reaction:</th>
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<tbody>
<tr>
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</tbody>
</table>

**Physician's Signature:**

**Physician's License Number:**

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**Student Information**

<table>
<thead>
<tr>
<th>Student's Name:</th>
<th>Grade:</th>
<th>Date of Birth:</th>
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</tbody>
</table>

**Health Services**

- Health Services
- Physical Education
- Special Education

**Physician's Notes:**

- Physician's diagnosis and treatment notes
- Any additional comments or advice

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**Student's Information:**

- Student's health history
- Any medications the student is taking
- Any special needs or accommodations

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**Emergency Contacts:**

- Parent/Guardian's Name: | Phone: |
<table>
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</table>

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**Student's Health Information:**

- Any allergies or medical conditions
- Immunization record
- Any medications the student is taking

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**Physician's Signature:**

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**Physician's License Number:**

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**Physician's Address:**

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**Physician's Phone:**

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**Physician's Email:**

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**Physician's Fax:**

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**Physician's Office:**

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**Physician's Referral Information:**

- Referral from: | Date: |
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</table>
Seizure Observation and Documentation Form

<table>
<thead>
<tr>
<th>Name</th>
<th>Time begun:</th>
</tr>
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<tbody>
<tr>
<td>Date:</td>
<td>Time ended:</td>
</tr>
<tr>
<td>Location (e.g., classroom):</td>
<td></td>
</tr>
<tr>
<td>Duration of Seizure:</td>
<td>Conscious (yes/no/altered)</td>
</tr>
<tr>
<td>Behavior prior to seizure</td>
<td></td>
</tr>
<tr>
<td>Aura</td>
<td></td>
</tr>
<tr>
<td>Precipitating event( if any)</td>
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</table>

Seizure Behavior

<table>
<thead>
<tr>
<th>Facial expression</th>
<th>Verbalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremity Movement</td>
<td>Mouth movements</td>
</tr>
<tr>
<td>Left arm □ Right arm □</td>
<td>□ Salivating □ Chewing</td>
</tr>
<tr>
<td>Left leg □ Right leg □</td>
<td>□ Lip smacking</td>
</tr>
<tr>
<td>Other:</td>
<td>Incontinence: Bowel □</td>
</tr>
<tr>
<td></td>
<td>Bladder □</td>
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<tr>
<td></td>
<td>Changes in respiratory rate</td>
</tr>
<tr>
<td></td>
<td>□ noisy □ stopped</td>
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<tr>
<td></td>
<td>Changes in color</td>
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<tr>
<td></td>
<td>□ Blue □ Pale □ Flushed</td>
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</tbody>
</table>

Comments:

Seizure Recovery

<table>
<thead>
<tr>
<th>Drowsiness</th>
<th>Slurred speech</th>
<th>Irritability</th>
<th>Nausea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confusion</td>
<td>Unsteady walk</td>
<td>Inattention</td>
<td>Poor memory</td>
</tr>
</tbody>
</table>

Respiration Rate

B/P Pulse

Orientation Post Seizure

| Person □ | Place □ | Time □ |

Comments:

Outcomes

| Diastat used | VNS used | Side effect: | Side effect: |

Comments:

Injury (describe)

| Accident Report |

Returned to class □ Sent home □ EMS called □ Hospitalized □

Seizure typical of past seizure activity

Yes □ No □

(if no explain)

Parent called □ Yes □ No □ Time

Parent note home □ Yes □ No □ Time

School Nurse notified □ Yes □ No □ Time

Signature of Individual Reporting

Adapted by Fort Wayne Community Schools
G-tube Feeding Training

GOOD NUTRITION

Maintaining good nutrition is important for everyone, but is crucial to the person who has an illness, is recovering from surgery, or has had unexplained weight loss. Your body is working extra hard to restore good health, and this increases your nutrient needs. The nutrients needed by the body include:

Carbohydrates

Protein

Fat

Vitamins

Minerals

Water

These nutrients work together to maintain and build body tissue and provide energy for body functions.

Normally, these nutrients are provided by eating a variety of foods. However, because of your special needs, you must receive your nutrition in a liquid form through a tube. This formula is calculated specifically for your individual nutrient needs. It is very important that you follow the guidelines in this book to achieve and maintain good nutrition.

In order to follow your progress, you will need to weigh yourself once a week. With the help of this special feeding, it is hoped that you will maintain/gain weight.
Gastrostomy Feeding Tubes

A gastrostomy tube is a feeding tube that is placed by a doctor through your abdomen into your stomach, bypassing the mouth and the esophagus.

With all types of gastrostomy tubes, the feeding may be given by one of two methods:

1. Bolus - a method of giving a large amount of formula over 15 - 30 minutes several times a day, as tolerated.
2. Continuous - a method for giving formula over an 8 - 24 hour period.

Your feeding will be the_______________________________type.
CARE OF YOUR SKIN AND STOMA

The dressing should be changed every day, or sooner if it becomes wet or soiled. Your nurse will show you how to change your dressing.

A. Gather supplies
   1. soap and water
   2. skin tape (if using)
   3. gauze pad (if using)
   4. scissors (if using)

B. Wash hands with warm water and soap

C. Once each day, cleanse the area with soap and water. Rinse with tap water to remove all soap. Apply dressing as needed.*

D. Check for any changes in the skin or tube. Report any redness or swelling to your doctor.

*To apply dressing: cut a slit about halfway through a small gauze dressing and put it around the tube.

Tape around the ed
PREPARATION FOR GMNG YOUR TUBE FEEDING

1. Wash your hands thoroughly with soap and water.

2. Gather supplies:
   a. Cans of formula--Store unopened cans of tube feeding formula at room temperature in a dry location. Shake can well before opening. Make sure the top of the can is clean. Once a can is opened, use immediately. Any unused portion should be stored in the refrigerator, covered, and dated. When refrigerated formula needs to be used for the next feeding, let it sit out at room temperature for approximately 30 minutes and then use. Throw away any formula that has been opened for more than 24 hours.
   b. Syringes--Clean with warm, soapy water and air dry between each use.
   c. Cup of lukewarm tap water--It does not need to be sterile or distilled water.
   d. Feeding bag (if using)--Make sure to use a new bag every day. Throw the bag away after 24 hours of use.
   e. feeding pump (if using)
   f. IV pole (if using)

3. Make sure you remain in a sitting position, or elevate the head of your bed to approximately 30-45 degrees during and after your feeding.
If you are giving a bolus feeding, wait at least an hour before lying down. If you are on a 24-hour continuous feeding, your head must be elevated at all times.
CHECKING RESIDUALS*

*You can check residuals through a gastrostomy feeding tube (PEG).
*Do NOT attempt to check residuals through a small bore feeding tube (Corpak), as they are easily occluded and displaced.
*It is NOT necessary to check residuals on postpyloric feeding tubes (nasoduodenal, nasojejunal, or jejunostomy tubes).

To ensure that your stomach is emptying properly, you should check the residual. The residual is the amount of formula or gastric juice remaining in the stomach. If all of the feeding has not moved through the stomach before another feeding is given, you may experience nausea or bloating.

If you are on continuous tube feeding, it is recommended that you check the residual at least every 8 hours. If you are on bolus feedings, it is recommended that you check residual before each feeding.

PLEASE NOTE: If the patient is able to report whether or not his or her stomach feels full, it may not be necessary to check residuals. Otherwise, please follow the guidelines below.

To check the volume of residual:

1. Attach your syringe to the end of the feeding tube. Without pulling on the feeding tube, draw back on the plunger to withdraw stomach contents. This fluid is called the residual and contains electrolytes and enzymes that your body needs.

2. Note the amount of residual by checking the numbers on the side of the syringe. You may need extra syringes if you have a residual greater than 60 ml.

NOTE: If your stomach is empty, you may not be able to get any residual.

3. After recording the amount of residual, put the fluid back into your tube. Do not throw this fluid away. Flush your tube with 30 ml water after checking residuals. Plug the end of the feeding tube.
4. a. If the residual is less than 250 ml, put the fluid back into the feeding tube and resume the tube feeding as scheduled.

b. If the residual is greater than 250 ml and less than 400 ml, put the fluid back into the feeding tube and resume the tube feeding as scheduled. Recheck the residual after another 4 hours. At this time, if the residual is greater than 250 ml, please stop the feeding and call your doctor.

c. If the residual is greater than 400 ml at any time, stop the feeding immediately, discard the residual, and call your doctor.
GIVING YOUR BOLUS FEEDING (for nasogastric or gastrostomy tube feeding)

Bolus Syringe Method

Draw up ml of warm water in the syringe. Gently flush the water through the tube to make sure the feeding tube is clean and open. Disconnect the syringe. Recap the end of the feeding tube.

There are two methods to follow. Follow method A or B. (circle one)

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Remove the plunger from the syringe.</td>
<td>Pour_________ml or cups/cans of feeding into a clean cup</td>
</tr>
<tr>
<td>2. Uncap the feeding tube.</td>
<td>Uncap the feeding tube.</td>
</tr>
<tr>
<td>3. Attach the syringe directly to your feeding tube. Pour ___ ml or cups/cans of feeding into the syringe, allowing it to flow freely until all of the feeding is given.</td>
<td>Draw up the feeding with the syringe and plunge into the feeding tube slowly.</td>
</tr>
</tbody>
</table>

Take the syringe and draw up_____ml warm water. Gently flush the water through the tube again to make sure the tube is clean and open. This water also helps keep you hydrated.

Disconnect the syringe from the feeding tube.
Recap the feeding tube.

Repeat the procedure times a day. If you do not tolerate the prescribed amount of formula, notify your dietitian.
**Gravity Drip Method**

1. Draw up _____ ml of warm water into the syringe. Gently flush the water through the tube to make sure the feeding tube is clean and open. Disconnect the syringe and recap the end of the feeding tube.

2. The roller clamp on the feeding set should be at lowest or "off" position.

3. Pour _____ ml or ______ cups/cans into bag. Close the bag.

4. Hang the feeding bag on an IV pole or hook that is higher than your head.

5. Hold the end of the feeding bag tube over a cup. Remove the cap at its end and adjust the roller clamp up to the "on" position, allowing feeding to flow to end of the tubing. Allow the formula to run through the tubing, then close the clamp. This gets air out of the tubing.

6. Uncap the feeding tube. Attach the end of the feeding bag tubing to your feeding tube. Adjust the roller clamp to the "on" position and allow the formula to drip in over 30-45 minutes. Take whatever length of time works best for you. Keep in mind that the slower you give the feeding, the better you will tolerate it.

7. When the bag is empty, add _____ ml warm water to the bag and allow to run freely. The roller clamp should be in the up or open position. This added water is needed by your body and is also needed to keep the feeding tube from clogging.

8. Disconnect the bag from your feeding tube when the water has run completely out of the tubing. Plug the end of the feeding tube.

9. Repeat the procedure ______ times a day. If you do not tolerate the prescribed amount of formula, notify your dietitian.
ADJUSTING TO THE TUBE FEEDING

The change from eating to tube feeding may be difficult at first. You may miss your favorite foods or the ability to taste and chew food. There are some things you can do to adjust to this change:

1. You can take your feeding at the same time the rest of the family eats. If you are required to take your feedings at other times, socialize with your family and friends at mealtime and then take your feeding when scheduled.

2. You may use mouthwashes and flavored lip balms to freshen your mouth.

Tube placement

There is a possibility that the tube can fall out or become misplaced. This can cause complications if the tube is no longer in the stomach or the intestines.

To be sure your naso-enteric tube is properly placed, check the position of the black mark on your feeding tube. Make certain it is the same length from your nose each day. The black mark is __________centimeters at your nose at the time you are leaving the hospital.

A naso-enteric tube can also be secured using a tube bridle to prevent inadvertent feeding tube displacement. Call your doctor or dietitian if the tube moves by two inches (or 5 centimeters) either way.

If your tube falls out, go to the nearest Emergency Room as soon as possible to have the tube replace
MOUTH CARE

If you are unable to take anything by mouth, mouth dryness or bad breath may occur. To prevent this:

1. Brush your teeth, tongue, and gums at least twice a day.

2. Rinse your mouth several times a day. Use a mouthwash or a mild salt or baking soda solution (1 teaspoon salt or soda in a glass of water).

3. If allowed, try sugarless gum or sugarless candy.

4. Avoid licking your lips, since this may cause drying and chapping. Use a lip balm or petroleum jelly for dry lips.

If you have had surgery or radiation to your mouth area or have a tendency toward bleeding, check with your health care professional for instructions.
GUIDELINES FOR GIVING MEDICINES

1. Give medicines through your feeding tube only if you are unable to swallow them. **DO NOT ADD YOUR MEDICINES TO YOUR FEEDING BAG UNLESS SPECIFICALLY INSTRUCTED TO DO SO.** Take your medicines by syringe method directly into the tube.

2. A liquid form of medicine is best. Ask your doctor or pharmacist to order a liquid form of your medicine, if possible. If your medicine only comes in pill form, it must be crushed first. **NOTE: Before crushing any non-liquid medication, first check with your physician or pharmacist.**

For giving medications through your tube feeding, all pills must be crushed into a **FINE** powder. To prevent the medicine from sticking to the side of the feeding tube, mix it with some warm water. Draw up the medication mixture into the syringe and attach it to the end of the feeding tube and push the plunger. Make sure all the medicine has been pushed into the tube.

3. **Always flush the tubing.** Using the syringe, flush the tubing with at least 30 ml warm water before and after each medication. This will ensure that all the medicine is given and prevent the tube from clogging.
TROUBLESHOOTING

Sometimes, problems may develop with tube feedings. Listed below are some common problems and how you can prevent or solve them.

Diarrhea

Since the tube feedings are liquid, your stools may be soft instead of formed. This is normal and should not cause you concern. However, if you have frequent, watery stools, with 6-8 or more bowel movements each day, you have diarrhea.

If you are on:

1. Continuous tube feedings--slow down the rate of the tube feeding. Call your dietitian to determine how much to adjust your feeding.

2. Bolus tube feedings--slow down the rate of the tube feeding. Divide the feedings into smaller amounts and take them more often. For example, if you usually take 240 ml of formula every 2 hours, you may change to 120 ml every hour.

Diarrhea may also be caused by spoiled formula or poor hand washing. Always wash your hands before giving the tube feeding. Opened cans should be covered and refrigerated. Throw away any formula that has been open for more than 48 hours.

If you do get diarrhea, you will need to take extra fluids. Increase the amount of water you drink or use to flush the tubing, or add extra water to the feeding bag. You may need to take an extra 500-1000 ml (2-4 cups) of water each day.

If diarrhea continues for more than 48-72 hours, be sure to call your doctor. He/she may want to change your formula or give you a medicine to help control diarrhea.
**Constipation**
Most tube feedings are low in fiber, so you may find that you have less than one stool a day. You should have a bowel movement every one or two days. However, there may be times when you feel constipated.

If you have not had a bowel movement in two days or your stools are hard, you are constipated. You may also have pain or discomfort in the rectum or intestine.

If you have constipation, increase your physical activity, take more water, or add 120 ml (1/2 cup) of prune juice to your feeding each day. Be sure to flush the tube with 30-50 ml of warm water after giving juice. If you have no stool for 3-4 days, call your doctor.

**Nausea**
When you feel sick to your stomach, changing the way you give the feeding may help. If you are on:

1. Continuous tube feedings--slow down the rate of the tube feeding. Call your dietitian to determine how much to adjust your feeding.

2. Bolus tube feedings--slow down the rate of the tube feeding. Divide the feedings into smaller amounts and take them more often. For example, if you usually take 240 ml of formula every 2 hours, you may change to 120 ml every hour.

If the nausea continues, hold the feeding for a few hours. Call your doctor if you are nauseated for more than 24 hours.
Vomiting and Aspiration
If you vomit while taking the feeding, stop the feeding right away and call your doctor. Sometimes vomit or saliva is inhaled into the lungs. This is called aspiration. It usually happens when you vomit and cannot clear your throat of these fluids. This can be very serious and cause problems.

Always keep your head up 30 to 45 degrees when you give yourself the feeding. Never sleep in a flat position while feeding. NOTE: If at any time you begin to choke, cough up formula, wheeze or have trouble breathing, stop your feeding right away and call your doctor. If breathing becomes extremely difficult, call an ambulance.

Dehydration
Dehydration means that the body is not getting enough water. Usually, your formula and the water used to flush your tubing should meet your fluid needs. However, if you have been sweating more than usual, running a fever or have diarrhea, you may become dehydrated. This can be very serious.

To prevent dehydration, make sure that you use all the extra water needed each day (see the page, "Your Tube-Feeding Prescription"). If you tend to sweat a lot, such as during hot weather, or if you have a
fever or diarrhea, use more water. If you are still thirsty or have a dry mouth, call your doctor or dietitian.
Abdominal discomfort
There may be times when you have some abdominal discomfort. You may feel bloated or sick to your stomach. Your abdomen may feel firm and look bigger. If this occurs, stop the feeding for a few hours. If the discomfort continues, call your doctor.

If you get cramps, check to see that the feeding is not too cold. Remember, feedings should be given at room temperature.

Missed feedings
There may be times when you miss your feeding or are late in starting it. This is not usually a serious problem unless you have diabetes, or feedings are being missed regularly.

If you are using the continuous method and your feeding must be stopped, remember to flush your feeding tube with water. You may make up missed feedings by running the feeding longer, but do not increase the rate since this may cause diarrhea, bloating, or nausea.

If you are using the bolus method and miss one feeding, you can add it on at the end of the day. For example, if you normally take your feedings every three hours, with your last feeding at 8:00 p.m., you can add the missed feeding at 11:00 p.m.

"Bad days"
There may be times when you are simply not feeling well and your tube feeding may have to be adjusted. If you miss your feeding more than a day, call your dietitian or doctor.
TUBE CLOGGING

If your tube becomes clogged, the formula will not be able to run through the tube. The best way to keep the tube from clogging is to flush the tube with water as directed. If the feeding does not run, the clog is probably within the tubing.

1. Draw up 30-50 ml warm water into the syringe.
2. Attach the syringe to the feeding tube and flush the tube. Mild pressure may be needed.
3. If this does not work, gently pull back and forth on the syringe. Repeat this several times. Do not pull back on the feeding tube itself.
4. If the tube is still clogged, call your home care nurse or primary care doctor.
5. Do not use any other liquid or solution such as carbonated beverages or meat tenderizer to unclog your tube.
6. Never put a wire or anything else into the feeding tube to unclog it. This could puncture the feeding tube, hurt your stomach or intestines, or cause other problems.
7. If you are using a feeding bag and the formula will not run through the tubes:

   a. Make sure the bag is not empty.
   b. Check that the roller clamp is in the "up" or "open" position.
   c. Follow the tubing from the bag to your feeding tube to be sure it is not twisted or kinked.

Developed: Cleveland Clinic Center for Human Nutrition,
M17/Digestive Disease Institute
G-tube Feeding Skills Check-off Documentation

<table>
<thead>
<tr>
<th>Explanation/Return Demonstration</th>
<th>Exp./Demo. Date</th>
<th>Explanation/Return Demonstration</th>
<th>Date</th>
<th>Date</th>
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<tbody>
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<td>A. States name and purpose of procedure</td>
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<td>B. Preparation:</td>
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<td>2. Reviews universal precautions</td>
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<td>3. Completes at times(s)</td>
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<td>Formula/feeding (type of feeding)</td>
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<td>5. Feeding to be completed in minutes</td>
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<td>6. Position for feeding</td>
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<td>7. Identifies possible problems and appropriate actions</td>
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<td>• abdominal distention</td>
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<td>• bleeding or irritation around tube</td>
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<td>C. Identifies supplies:</td>
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<td>1. Tubing</td>
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<td>2. Gloves</td>
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<td>3. Formula at room temperature</td>
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<td>4. 60-cc catheter-tipped syringe</td>
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<tr>
<td>5. Clamp and plug</td>
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<tr>
<td>6. Small glass of tap water, if prescribed</td>
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<td></td>
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<tr>
<td>D. Procedure:</td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1. Washes hands</td>
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<td></td>
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<tr>
<td>2. Gathers equipment</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. Positions student and explains procedure</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>4. Washes hands, puts on gloves</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Removes plug from feeding tube</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student-Specific: (Steps 6 - 7 need to be individualized for each student.)</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>6. Checks for proper placement of tube: Connect unclamped tubing and syringe to feeding tube, oscillate over stomach with stethoscope while rapidly injecting 5 - 10 cc or air into the feeding port. Listen for a pop or &quot;gurgle.&quot;</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Adapted by Fort Wayne Community Schools
<table>
<thead>
<tr>
<th>Explanation/Return Demonstration</th>
<th>Exp./Demo. Date</th>
<th>Explanation/Return Demonstration</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Check residual if ordered by physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Attaches syringe and aspirates stomach contents by pulling plunger back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Measures contents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Returns stomach contents to stomach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If stomach contents are over ___ subtract from feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If more than ___ cc, hold feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Pinches or clamps off primed tubing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Removes syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Attaches syringe without plunger to feeding port</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Pours formula (room temperature) into syringe (approximately 30 cc - 40 cc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Releases or unclamps tube and allows feeding to go in slowly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Lowers the syringe if feeding is going too fast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. When feeding gets to 5 - cc marker, adds more formula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Continues this procedure until the feeding has been completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Takes about 30 minutes to complete feeding (the higher the syringe is held, the faster the feeding will flow)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Makes feeding like mealtime (young children may suck on a pacifier)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Flushes tube with ___ cc of water when feeding is complete if ordered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Vents G-tube if ordered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Pinches off tubing, removes syringe and closes off clamp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Applies dressing, if needed, using universal precautions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Removes gloves and washes hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Makes sure tubing is secured and tucked inside clothing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Refers to student-specific guidelines regarding position and activity after feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Washes syringe and other reusable equipment with soap and warm water; rinses thoroughly; dries and stores in clean area; stores formula as instructed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Documents feeding/medication, residual amount and feeding tolerance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Reports any changes to family</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Professional Learning Topic Area

Speech/Language

There may be some students receiving Special Education services that need assistance in language/communication whether it is expressive (speaking), receptive (listening/comprehending what is being said), or both. Students with mild speech language delays or deficits may spend time weekly with a Speech therapist to increase deficit areas, however students with larger speech delays may need weekly therapy sessions in addition to other ways to communicate. Working with the Speech/Language therapist for the section regarding professional learning/training would be the most desired outcome-allowing all members of the instructional team to be part of the education for paraprofessionals.

Below are several topics that can be discussed during a professional learning/training for paraprofessionals working in Special Education including: different
ways for speech language to be utilized for students in regards to expressive and/or receptive; AAC devices, sign language, and development of verbal language.

Augmentative and Alternative Communication (AAC) Devices

There are numerous communication devices out there that can be utilized for anyone with expressive communication deficits. When choosing a communication device for a student, often a formal technology evaluation is completed by the instructional team to discover what best will work for the student. Once this is completed, the communication device can begin to be operational. Communication devices are most effective when implemented on a daily basis by multiple members of the team. This allows the student to really begin understanding not only how the devices work but what needs to be used on the device to begin expressing thoughts, feelings, and requests. There are high technology pieces and low technology pieces. It depends on the student’s needs and abilities. This section moves from high to low.

A Speech Generating Device (SGD) is a tablet-sized tool that provides high-tech augmentative and alternative communication (AAC) options, including tap-to-speak touch screens, image libraries, and text to speech (www.assistive.about.com).

Here are a few examples of augmentative and alternative communication (AAC) devices and speech generating devices (SGD) devices that can be utilized.
“Dynavox Maestro is a portable speech generating device that resembles a tablet PC. The Maestro is a popular augmentative and alternative communication device designed to enable people who cannot speak to access the words needed to create messages and converse. The Maestro uses touch-screen technology, text to speech, and special software to provide users with many options for message creation and delivery” (www.assistive.about.com).

LAMP Words for Life. The app for LAMP is available for use on an IPAD.

“LAMP is a therapeutic approach based on neurological and motor learning principles as well as clinical experiences to address the language development and communication needs of children with autism or other developmental disabilities” (www.aacapps.com/lamp).

It is structured to help develop individual’s core vocabulary and move forward their specific communication needs.
Here is a chart on how to use AAC devices with students effectively in the classroom and home environments.
“7 level Communication Build” is a 7 level Communication Builder is a self-contained communication device. It allows the user to record and play back from 1, 2, 4, 8, or 16 different messages per level. There are seven levels for 112 messages (in the 16 window settings)" (www.acciinc.com).

Board Maker gives the ability to create visual schedules, communication output for request/needs, and interactive activities using simple pictures along with the words.

Example from using the pictures above:

1: I want
2: more
3: sleep.

(www.mayer-johnson.com)
BIGmack Communicator is a low technology device that is best used for individuals with motor, visual, and/or cognitive deficits. 

(www.mayer-johnson.com).

AbleNet Big Red Twist Switch is a big switch used to communicate words or messages. “It is an excellent choice for persons with visual impairments and persons with physical disabilities who require a larger target area” (www.ablenetinc.com).
Sign Language

Sign language can be utilized when working with students receiving Special Education services primarily if the student has the motor and cognitive ability to implement. When using sign language with a student, use the gesture as well as the verbalization. This allows the student to hear how the word is verbally expressed.

Here are basic sign language words that emphasize core vocabulary for students to begin to utilize and apply to communicating thoughts, feelings, and requests.
Verbalizations

When working with students with speech language delays or deficits, verbalizations is also always included. It allows the students to hear how the word is verbally expressed and may trigger sounds, vocalizations, and/or words. Ultimately, verbalization is typically the desired outcome but giving the students more tools and/or strategies is key to moving towards that and allowing verbalized communication to occur.

Core vocabulary words when assisting a students receiving speech/language services is crucial. Core vocabulary is a small set of simple words, in any language, that are used frequently and across contexts (Cross, Baker, Klotz & Badman, 1997). Core words are familiar and most of them are short - six letters or less. Only a few core words have more than six letters (for example, "sometimes" has nine letters). Core's simple words make up 80 percent or more of everyday communication and are the heart of language development. Action words like "want," "put," "get," nouns like "thing," "stuff," and "people," pronouns like "I, me, my, mine," and "he, she, it, them," form easy sentences with demonstratives like "this" and "that." Early adverbs like "here" and "there" enable all children to express themselves. "Put it here," "Get me this," and "I want that" are what little kids say when they are building their mean length of utterance (MLU). Data suggests that children with disabilities build early language three-word phrases with core vocabulary (Baker, Hill & Devylder, 2000).

23 core frequent vocabulary words (Dicarlo & Stricklin, 2003):

I, no, yes, the, want, is, it, that, a, go, my, mine, you, what, on, in, here, more, out, off, some, help, all done.
<table>
<thead>
<tr>
<th>Age</th>
<th>Communication Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 months</td>
<td>Quiets to voice</td>
</tr>
<tr>
<td></td>
<td>Looks at person who is talking</td>
</tr>
<tr>
<td></td>
<td>Reacts to tone of voice</td>
</tr>
<tr>
<td></td>
<td>Smiles to person who is talking</td>
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<tr>
<td>6 months</td>
<td>Repeats sounds imitated by caregiver</td>
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<tr>
<td></td>
<td>Imitates inflection</td>
</tr>
<tr>
<td></td>
<td>Turns head when name is called</td>
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<tr>
<td></td>
<td>Stops activity when name is called</td>
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<tr>
<td></td>
<td>Begins to listen</td>
</tr>
<tr>
<td></td>
<td>Requests a toy with gesture</td>
</tr>
<tr>
<td>9 months</td>
<td>Imitates familiar two-syllable words</td>
</tr>
<tr>
<td></td>
<td>Makes gestures for “up” and “bye-bye”</td>
</tr>
<tr>
<td></td>
<td>Responds to “no”</td>
</tr>
<tr>
<td></td>
<td>Uses eye gaze during communication</td>
</tr>
<tr>
<td>12 months</td>
<td>Imitates two-syllable words (different sounds)</td>
</tr>
<tr>
<td></td>
<td>Identifies three objects</td>
</tr>
<tr>
<td></td>
<td>Responds to “give me”</td>
</tr>
<tr>
<td></td>
<td>Takes turns</td>
</tr>
<tr>
<td>15 months</td>
<td>Imitates new two-syllable words</td>
</tr>
<tr>
<td></td>
<td>Follows simple commands</td>
</tr>
<tr>
<td></td>
<td>Identifies most common objects when named</td>
</tr>
<tr>
<td></td>
<td>Appropriately indicates “yes” or “no” to questions</td>
</tr>
<tr>
<td></td>
<td>Identifies two body parts</td>
</tr>
<tr>
<td></td>
<td>Uses words to express wants</td>
</tr>
<tr>
<td>18 months</td>
<td>Imitates environment sounds during play</td>
</tr>
<tr>
<td></td>
<td>Retrieves objects on verbal command</td>
</tr>
<tr>
<td></td>
<td>Uses inflection</td>
</tr>
<tr>
<td></td>
<td>Greets familiar people with an appropriate vocalization</td>
</tr>
<tr>
<td>21 months</td>
<td>Identifies at least four animals</td>
</tr>
<tr>
<td></td>
<td>Identifies 15 or more pictures of common objects</td>
</tr>
<tr>
<td></td>
<td>Uses inflection patterns</td>
</tr>
<tr>
<td></td>
<td>Experiments with two-word utterances</td>
</tr>
<tr>
<td>24 months</td>
<td>Imitates three-syllable words</td>
</tr>
<tr>
<td></td>
<td>Follows three part-commands</td>
</tr>
<tr>
<td></td>
<td>Uses greetings and farewells appropriately</td>
</tr>
<tr>
<td></td>
<td>Says “no”</td>
</tr>
<tr>
<td></td>
<td>Uses words in play</td>
</tr>
<tr>
<td></td>
<td>Uses words to describe remote events</td>
</tr>
<tr>
<td></td>
<td>Uses words to request action</td>
</tr>
<tr>
<td></td>
<td>Answers simple questions with a verbal response</td>
</tr>
</tbody>
</table>

There may be some students receiving Special Education services that need assistance with self-help/functional skills. Self-Help/Functional Skills can be defined as skills that can be used in everyday life to assist in complete independence regarding oneself. Included in this are: food management, dressing, personal hygiene, and health care.

For students with moderate or severe disabilities or deficits, task analysis is the key for working towards self-help/functional skills. Breaking each task into smaller chunks allows the student to master that task before moving. It is fairly simple to task analyze each area under self-help/functional especially when visual pictures are used as a
reference for the student. Remember each individual chunk under the task may take multiple or even numerous sessions to master. Success may not be seen right away especially with students with severe disabilities or deficits. However, it is crucial to keep working towards. Typically the ultimate goal for any individual, including students with moderate or severe disabilities or deficits, is to be as self-sufficient or independent as possible. Mastering self-help/functional skills are the best way to gain that independence.

Below are several topics that can be discussed during a professional learning/training for paraprofessionals working in Special Education including; basic life skills by chronological age and task analysis for: dressing, hand-washing, toileting, feeding, and tooth-brushing. Breaking each task into smaller chunks can be done by any educator using a simple camera or online images.
Life Skills by Chronological Age

<table>
<thead>
<tr>
<th>AGE 2</th>
<th>AGE 3</th>
<th>AGE 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comb hair and brush teeth with help</td>
<td>Help set the table</td>
<td>Know address and phone number</td>
</tr>
<tr>
<td>Wipe up spills</td>
<td>Snap, zipper and button clothes</td>
<td>Know how to call 911</td>
</tr>
<tr>
<td>Put clothes in basket</td>
<td>Wash hands and face</td>
<td>Brush hair and teeth with minimal help</td>
</tr>
<tr>
<td>Pick up toys</td>
<td>Help set the table</td>
<td>Pick out clothes</td>
</tr>
<tr>
<td>Bring dinner plate to sink</td>
<td>Clean up bedroom</td>
<td>Begin swim lessons</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGE 5</th>
<th>AGE 6</th>
<th>AGE 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feed pets</td>
<td>Organize drawers</td>
<td>Vacuum</td>
</tr>
<tr>
<td>Put away clean clothes</td>
<td>Empty dishwasher and put away dishes</td>
<td>Water plants</td>
</tr>
<tr>
<td>Sweep into pile</td>
<td>Pour milk or juice without spilling</td>
<td>Make bed</td>
</tr>
<tr>
<td>Pick up the bathroom after use</td>
<td>Empty the trash</td>
<td>Bring clothes hamper to laundry room</td>
</tr>
<tr>
<td>Dust low objects</td>
<td>Put away groceries</td>
<td>Sort clothes by color and check pockets</td>
</tr>
<tr>
<td>Shower with little help</td>
<td>Bathe alone</td>
<td>Straighten book shelves</td>
</tr>
<tr>
<td>Begin saving, spending and donating to charity</td>
<td>Make a simple snack</td>
<td>Mix, stir and cut with dull knife</td>
</tr>
<tr>
<td>Begin swimming independently</td>
<td>Pack a basic lunch</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGE 8</th>
<th>AGE 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Load and turn on washing machine</td>
<td>Fold blankets and sheets neatly</td>
</tr>
<tr>
<td>Organize the bedroom</td>
<td>Make scrambled eggs</td>
</tr>
<tr>
<td>Make hot dogs</td>
<td>Cook hot dogs</td>
</tr>
<tr>
<td>Hammer a nail independently</td>
<td>Use a screwdriver, pliers and a wrench</td>
</tr>
<tr>
<td>Read and understand nutrition labels</td>
<td>Plan a balanced, healthy meal for the family</td>
</tr>
<tr>
<td>Answer the phone politely</td>
<td>Write down a phone message</td>
</tr>
<tr>
<td>Complete activities in certain amount of time</td>
<td>Count and make change</td>
</tr>
<tr>
<td>Brush hair and teeth without being reminded</td>
<td>Trim fingernails</td>
</tr>
<tr>
<td>Begin working on time management</td>
<td>Begin music lessons</td>
</tr>
</tbody>
</table>
Task Analysis for Self-Help/Functional Skills

Dressing

![Task Analysis for Dressing]

- Put on underwear
- Put on pants
- Put on shirt
- Put on socks
- Put on shoes
Personal Hygiene/Toileting

Feeding

Task Analysis of Eating

- Pick up utensil with proper grip
- Scoop/stab food
- Bring to mouth
- Close mouth around spoon
- Move food to molars
- Chew adequately
Below is a chart that can be used for speech/language as well as task analysis of a skill. A student’s self-help task can be broken down into smaller chunks and placed on this chart using Velcro. As each chunk or step is completed, it is moved off the chart. This not only shows the students the complete process of the task broken into smaller chunks but it really has the student focusing on each chunk individually. As time passes and the chunks begin to be mastered, this chart can be pulled back. A simple camera or using online images can assist in this.
Section Ten

Protocols

Protocol is defined a set of step-by-step guidelines—usually in the form of a simple one- or two-page document—that is used by educators to structure professional conversations or learning experiences to ensure that meeting, planning, or group-collaboration time is used efficiently, purposefully, and productively (www.edglossary.org). Typically, protocols are conducted in a safe and respectful environments and are designed to allow each participate to have an active voice in the discussion. It assists in keeping the discussion on track and moving forward in a productive manner. Protocols may be used to structure discussions or group activities and, once completed, they are often followed by some form of debriefing process during which participants discuss what they learned from the experience and/or how the process worked well and how it could be improved (www.edglossary.org). Straight lecture for teaching or training is seldom the most effective avenue toward affecting long-term generalized learning.

When looking at professional learning/training for paraprofessionals working in Special Education, protocols can be crucial. Individuals tend to learn best in safe and respectful environments where the discussion is relevant and interactive. Section nine indicated a few specific professional learning topic areas that can be used to assist paraprofessionals understanding and knowledge regarding students receiving Special Education services. How those professional learning/trainings topics are discussed or utilized is up to the individuals presenting the topics. What works best for your school
district, school building, educators, and/or paraprofessionals? What will allow that
growth in professional learning/training to occur? A few simple ideas include; scavenger
Structuring the format of the professional learning/training is really left to the individuals
presenting. Remember to make it safe, respectful, and interactive.

Section Eleven

Conclusion

The Professional Learning Handbook for Paraprofessionals Working in Special
Education was developed to guide and assist educating paraprofessionals working with
students in Special Education. The purpose behind the handbook was to give individuals
working with students in Special Education a tool to direct specific professional learning
within the Special Education community. This is an opening to allow collaboration
between the teachers, specialized therapists, and paraprofessionals working with students
with disabilities as well as a chance to influence knowledge and understanding regarding
individualized student needs; cognitively, behaviorally, and medically.

This handbook is only a small amount of what should be and needs to be covered
regarding education and training for paraprofessionals working in Special Education.
There is so much more out there to discover in regards to this critical and very valid topic
within the Special Education field. I encourage all of you to keep exploring…for
yourselves but more importantly for the students. 😊
Section Twelve

References

Baker, B., Hill, K., Devylder, R. (2000). Core Vocabulary is the Same Across Environments, California State University at Northridge (CSUN) Conference, Los Angeles, California.


No Child Left Behind Act 2001
Chapter 6

Discussion

The purpose of this research project was to determine what professional learning paraprofessionals working in Special Education receive in order to work with students with disabilities in Special Education. From this came a second purpose which included; developing a handbook that would be available for schools serving a population of students in Special Education. This handbook guides professional learning for paraprofessionals working with students with disabilities to be provided educational support in their understanding and knowledge of individualized needs of each student in Special Education. It will give paraprofessionals working in Special Education a foundation in which to jump off of regarding individualized needs.

An examination of the literature revealed one important point: There is a significant gap regarding what paraprofessionals working in Special Education receive in professional learning and what teachers working in Special Education receive. Depending on the state, school district, and/or school building the professional learning for paraprofessionals working in Special Education can be purposeful or inadequate. There is very little current research on specific professional learning for paraprofessionals working with students in Special Education. It is up to the individualized school corporations and buildings to provide this professional learning to staff, however, that can be a difficult task to undertake especially when looking at the individualized skills of each student. The current research agreed professional learning for paraprofessionals
working in Special Education is imperative and necessary, however, little was found on how to make that happen. As time passes, professional learning for paraprofessionals working in Special Education will continue to be an important topic in Special Education.

Two IRB approved surveys were created and distributed to teachers and paraprofessionals working in Special Education in the school setting where the co-investigator currently teaches. Two separate surveys were conducted; one for the teachers and one for the paraprofessionals. The same questions were asked on both surveys but were worded differently depended on job position. There were 19 surveys distributed; teachers and paraprofessionals. Of those 19, 13 were returned and analyzed. The results of the survey questions mirrored the findings of the literature review and research. From this, a handbook was developed specifically honing in on specific topic areas of professional learning but also the logistics of professional learning and how it can be done within a school corporation/building.

Limitations/Reflections

Limitations of the research study and survey questions included; it being done in an urban elementary school with a small set of teachers and paraprofessionals working in a specific area of Special Education. Broadening the participates and including different geographical areas (rural) as well as different types of Special Education teachers (Emotional Disabilities, Functional Skills, and Learning Disabled) would allow for a stronger understanding of what is needed with the majority of students and their individualized needs. A third limitation being the surveys were paper/pencil formatted. While precautions were taken for confidentiality purposes, participates may have felt
their answers especially to the open-ended questions would be able to be tracked more in a paper/pencil format than one done simply on a computer.

There was a strong return of surveys, however, not all open-ended questions were answered. Future research conducted, direct interviews and observations would be beneficial in receiving more detailed and concrete answers to open-ended questions from paraprofessionals in addition to formatting in an online/computer manner. More detailed answers would add depth to the substance of the handbook in regards to deeper topic areas and ideas.

**Strengths**

This project/handbook is intended as a resource for paraprofessionals, teachers, and other individuals working in the Special Education field with students. It allows paraprofessionals working in Special Education to assist students’ every day in making progress on specific and individualized goals empowering them to reach full potential. There is very little real learning or training to support that assistance. This handbook allows for professional learning for students with disabilities to be shared between all individuals working with the students including paraprofessionals.

The handbook is shown to be user-friendly and includes forms/letters, sample protocols, and other materials needed to effectively facilitate a professional learning/training for paraprofessionals working with students in Special Education. All materials have been created and/or adapted from professional learning/training resources. Any individual using the handbook to facilitate professional learning for paraprofessionals working in Special Education can be certain that all materials/resources
maintained in it are specialized to maximum full potential of professional learning/training topic(s).

**Final Conclusion**

This project/handbook was designed purposefully to better educate paraprofessionals working with students in Special Education. These individuals are often on the front lines of instruction, behavior, communication, and any physical aspects regarding students. It is valid they receive the necessary and meaningful education to better themselves within the Special Education field which ultimately betters the students.
References

Baker, B., Hill, K., Devylder, R. (2000). Core Vocabulary is the Same Across Environments, California State University at Northridge (CSUN) Conference, Los Angeles, California.


Council for Exceptional Children

National Resource Center for Paraeducators

No Child Left Behind Act 2001
Appendices
A. CITI Training

This page has been removed to protect confidentiality.
B. IRB Approval

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C. **Permission Letter from Principal**

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D. Recruitment Letter

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E. Survey Questions

Survey for teachers

1. How many years have you taught and/or worked in the Special Education field?
   - Less than 3 years
   - 3 to 5 years
   - 5 to 10 years
   - More than 10 years

2. What age range do you currently teach and/or work in regarding Special Education?
   - Preschool to 1st grade
   - 2nd-5th grade

3. How much position-specific Professional Learning/Training from your school district have your assistants received within the last school year regarding their current Special Education students?
   - 0-3 trainings
   - 4-6 trainings
   - 7+ trainings

4a. Do you feel this Professional Learning/Training has increased your assistants understanding and knowledge of your current students’ needs?
   - Yes
   - No
   - Somewhat

4b. Why or Why?

5. Please check areas that your assistants have received position-specific Professional Learning/Training on within the last school year. Of areas checked, please elaborate on specific skills/ideas learned.

   __Academics/Cognitive:
6. Do you feel this position-specific Professional Learning/Training is enough to meet the needs of your current Special Education students?

Yes  No  Somewhat

7. What specific areas of Professional Learning/Training do you feel your assistants need to meet the needs of your current Special Education students? Please elaborate on specific skills within area.

__Academics/Cognitive:

__Behavioral:

__Language/Communication:

__Medical:

__Self-Help/Functional Skills:

__Any other area:

8. Do you think your assistants would be willing to receive position-specific Professional Learning/Training to meet the needs of current Special Education students?

Yes  No
9. What amount of position-specific Professional Learning/Training would you be willing to facilitate or support for assistants to receive to better serve current Special Education students?

   Monthly          Bi-Monthly          Weekly

10. What do you think is your assistants understanding of Professional Learning/Training regarding Special Education?

11. Please comment on any additional knowledge or skills that you feel are necessary for your assistants within the Special Education field and your current students’ needs?

Thank you for participating in this survey!
Survey for Assistants:

1. How many years have you taught and/or worked in the Special Education field?
   
   - Less than 3 years
   - 3 to 5 years
   - 5 to 10 years
   - More than 10 years

2. What age range do you currently teach and/or work in regarding Special Education?
   
   - Preschool to 1st grade
   - 2nd-5th grade

3. How much position-specific Professional Learning/Training from your school district have you received within the last school year regarding your current Special Education students?
   
   - 0-3 trainings
   - 4-6 trainings
   - 7+ trainings

4a. Do you feel this Professional Learning/Training has increased your understanding and knowledge of your current students’ needs?
   
   - Yes
   - No
   - Somewhat

4b. Why or why not?

5. Please check areas that you have received position-specific Professional Learning/Training on within the last school year. Of areas checked, please elaborate on specific skills/ideas learned.

   _ Academics/Cognitive:
6. Do you feel this position-specific Professional Learning/Training is enough to meet the needs of your current Special Education students?

   Yes       No       Somewhat

7. What specific areas of Professional Learning/Training do you feel are necessary to meet the needs of your current Special Education students? Please elaborate on specific skills within area.

   __Academics/Cognitive:

   __Behavioral:

   __Language/Communication:

   __Medical:

   __Self-Help/Functional Skills:

   __Any other area:

8. Would you be willing to receive position-specific Professional Learning/Training to meet the needs of current Special Education students?

   Yes       No

9. How often would you be willing to receive position specific Professional Learning/Training to better serve your current Special Education students?
10. What is your understanding of Professional Learning/Training regarding Special Education?

11. Please comment on any additional knowledge or skills that you feel are necessary for your position within the Special Education field and your current students’ needs?

Thank you for participating in this survey!
### F. Survey Questions and related research

**Teachers**

<table>
<thead>
<tr>
<th>Question</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much position-specific Professional Learning/Training have your assistants received within the last school year regarding their current Special Education students?</td>
<td>Stockall, N. S. (2014). When an Aide Really Becomes an Aid: Providing Professional Development for Special Education Paraprofessionals. <em>Teaching Exceptional Children</em>, 46(6), 197-205</td>
</tr>
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</tbody>
</table>
### Assistants/Paraprofessionals

<table>
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<th>Question</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>
G. Survey Question Raw Data

Teacher Survey #1

1. How many years have you taught and/or worked in the Special Education Field?
   - Less than 3 years
   - 3 to 5 years
   - 5 to 10 years
   - More than 10 years

2. What age range do you currently teach and/or work in regarding Special Education?
   - Preschool to 1st grade
   - 2nd to 5th grade

3. How much position-specific Professional Learning/Training from your school district have your assistants received within the last school year regarding their current Special Education students?
   - 0-3 trainings
   - 4-6 trainings
   - 7+ trainings

4a. Do you feel this Professional Learning/Training has increased your assistants understanding and knowledge of your current students' needs?
   - Yes
   - No
   - Somewhat

4b. Why or Why not?
   - F.L. for assistants should be ongoing/regular. People often return to old established patterns.

5. Please check areas that your assistants have received position-specific Professional Learning/Training on within the last school year. Of areas checked, please elaborate on special skills/ideas learned.
   - [ ] Academics/Cognitive:
   - [X] Behavioral:
   - [X] Language/Communication:
   - [X] Medical:
   - [X] Self-Help/Functional Skills:

6. Do you feel this position-specific Professional Learning/Training is enough to meet the needs of your current Special Education students?
   - Yes
   - No
   - Somewhat
7. What specific areas of Professional Learning/Training do you feel your assistants need to meet the needs of your current Special Education students? Please elaborate on specific skills within area.

- [X] Academics/Cognitive:
- [ ] Behavioral:
- [X] Language/Communication:
- [ ] Medical:
- [X] Self Help/Functional Skills:
- [ ] Any other area: overall expectations

8. Do you think your assistants would be willing to receive position-specific Professional Learning/Training to meet the needs of current Special Education students?

- [ ] Yes
- [X] No

If it is within work day/hours

9. What amount of position-specific Professional Learning/Training would you be willing to facilitate or support for assistants to receive to better serve current Special Education students?

- [ ] Monthly
- [ ] Bi-Monthly
- [ ] Weekly

10. What do you think is your assistants' understanding of Professional Learning/Training regarding Special Education?

- [ ] Uncler at times

11. Please comment on any additional knowledge or skills that you feel are necessary for your assistants within the Special Education field and your current students' needs?

- [ ] Hilour Jaws
- [ ] Therapy - carryovers: whys and how
Teacher Survey #2.

1. How many years have you taught and/or worked in the Special Education Field?
   - Less than 3 years
   - 3 to 5 years
   - 5 to 10 years
   - More than 10 years

2. What age range do you currently teach and/or work in regarding Special Education?
   - Preschool to 1st grade
   - 2nd to 5th grade

3. How much position-specific Professional Learning/Training from your school district have your assistants received within the last school year regarding their current Special Education students?
   - 0-3 trainings
   - 4-6 trainings
   - 7+ trainings

4a. Do you feel this Professional Learning/Training has increased your assistants understanding and knowledge of your current students' needs?
   - Yes
   - No
   - Somewhat

4b. Why or why not?
   - Need more training
   - Should be more consistent

5. Please check areas that your assistants have received position-specific Professional Learning/Training on within the last school year. Of areas checked, please elaborate on special skills/ideas learned.
   - _________ Academics/Cognitive:
   - _____ X Behavioral: How to get along with each other. They have had a few sessions on this. But, it is behavior with one another.
   - _____ Language/Communication:
   - _____ Medical:
   - _____ Self-Help/Functional Skills:

6. Do you feel this position-specific Professional Learning/Training is enough to meet the needs of your current Special Education students?
   - Yes
   - No
   - Somewhat
7. What specific areas of Professional Learning/Training do you feel your assistants need to meet the needs of your current Special Education students? Please elaborate on specific skills within area.

- [ ] Academics/Cognitive:
- [ ] Behavioral:
- [ ] Language/Communication:
- [ ] Medical:
- [x] Self-Help/functional Skills:
- [x] Any other area: Teamwork – Working together

8. Do you think your assistants would be willing to receive position-specific Professional Learning/Training to meet the needs of current Special Education students?

- [ ] Yes
- [x] No

9. What amount of position-specific Professional Learning/Training would you be willing to facilitate or support for assistants to receive to better serve current Special Education students?

- [ ] Monthly
- [ ] Bi-Monthly
- [ ] Weekly

10. What do you think is your assistants' understanding of Professional learning/Training regarding Special Education?

- [ ] How to be better professionals at work with staff and students

11. Please comment on any additional knowledge or skills that you feel are necessary for your assistants within the Special Education field and your current students' needs?

- [ ] More training would be great!
Teacher Survey

1. How many years have you taught and/or worked in the Special Education Field?
   - Less than 3 years
   - 3 to 5 years
   - 5 to 10 years
   - More than 10 years

2. What age range do you currently teach and/or work in regarding Special Education?
   - Preschool to 1st grade
   - 2nd to 5th grade

3. How much position-specific Professional Learning/Training from your school district have your assistants received within the last school year regarding their current Special Education students?
   - 0-3 trainings
   - 4-6 trainings
   - 7+ trainings
   - Many, many sessions within my classroom. Ongoing

4a. Do you feel this Professional Learning/Training has increased your assistants' understanding and knowledge of your current students' needs?
   - Yes
   - No
   - Somewhat

4b. Why or Why not?
   - Only somewhat because not enough sessions. If more sessions of training they could move past the urgent and get to long-term "important" issues.

5. Please check areas that your assistants have received position-specific Professional Learning/Training on within the last school year. Of areas checked, please elaborate on special skills/ideas learned.
   - [ ] Academics/Cognitive:
   - [ ] Behavioral:
   - [X] Professionalism...treatment of colleagues and students/ respectful interactions
   - [ ] Language/Communication:
   - [X] Medical:
   - [ ] Self-Help/Functional Skills:

6. Do you feel this position-specific Professional Learning/Training is enough to meet the needs of your current Special Education students?
   - Yes
   - No
   - Somewhat
7. What specific areas of Professional Learning/Training do you feel your assistants need to meet the needs of your current Special Education students? Please elaborate on specific skills within area.

- X Academics/Cognitive: scaffolding, task analysis, to see next step...
- X Behavioral: Consistency. Never give child what he/she wants when asking inappropriately. Power of attention. (Is individual needs to be done in classroom?)
- X Language/Communication:
- X Medical: Continue updating med distribution and tube feed trainings.
- X Any other area: Professionalism. Confidentiality, punctuality, how to handle inquiries from bus drivers, parents, nurses and others. Beyond need to know basis.

8. Do you think your assistants would be willing to receive position-specific Professional Learning/Training to meet the needs of current Special Education students?

   Yes  No

9. What amount of position-specific Professional Learning/Training would you be willing to facilitate or support for assistants to receive to better serve current Special Education students?

   Monthly  Bi-Monthly  Weekly

10. What do you think is your assistants understanding of Professional Learning/Training regarding Special Education?

    P.L is just for the teacher. The assistants aren't valued as being worth the effort to train.

11. Please comment on any additional knowledge or skills that you feel are necessary for your assistants within the Special Education field and your current students' needs?

    Speech less. Give wait time/processing time.
Teacher Survey #4

1. How many years have you taught and/or worked in the Special Education Field?
   - Less than 3 years
   - 3 to 5 years
   - 5 to 10 years
   - More than 10 years

2. What age range do you currently teach and/or work in regarding Special Education?
   - Preschool to 1st grade
   - 2nd to 5th grade

3. How much position specific Professional Learning/Training from your school district have your assistants received within the last school year regarding their current Special Education students?
   - 0-3 trainings
   - 4-6 trainings
   - 7+ trainings

4a. Do you feel this Professional Learning/Training has increased your assistants understanding and knowledge of your current students’ needs?
   - Yes
   - No
   - Somewhat

4b. Why or Why not?
   The trainings would “spark” questions from assistants in the classroom.

5. Please check areas that your assistants have received position-specific Professional Learning/Training on within the last school year. Of areas checked, please elaborate on special skills/ideas learned.
   - X Academics/Cognitive: How to differentiate activities to different levels
   - X Behavioral: Causes of behaviors
   - X Language/Communication: Use AAC devices/know when to encourage more communication
   - Medical
   - X Self-Help/Functional Skills: How to encourage students to do things for themselves

6. Do you feel this position-specific Professional Learning/Training is enough to meet the needs of your current Special Education students?
   - Yes
   - No
   - Somewhat
7. What specific areas of Professional Learning/Training do you feel your assistants need to meet the needs of your current Special Education students? Please elaborate on specific skills within area.

- [ ] Academics/Cognitive:
- [X] Behavioral:
- [X] Language/Communication:
- [ ] Medical:
- [X] Self-Help/Functional Skills:
- [ ] Any other area:

8. Do you think your assistants would be willing to receive position-specific Professional Learning/Training to meet the needs of current Special Education students?

  - Yes
  - No

9. What amount of position specific Professional Learning/Training would you be willing to facilitate or support for assistants to receive to better serve current Special Education students?

  - Monthly
  - Bi-Monthly
  - Weekly

10. What do you think is your assistants understanding of Professional Learning/Training regarding Special Education?

  - That it is intended for them to be able to help students.

11. Please comment on any additional knowledge or skills that you feel are necessary for your assistants within the Special Education field and your current students’ needs?
Teacher Survey

1. How many years have you taught and/or worked in the Special Education Field?
   - Less than 3 years
   - 3 to 5 years
   - 5 to 10 years
   - More than 10 years

2. What age range do you currently teach and/or work in regarding Special Education?
   - Preschool to 1st grade
   - 2nd to 5th grade

3. How much position-specific Professional Learning/Training from your school district have your assistants received within the last school year regarding their current Special Education students?
   - 0-3 trainings
   - 4-6 trainings
   - 7+ trainings

4a. Do you feel this Professional Learning/Training has increased your assistants understanding and knowledge of your current students' needs?
   - Yes
   - No
   - Somewhat

4b. Why or why not?
The last school year, one assistant got the New Special Education Assistant Training downtown. It was minimally helpful since it dealt with confidentiality. Otherwise, two assistants got a P.L. here from the principal about teamwork.

5. Please check areas that your assistants have received position-specific Professional Learning/Training on within the last school year. Of areas checked, please elaborate on special skills/ideas learned. Therapists have given specific trainings on individuals/techniques in the areas below.
   - X Academics/Cognitive:
   - X Behavioral:
   - X Language/Communication:
   - X Medical:
   - X Self-Help/Functional Skills:

6. Do you feel this position-specific Professional Learning/Training is enough to meet the needs of your current Special Education students?
   - Yes
   - No
   - Somewhat
7. What specific areas of Professional Learning/Training do you feel your assistants need to meet the needs of your current Special Education students? Please elaborate on specific skills within area.

- [X] Academics/Cognitive: Typical and Atypical child development
- [X] Behavioral: Positive behavioral supports
- [X] Language/Communication: How to use AAC/plc exchange/visual schedules
- [X] Medical: Seizures
- [X] Self-Help/Functional Skills: Feeding/toileting
- [X] Any other area: How to communicate with others. How to understand the importance of your role in the team and your responsibilities.

8. Do you think your assistants would be willing to receive position-specific Professional Learning/Training to meet the needs of current Special Education students?

   Yes                 No

9. What amount of position-specific Professional Learning/Training would you be willing to facilitate or support for assistants to receive to better serve current Special Education students?

   Monthly           Bi-Monthly (Twice per month)           Weekly

10. What do you think is your assistants' understanding of Professional Learning/Training regarding Special Education?

    They hate it. Or they just think it is a chance to get away from the students and in that case, they love it. Most do want to learn.

11. Please comment on any additional knowledge or skills that you feel are necessary for your assistants within the Special Education field and your current students' needs?

    I think training can be so specific, but in general, training is needed in every area. It would be nice if the Special Education office would offer trainings that teachers do not have to facilitate. There is enough on our plates.
Assistant Survey

1. How many years have you taught and/or worked in the Special Education Field?
   - Less than 3 years
   - 3 to 5 years
   - 5 to 10 years
   - More than 10 years

2. What age range do you currently teach and/or work in regarding Special Education?
   - Preschool to 1st grade
   - 2nd to 5th grade

3. How much position-specific Professional Learning/Training from your school district have you received within the last school year regarding your current Special Education students?
   - 0-3 trainings
   - 4-6 trainings
   - 7+ trainings

4a. Do you feel this Professional Learning/Training has increased your understanding and knowledge of your current students' needs?
   - Yes
   - No
   - Somewhat

4b. Why or Why not?

5. Please check areas that you have received position-specific Professional Learning/Training on within the last school year. Of areas checked, please elaborate on special skills/ideas learned.
   - Academics/Cognitive:
   - Behavioral:
   - Language/Communication:
   - Medical:
   - Self-Help/Functional Skills:

6. Do you feel this position-specific Professional Learning/Training is enough to meet the needs of your current Special Education students?
   - Yes
   - No
   - Somewhat
7. What specific areas of Professional Learning/Training do you feel are necessary to meet the needs of your current Special Education students? Please elaborate on specific skills within area.

- [ ] Academics/Cognitive:
- [x] Behavioral:
- [ ] Language/Communication:
- [ ] Medical:
- [ ] Self-Help/Functional Skills:
- [ ] Any other area:

8. Would you be willing to receive position-specific Professional Learning/Training to meet the needs of current Special Education students?
   - [ ] Yes
   - [ ] No

9. How often would you be willing to receive position-specific Professional Learning/Training to better serve your current Special Education students?
   - [ ] Monthly
   - [ ] Bi-Monthly
   - [x] Weekly

10. What is your understanding of Professional Learning/Training regarding Special Education?

11. Please comment on any additional knowledge or skills that you feel are necessary for your position within the Special Education field and your current students' needs.
   - What I’ve learned I’ve gained from the professional teaching staff and on-the-job training. When I first started in Special Education I felt very inadequate and needed training. I read on my own and sought out resources to supplement what was taught on the job.
Assistant Survey

1. How many years have you taught and/or worked in the Special Education Field?
   - Less than 3 years
   - 3 to 5 years
   - 5 to 10 years
   - More than 10 years

2. What age range do you currently teach and/or work in regarding Special Education?
   - Preschool to 1st grade
   - 2nd to 5th grade

3. How much position-specific Professional Learning/Training from your school district have you received within the last school year regarding your current Special Education students?
   - 0-3 trainings
   - 4-6 trainings
   - 7+ trainings

4a. Do you feel this Professional Learning/Training has increased your understanding and knowledge of your current students’ needs?
   - Yes
   - No
   - Somewhat

4b. Why or Why not?
   - Because it helps me to understand how a special-needs child's mind works. They do and see things differently from the rest of us.

5. Please check areas that you have received position-specific Professional Learning/Training on within the last school year. Of areas checked, please elaborate on special skills/ideas learned.
   - [ ] Academics/Cognitive:
   - [ ] Behavioral: How to react with behavioral needs.
   - [ ] Language/Communication: How to use picture board so they can communicate with us.
   - [ ] Medical:
   - [ ] Self-Help/Functional Skills:

6. Do you feel this position-specific Professional Learning/Training is enough to meet the needs of your current Special Education students?
   - Yes
   - No
   - Somewhat
7. What specific areas of Professional Learning/Training do you feel are necessary to meet the needs of your current Special Education students? Please elaborate on specific skills within area.

_____ Academics/Cognitive:

_____ Behavioral: More structure guidelines

_____ Language/Communication:

_____ Medical:

_____ Self-Help/Functional Skills:

_____ Any other area:

8. Would you be willing to receive position-specific Professional Learning/Training to meet the needs of current Special Education students?

Yes
No

9. How often would you be willing to receive position-specific Professional Learning/Training to better serve your current Special Education students?

Monthly
Bi-Monthly
Weekly

10. What is your understanding of Professional Learning/Training regarding Special Education?

To teach them the basics and to show them how.

11. Please comment on any additional knowledge or skills that you feel are necessary for your position within the Special Education field and your current students' needs?

It would be nice to know how they become special needs. Was it something medical or a tragic event? What is their medical condition? Not necessary to know everything but the general diagnosis.
Assistant Survey # 3

1. How many years have you taught and/or worked in the Special Education Field?
   
   Less than 3 years         3 to 5 years         5 to 10 years
   More than 10 years

2. What age range do you currently teach and/or work in regarding Special Education?
   
   Preschool to 1st grade            2nd to 5th grade

3. How much position-specific Professional Learning/Training from your school district have you received within the last school year regarding your current Special Education students?
   
   0-3 trainings        4-6 trainings        7+ trainings

4a. Do you feel this Professional Learning/Training has increased your understanding and knowledge of your current students' needs?

   Yes       No       Somewhat

4b. Why or Why not?
   
   I am better equipped for CFI necessary situations.

5. Please check areas that you have received position-specific Professional Learning/Training on within the last school year. Of areas checked, please elaborate on special skills/ideas learned.

   ________ Academics/Cognitive:
   
   ________ Behavioral:
   X

   ________ Language/Communication:
   
   ________ Medical:
   
   ________ Self-Help/Functional Skills:

6. Do you feel this position-specific Professional Learning/Training is enough to meet the needs of your current Special Education students?

   Yes       No       Somewhat
7. What specific areas of Professional Learning/Training do you feel are necessary to meet the needs of your current Special Education students? Please elaborate on specific skills within area.
   - X Academics/Cognitive:
   - X Behavioral:
   - X Language/Communication:
   - X Medical:
   - X Self-Help/Functional Skills:
   - _______ Any other area:

8. Would you be willing to receive position-specific Professional Learning/Training to meet the needs of current Special Education students?
   Yes  No

9. How often would you be willing to receive position-specific Professional Learning/Training to better serve your current Special Education students?
   Monthly  Bi-Monthly  Weekly

10. What is your understanding of Professional Learning/Training regarding Special Education?
    None.

11. Please comment on any additional knowledge or skills that you feel are necessary for your position within the Special Education field and your current students' needs?
    Behavioral and medical are the most critical, but understanding IEP and progress tracking are important.
Assistant Survey #1

1. How many years have you taught and/or worked in the Special Education Field?
   - Less than 3 years
   - 3 to 5 years
   - 5 to 10 years
   - More than 10 years

2. What age range do you currently teach and/or work in regarding Special Education?
   - Preschool to 1st grade
   - 2nd to 5th grade

3. How much position specific Professional Learning/Training from your school district have you received within the last school year regarding your current Special Education students?
   - 0-3 trainings
   - 4-6 trainings
   - 7+ trainings

4a. Do you feel this Professional Learning/Training has increased your understanding and knowledge of your current students' needs?
   - Yes
   - No
   - Somewhat

4b. Why or Why not?
   - Yes, because I learn new things but no, because I feel being in the environment and learning is easier than just being told what to do.

5. Please check areas that you have received position-specific Professional Learning/Training on within the last school year. Of areas checked, please elaborate on special skills/ideas learned.
   - X Academics/Cognitive:
   - X Behavioral: CPI training
   - X Language/Communication: Therapeutic AAC
   - X Medical: Nutri tube feeds
   - X Self-Help/Functional Skills: Therapist

6. Do you feel this position-specific Professional Learning/Training is enough to meet the needs of your current Special Education students?
   - Yes
   - No
   - Somewhat
7. What specific areas of Professional Learning/Training do you feel are necessary to meet the needs of your current Special Education students? Please elaborate on specific skills within area.

- [X] Academics/Cognitive:

- [ ] Behavioral:

- [X] Language/Communication:

- [ ] Medical:

- [X] Self Help/Functional Skills:

- [X] Any other area: *Toiletting*

8. Would you be willing to receive position-specific Professional Learning/Training to meet the needs of current Special Education students?

   - [ ] Yes
   - [X] No

9. How often would you be willing to receive position-specific Professional Learning/Training to better serve your current Special Education students?

   - [ ] Monthly
   - [ ] Bi-Monthly
   - [X] Weekly

10. What is your understanding of Professional Learning/Training regarding Special Education?
    
    My understanding is fine, but I think the training should be better.

11. Please comment on any additional knowledge or skills that you feel are necessary for your position within the Special Education field and your current students' needs?
    
    Lifting skills, communication skills with other staff.
Assistant Survey  #5

1. How many years have you taught and/or worked in the Special Education Field?
   - Less than 3 years
   - More than 10 years
   - 3 to 5 years
   - 5 to 10 years

2. What age range do you currently teach and/or work in regarding Special Education?
   - Preschool to 1st grade
   - 2nd to 5th grade

3. How much position-specific Professional Learning/Training from your school district have you received within the last school year regarding your current Special Education students?
   - 0-3 trainings
   - 4-6 trainings
   - 7+ trainings

4a. Do you feel this Professional Learning/Training has increased your understanding and knowledge of your current students’ needs?
   - Yes
   - No
   - Somewhat

4b. Why or Why not?
   - Have not received any.

5. Please check areas that you have received position-specific Professional Learning/Training on within the last school year. Of areas checked, please elaborate on special skills/ideas learned.
   - None
   - Academics/Cognitive:
   - Behavioral:
   - Language/Communication:
   - Medical:
   - Self Help/Functional Skills:

6. Do you feel this position-specific Professional Learning/Training is enough to meet the needs of your current Special Education students?
   - Yes
   - No
   - Somewhat
7. What specific areas of Professional Learning/Training do you feel are necessary to meet the needs of your current Special Education students? Please elaborate on specific skills within area. I feel all of these are of equal importance. Every child/student is different in terms of their disability and needs.

   X Academics/Cognitive;
   X Behavioral;
   X Language/Communication;
   X Medical;
   X Self-Help/Functional Skills;
   _____ Any other area:

8. Would you be willing to receive position specific Professional Learning/Training to meet the needs of current Special Education students?

   Yes   No

9. How often would you be willing to receive position specific Professional Learning/Training to better serve your current Special Education students?

   Monthly   Bi-Monthly   Weekly

10. What is your understanding of Professional learning/Training regarding Special Education?

   It is very much needed and necessary in order to provide the best possible care and to better understand their needs.

11. Please comment on any additional knowledge or skills that you feel are necessary for your position within the Special Education field and your current students' needs?

   These are students who can’t express their needs and wants. This training is very necessary.
Assistant Survey

1. How many years have you taught and/or worked in the Special Education Field?
   - Less than 3 years
   - 3 to 5 years
   - 5 to 10 years
   - More than 10 years

2. What age range do you currently teach and/or work in regarding Special Education?
   - Preschool to 1st grade
   - 2nd to 5th grade

3. How much position-specific Professional Learning/Training from your school district have you received within the last school year regarding your current Special Education students?
   - 0-3 trainings
   - 4-6 trainings
   - 7+ trainings

4a. Do you feel this Professional Learning/Training has increased your understanding and knowledge of your current students' needs?
   - Yes
   - No
   - Somewhat

4b. Why or Why not?
   Only one meeting was to address problems with conflict among some assistants. Not relevant to everyone and not helpful for increasing knowledge about helping students grow and develop skills.

5. Please check areas that you have received position-specific Professional Learning/Training on within the last school year. Of areas checked, please elaborate on special skills/ideas learned.
   - None.
   - Academics/Cognitive:
   - Behavioral:
   - Language/Communication:
   - Medical:
   - Self-Help/Functional Skills:

6. Do you feel this position-specific Professional Learning/Training is enough to meet the needs of your current Special Education students?
   - N/A - No training.
   - Yes
   - No
   - Somewhat
7. What specific areas of Professional Learning/Training do you feel are necessary to meet the needs of your current Special Education students? Please elaborate on specific skills within area.

- [x] Academics/Cognitive:
- [ ] Behavioral:
- [x] Language/Communication:
- [ ] Medical:
- [ ] Self-Help/Functional Skills:
- [x] Any other area: Feeding - encouraging trying new foods/textures, introducing a variety of cups/straws, helping with self-feeding.

8. Would you be willing to receive position-specific Professional Learning/Training to meet the needs of current Special Education students?

- [ ] Yes
- [x] No

9. How often would you be willing to receive position-specific Professional Learning/Training to better serve your current Special Education students?

- [ ] Monthly
- [ ] Bi-Monthly
- [ ] Weekly

10. What is your understanding of Professional Learning/Training regarding Special Education?

   Trainings being offered on a regular basis on topics relevant to this field. Trainings given by professionals in Special Education to ensure that assistants are given support in their learning and growth so that they can best serve the students.

11. Please comment on any additional knowledge or skills that you feel are necessary for your position within the Special Education field and your current students' needs?
Assistant Survey

1. How many years have you taught and/or worked in the Special Education Field?
   - Less than 3 years
   - 3 to 5 years
   - 5 to 10 years
   - More than 10 years

2. What age range do you currently teach and/or work in regarding Special Education?
   - Preschool to 1st grade
   - 2nd to 5th grade

3. How much position-specific Professional Learning/Training from your school district have you received within the last school year regarding your current Special Education students?
   - 0-3 trainings
   - 4-6 trainings
   - 7+ trainings

4a. Do you feel this Professional Learning/Training has increased your understanding and knowledge of your current students' needs?
   - Yes
   - No
   - Somewhat

4b. Why or Why not?

5. Please check areas that you have received position-specific Professional Learning/Training on within the last school year. Of areas checked, please elaborate on special skills/ideas learned.
   - Academics/Cognitive:
   - Behavioral:
   - Language/Communication:
   - Medical:
   - Self-Help/Functional Skills:

6. Do you feel this position-specific Professional Learning/Training is enough to meet the needs of your current Special Education students?
   - Yes
   - No
   - Somewhat
7. What specific areas of Professional Learning/Training do you feel are necessary to meet the needs of your current Special Education students? Please elaborate on specific skills within area.

☐ Academics/Cognitive:

☐ Behavioral:

☐ Language/Communication:

☐ Medical:

☐ Self-Help/Functional Skills:

☐ Any other area:

8. Would you be willing to receive position-specific Professional Learning/Training to meet the needs of current Special Education students?

☐ Yes  ☐ No

9. How often would you be willing to receive position-specific Professional Learning/Training to better serve your current Special Education students?

☐ Monthly ☐ Bi-Monthly ☐ Weekly

10. What is your understanding of Professional Learning/Training regarding Special Education?

11. Please comment on any additional knowledge or skills that you feel are necessary for your position within the Special Education field and your current students' needs?
Assistant Survey

1. How many years have you taught and/or worked in the Special Education Field?
   - Less than 3 years
   - 3 to 5 years
   - 5 to 10 years
   - More than 10 years

2. What age range do you currently teach and/or work in regarding Special Education?
   - Preschool to 1st grade
   - 2nd to 5th grade

3. How much position-specific Professional Learning/Training from your school district have you received within the last school year regarding your current Special Education students?
   - 0-3 trainings
   - 4-6 trainings
   - 7+ trainings

4a. Do you feel this Professional Learning/Training has increased your understanding and knowledge of your current students’ needs?
   - Yes
   - No
   - Somewhat

4b. Why or Why not?
   Initial training was more general info regarding position versus student training. Brief communication training for students, importance of reading IEP and 504 on each student, and many handouts to read. It appears that the district relies on teachers to the majority of training in the classroom.

5. Please check areas that you have received position-specific Professional Learning/Training on within the last school year. Of areas checked, please elaborate on special skills/ideas learned.
   - X Academic/Cognitive: Follow teacher’s lead.
   - Language/Communication: Call each student by name, not “nicknames”.

6. Do you feel this position-specific Professional Learning/Training is enough to meet the needs of your current Special Education students? Additional trainings given from district needs to be more student-focused.
   - Yes
   - No
   - Somewhat
7. What specific areas of Professional Learning/Training do you feel are necessary to meet the needs of your current Special Education students? Please elaborate on specific skills within area.

______ Academics/Cognitive:

______ Behavioral:

______ Language/Communication:

______ Medical:

______ Self-Help/Functional Skills:

X ______ Any other area: I feel that it would be beneficial for candidates to actually see what happens in a classroom daily (maybe a video) before they take the position.

8. Would you be willing to receive position-specific Professional Learning/Training to meet the needs of current Special Education students?

Yes  ______  No

9. How often would you be willing to receive position-specific Professional Learning/Training to better serve your current Special Education students?

Monthly  ______  Bi-Monthly  ______  Weekly

10. What is your understanding of Professional Learning/Training regarding Special Education?

11. Please comment on any additional knowledge or skills that you feel are necessary for your position within the Special Education field and your current students' needs?
H. Resume

Job Objective
Desire a position that allows me to execute my knowledge and abilities in the field of Education; working with families and children to gain individual growth and independence.

Education and Training
Indiana University, Fort Wayne, Indiana
Master of Science in Special Education. Fall 2011-present.

Indiana University, Fort Wayne, Indiana
Bachelor of Science in Elementary Education; Kindergarten Endorsement, December 2005.

Concordia University, Ann Arbor, Michigan. Completed two years in the Bachelor program for Elementary Education. Fall 2000-Spring 2002.

Concordia Lutheran High School, Fort Wayne, Indiana
Graduated 2000.

Experience
August 2012-present: Fort Wayne, Indiana.
Severe Multiple Disabilities Special Education teacher in a self-contained special education classroom. Duties include: maintaining the health/safety of students, writing/implementing students’ Individualized Education Plans (IEP), writing/implementing students’ Behavior Intervention Plans (BIP), teaching and assessing individualized developmental skills per student using Indiana Alternative Assessment, facilitating parent communication, and instructing/supporting special education assistants within the classroom.


October 2008-December 2010: Anthony Wayne Services, Fort Wayne, Indiana. QMRP/Case manager of basic developmental group home. Hired, trained, and maintained direct care staff, reorganized and maintain proper documentation and paperwork for the Indiana Department of Health, maintain health, safety, and well-being of eight adults with disabilities along with developing basic life skills for independence.


October 2003-August 2005: Learning and Developmental Center, Fort Wayne, Indiana. Co-teacher within the TEACCH program. Duties included: working one-on-one with students to develop cognitive, language, and social skills.

References

Available upon request.