

School District of
BELOIT



thinking beyond now

Paraprofessional Handbook

2019

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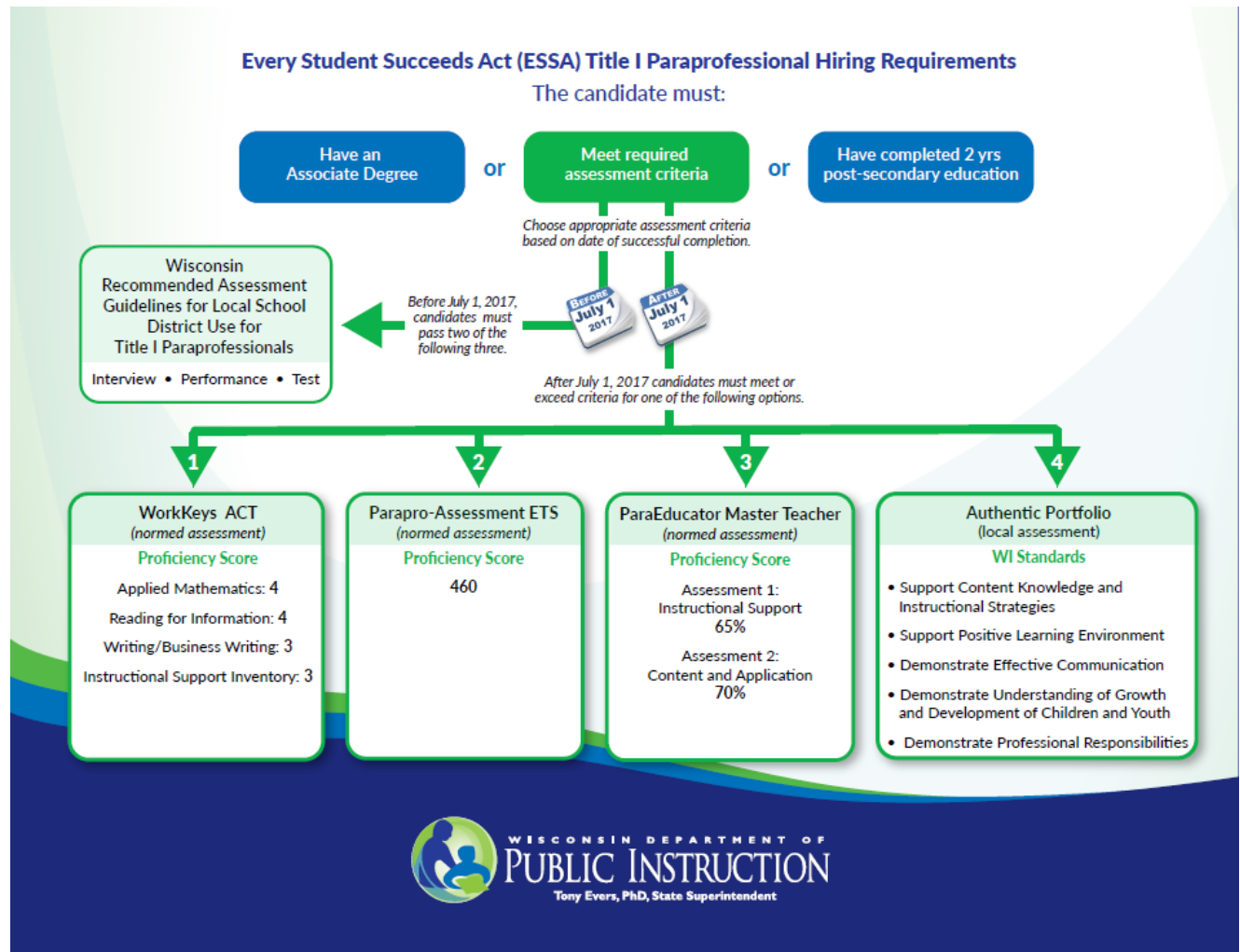
As a newly hired paraprofessional you are entering into an important and challenging role within the school system. The role of paraprofessionals in educational environments has changed dramatically over the past several years. The legislation emphasized the inclusion of students with disabilities into the regular classroom and community environments and increased the need for and use of paraprofessionals.

Along with the increased need for paraprofessionals came the need for training and professional development. This handbook is designed to provide the new paraprofessional with the basic skills and knowledge required to carry out this very important job.

Each school has its own policies and procedures such as emergency procedures and staff conduct guidelines. It is important to be familiar with the policies and procedures of the district in order to perform the job in an orderly, appropriate, and efficient manner. This handbook is intended to be a guide that can be added to as additional training is acquired.

Chapter 1

Hiring Process and Role of Paraprofessional



Role Clarification: The Paraprofessional and the Supervising Teacher

Teachers and paraprofessionals are partners in education, working together to provide the best educational experience possible for each child. The special education paraprofessional's role is to assist the teacher and allow more effective utilization of the teacher's abilities and professional knowledge. The teacher must function in a leadership role. It is the teacher's responsibility to assure that the students are moving toward achievement of individualized goals and objectives. Paraprofessionals serve under the direction and supervision of the teacher to assist in carrying out the individualized education program. In order for paraprofessionals to provide direct instruction to the student, teachers must plan and prescribe the learning environment and instruction for the student. Teachers must train the paraprofessional in the specifics of the instruction, evaluate student progress and monitor the effectiveness of the paraprofessional's implementation of the instructional strategies.

A clear delineation of roles of the teacher and the paraprofessional is an important element of a successful program. Identification of teacher and paraprofessional roles insures adherence to ethical and legal requirements and serves as a guide in supervision and evaluation. Actual delivery of instruction to the student may be carried out by the paraprofessional under supervision of the teacher.

The teacher's responsibilities to the learner include:

- Assessing the student's entry level performance
- Planning instruction for individual students
- Implementing the goals and objectives of the individualized education plan
- Supervising and coordinating the work of paraprofessional and other support staff
- Evaluating and reporting student progress
- Involving parents in their child's education
- Coordinating and managing information provided by other professionals

The teacher also has a number of roles to fulfill in the proper utilization of paraprofessionals in the classroom:

- Set an example of professionalism in execution of teacher responsibilities
- Establish the criteria for acceptable job performance of the paraprofessional at the beginning of the school year
- Provide consistent feedback to assist the paraprofessional in refining skills
- Communicate the needs of each student to the paraprofessional
- Establish and communicate the paraprofessional's role in behavior management
- Assign the paraprofessional responsibilities which facilitate the teacher's ability

- to provide more direct student instruction
- Assist the paraprofessional in defining his/her position as an authority figure

Role of the Paraprofessional

Various factors influencing the specific responsibilities assigned to the paraprofessionals include: Characteristics and personalities of teachers, paraprofessionals and students; interpersonal skills of both teachers and paraprofessionals; the skill level of the paraprofessionals; and the physical environment of the classroom. Individual teachers may vary the responsibilities of paraprofessionals to enhance the program of instruction. The following list illustrates instructional and administrative duties that could be assigned to paraprofessionals:

- Assist individual students in performing activities initiated by the teachers
- Supervise children in the hallway, lunchroom, and playground
- Assist in monitoring supplementary work and independent study
- Reinforce learning in small groups or with individuals while the teacher works with other students
- Provide assistance with individualized programmed materials
- Score objective tests and papers and maintain appropriate records for teachers
- Perform clerical tasks, i.e., typing and duplicating. (This does not include any paperwork related to IEPs)
- Assist the teacher in observing, recording, and charting behavior
- Assist the teacher with crisis problems and behavior management
- Assist in preparation /production of instructional materials
- Carry out instructional programs designed by the teacher
- Work with the teacher to develop classroom schedules
- Carry out tutoring activities designed by the teacher
- Operate and maintain classroom equipment including film projectors, overhead projectors, etc.

The following set of guidelines is taken from *Guidelines for Training, Utilization, and Supervision of Paraprofessionals and Aides*, published by the Kansas State Department of Education, Topeka, Kansas in 1977. The list is provided to illustrate more specifically activities that the paraprofessional could undertake in the classroom.

The paraprofessional may perform these instructional duties:

- Assist in organizing field trips
- Read aloud or listen to children read
- Assist students in performing activities that have been initiated by the teacher
- Hand out papers and collect paperwork
- Assist with supplementary work for advanced pupils

- Provide special help such as drilling with flash cards, spelling, and play activities
- Assist in preparing instructional materials
- Reinforce learning with small groups
- Assist children in learning their names, addresses, telephone numbers, birthdays, and parents' names
- Supervise free play activities
- Prepare flash cards and charts
- Prepare art supplies and other materials
- Hear requests for help, observe learning difficulties of pupils, and report such matters to teachers
- Score objective tests and papers and keep appropriate records for teachers

Instructional duties the paraprofessional may not perform:

- Be solely responsible for a classroom or a professional service
- Be responsible for the diagnostic functions of the classroom
- Be solely responsible for preparing lesson plans
- Be responsible for assigning grades to students
- Be used as a substitute for certified teachers unless he or she possesses the appropriate substitute teacher certificate and is hired as a substitute
- Assume full responsibility for supervising assemblies or field trips
- Shall not make disciplinary decisions without consulting the case manager, administration, classroom teacher, or supervising staff

Non-Instructional duties the paraprofessional may not perform:

- Shall not assume full responsibility for supervising and planning activities
- Shall not take children to clinic, dental, or medical appointments unless permission is granted by authorized personnel
- Shall not prescribe educational activities and materials for children
- Shall not grade subjective or essay tests
- Shall not regulate pupil behavior by corporal punishment or similar means
- Shall not make disciplinary decisions without consulting teacher, case manager, supervising staff, or administration
- Shall not communicate with parents or guardians without approval of teacher, case manager, supervising staff, or administration
- Shall not make contact with parents or guardians without the approval of the case manager, classroom teacher, administrators, or supervising staff

The following chart highlights the differences in the role of the teacher and paraprofessional in various aspects of an educational program:

TEACHER ROLE		PARAPROFESSIONAL ROLE
Classroom Organization	Plans weekly schedule, lessons, room arrangements, learning centers, and activities for individuals and the entire class.	Implements plan as specified by the teacher.
Assessment	Administers and scores formal and informal tests.	Administers formal and informal tests.
Setting Objectives	Determines appropriate objectives for groups and individual children.	Carries out activities to meet objectives.
Teaching	Teaches lessons for the entire class, small groups, and individual children.	Reinforces and supervises practice of skills with individual and small groups.
Behavior Management	Observes behavior, plans and implements behavior management strategies for entire class and for individual children.	Observes behavior, carries out behavior management activities.
Working with Parents	Meets with parents and initiates conferences concerning child's progress.	Participates in parent conferences when appropriate.
Building a Classroom Partnership	Arranges schedule for conferences, shares goals, and philosophy with paraprofessional, organizes job duties for the paraprofessional.	Shares ideas and concerns during conferences and carries out duties as directed by a teacher.

Confidentiality and Its Application

Confidentiality is the most critical and important aspect of the paraprofessional's job. It is a legal responsibility to observe both the rights of students with disabilities and parents in regard to data privacy. Like teachers and administrators, paraprofessionals have access to personal information about children and their families including these examples:

- The results of formal and informal tests
- Behavior in classrooms and other education settings
- Academic progress
- Family circumstances and family relationships

Both the children and the family have the absolute right to expect that all information will be kept confidential, and made available only to personnel in school or another agency who require it to ensure that the rights, health, safety, and physical well being of the children are safeguarded. Confidentiality must be maintained and protected, and the rights of students to due process, dignity, privacy, and respect must be promoted.

Always ask yourself

- What information would you want discussed with others regarding your child?
- What would you like said about yourself as a parent?
- What would you like said about your family, your values, your lifestyle?

Confidentiality Pointers

- Avoid using names if you are asked about your job
- Suggest that questions about a student are best directed to the special education teacher
- Do **not** share other student's names or information regarding their programs with parents during IEP meetings, conferences or informal conversations
- Information regarding specific students and programs should not be shared in the lunchroom, staff room, office areas, **out in the community** or any other setting
- When conferencing regarding a student or family that contains confidential information, be aware of those around you who may be within hearing distance. Look for a more private place within the school building
- When writing information be aware of student confidentiality and do not include names of other students in logs and journals
- No matter who asks you a question about a student, if you are unsure whether you should answer, **DO NOT**. You can do this gently and politely. Remember only staff that has a need to know should be given information about a student
- For consistency of program as well as confidentiality, paraprofessionals must support teacher techniques, materials and methods, especially in the presence of students, parents and other staff. Questions should be directed to the specific teacher privately

- When writing information, be aware of student confidentiality and do not include names of other students in any documentation

Why Must Confidentiality Be Maintained?

Federal laws, state laws, and local policies require it.

Who May Access Written or Oral Information About Children and Youth or Their Families?

Only personnel who are responsible for the design, preparation, and delivery of education and related services (i.e. supervising teacher, speech therapist, school nurse). The personnel responsible for protecting the safety and welfare of a child or youth also may access such information. Paraprofessionals may be included in this group if closely supervised.

Who Should Not Have Access to Information About the Performance Level, Behavior, Program Goals, and Objectives or Progress of a Child or Youth?

Teachers, therapists, or other school personnel and staff who are not responsible for planning or providing services to children, youth, or their families. In short, anyone who is not included on the child's IEP does not have access to such information.

What Information Do Children/Youth and Their Families Have the Right to Expect Will Be Kept Confidential?

The results of formal and informal assessments; social and behavioral actions; performance levels and progress; program goals and objectives; all information about family relationships, financial status and other personal matters.

Chapter 2

Characteristics of Learners

As a paraprofessional, you may be working with students with various needs and disabilities. The following are brief definitions and descriptions of the eligibility criteria for various disability areas. If you have any questions please feel free to ask a special education teacher in your building. If they cannot directly answer your question, they will direct you to someone who can.

Autism

Autism means a developmental disability significantly affecting a child's social interaction and verbal and nonverbal communication, generally evident before age 3, that adversely affects learning and educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Characteristics can present themselves in a wide variety of combinations from mild to severe, as well as in the number of symptoms present, for example Autistic Disorder, Childhood Autism, Atypical Autism, Pervasive Developmental Disorder: Not Otherwise Specified, Asperger's Disorder, or other related pervasive developmental disorders.

Deaf/Blindness

"Deaf-blind" means medically verified visual loss coupled with medically verified hearing loss that, together interfere with acquiring information or interacting in the environment. Both conditions need to be present simultaneously and must meet the criteria for both visually impaired and deaf and hard of hearing.

Hearing Impairment

"Hearing Impairment" means a diminished sensitivity to sound, or hearing loss, that is expressed in terms of standard audiological measures.

Hearing loss has the potential to affect educational, communicative, or social functioning that may result in the need for special education instruction and related services.

Significant Developmental Delay

Early childhood special education must be available to children from birth to nine years of age who have a substantial delay or disorder in development or have an identifiable sensory, physical, mental, or social/emotional condition or impairment known to hinder normal development and need special education.

Emotional Behavioral Disorder

"Emotional or behavioral disorder" means an established pattern characterized by one or more of the following behavior clusters:

- A. Severely aggressive or impulsive behaviors
- B. Severely withdrawn or anxious behaviors, general pervasive unhappiness, depression or wide mood swings
- C. Severely disordered thought processes manifested by unusual behavior patterns, atypical communication styles and distorted interpersonal relationships

This category may include children or youth with schizophrenic disorders, affective disorders, anxiety disorders, or other sustained disturbances of conduct or adjustment when they adversely affect educational performance. The established pattern adversely affects education performance and results in either an inability to build or maintain satisfactory interpersonal relations necessary to the learning process, with peers, teachers, and others, or failure to attain or maintain a satisfactory rate of educational or developmental progress which cannot be improved or explained by addressing intellectual, sensory, health, cultural, or linguistic factors.

Intellectual Disability

Previously referred to as cognitively disabled or CD, ID refers to pupils with significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills that may require special education instruction and related services.

Other Health Impaired

"Other health impaired" means a broad range of medically diagnosed chronic or acute health conditions that may cause limited strength, vitality or alertness that adversely affects academic functioning and result in the need for special education instruction and related services. The decision that a specific health condition qualifies as other health impaired will be determined by the impact of the condition on academic functioning rather than by the diagnostic label given the condition.

Orthopedic Impairment

"Physically impaired" means a medically diagnosed chronic, physical impairment, either congenital or acquired, that may adversely affect physical or academic functioning and result in the need for special education and related services.

Specific Learning Disability

Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. (dpi.wi.gov)

Speech or Language Impairment

Fluency disorder

"Fluency disorder" means the intrusion or repetition of sounds, syllables, and word; prolongation of sound; avoidance of words; silent blocks; or inappropriate inhalation, exhalation, or phonation patterns. These patterns may also be accompanied by facial and body movements associated with effort to speak. Fluency patterns that are attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder.

Voice Disorder

"Voice disorder" means the absence of voice or presence of abnormal quality, pitch, resonance, loudness, or duration. Voice patterns that can be attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder.

Articulation disorder

"Articulation disorder" means the absence of or incorrect production of speech sounds or phonological processes that are developmentally appropriate. For the purposes of this subpart, phonological process means a regularly occurring simplification or deviation in an individual's speech as compared to the adult standard, usually one that simplifies the adult phonological patterns. Articulation patterns that are attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder.

Language disorder

"Language disorder" means a breakdown in communication as characterized by problems in expressing needs, ideas, or information that may be accompanied by problems in understanding. Language patterns that are attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder.

Traumatic Brain Injury

"Traumatic brain injury" means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's education performance and result in the need for special education and related services. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; speech/language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory perceptual and motor abilities; psychosocial behavior; physical functions; information processing. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

Visually Impaired

"Visually impaired" means a medically verified visual impairment accompanied by limitations in sight that interfere with acquiring information or interaction with the

environment to the extent that special education instruction and related services may be needed.

Physical and Occupational Therapy

In the school environment, physical (PT) and occupational therapy (OT) for children with special needs has two goals:

- a. To increase a student's independence
- b. To improve their ability to interact with their environment

PT and OT in the school system must be directly related to the student's special education goals. This means that therapy must be necessary for the student to access education that is provided in the school environment. Therapy services provided in the educational setting use a team approach that often includes the paraprofessional, to help students and are not isolated from the educational program.

Paraprofessionals are often responsible for implementing the physical and occupational therapist's recommendations. Therapists train paraprofessionals in the appropriate techniques and monitor the student's progress with regular consultation visits.

Chapter 3

Observation, Data, and Recordkeeping

Taken in part from "A Core Curriculum & Training Program to Prepare Paraeducators to Work in Inclusive Classrooms Servicing School Age Students With Disabilities".

Before a child starts receiving special education services, a thorough evaluation is carried out to assess the child's present level of skills. During this assessment, information related to the child's performance is collected and interpreted to create a baseline upon which new learning experiences can be planned. This may include a detailed look at the child's physical, cognitive, academic, social, emotional, and language development. Typically teachers and other professional staff members are responsible for conducting these assessment activities, but in some instances paraprofessionals may be asked to help identify the child's functional capabilities or provide specific observational data regarding the child.

Based on the evaluation data, the team, made up of professionals and the parents, determine if the child meets criteria in one or more of the disability areas identified by the state of Wisconsin. After a child is placed in special education, a re-evaluation is conducted at least every three years to determine if special education continues to be needed.

Paraprofessionals are often asked to provide data regarding a student they work with during the evaluation as a means of documenting progress and determining areas of need. This documentation may be in the form of anecdotal reports, checklists or formal and informal observations.

Observing and Keeping Good Data

The ability to keep detailed information regarding what they observe is an important skill for paraprofessionals. Much of the information needed by the team to determine whether or not children are gaining new skills is acquired by careful observation and good record keeping. In addition, observation will keep the team posted on whether or not the individuals are learning and using the functional skills necessary to let them achieve the objectives and long-term goals that are outlined in the IEP.

The written information as to what has been observed is called "data". It serves as a permanent record of what is seen or heard and, when done well, is an objective account of the individual's activities and skills. It is important to keep written data on all observation activities. If this is not done, there is a risk of reporting inaccurately what has happened.

Carrying out observations and keeping data must be done with an objective point of view. Sometimes, we may be tempted to let our biases or prejudices get in the way. We may like one student better than another and tend to look more favorably on his/her activities. It is very important to guard against these inclinations and to put down precisely what is seen or heard and to avoid anything that is stigmatized by personal perceptions of a child or a specific behavior.

Observation Is:

Systematically watching what a person does and says and recording behaviors in order to make instructional decisions. Observation should:

- Be done for a specific reason
- Provide samples of child/student behavior over a period of time, in a variety of settings
- Be objective

Objective Observation Means:

- Watching events without being affected by personal biases/prejudices
- Watching what is happening without guessing at the reasons that cause the action
- Watching the activity without judging whether it is good or bad
- Producing an objective record that states exactly what an observer sees and hears

Through observation, we can learn what the child can do, what the child likes or dislikes, how the child behaves under various circumstances and how the child interacts with people.

Observing Objectively

There are two points to remember when making observations:

- A behavior must be **observable**
- A behavior must be **measurable**

In other words we must be able to see or hear a behavior and we must be able to count or time how often a behavior occurs.

Keeping Data

There are several ways to keep data using google services. They include:

Checklists-These may be in the form of standardized checklists that include specific skills and behaviors based on developmental levels, or a list of behaviors compiled by the teacher. When paraprofessionals work with a checklist, they simply watch the child and record whether or not the behavior described is observed.

Anecdotal Records-These usually consist of a sentence or two written in a notebook that describe what the child is doing at a specific moment. When making an anecdotal record, only behaviors that can be **seen or heard** and behaviors that **can be counted** should be recorded.

Interviewing- This is a specific kind of record keeping, one in which the team is trying to determine what the child likes or dislikes, what the child's interests are, or other feelings or beliefs that cannot be observed. When interviewing, it is extremely important to record precisely what the child says. There is no room for editorializing in this kind of record.

Frequency or Duration Notes-Sometimes the information that is to be collected refers to how often or how long a behavior is occurring. For example, the team may want to know how many times a child talked to or communicated with playmates or how often a child initiated a conversation with peers. For this kind of record keeping, paraprofessionals will count the frequency of the behavior occurring, to observe how long or frequent behaviors are.

Chapter 4

Instructional Content and Practice

Motivating Students

Students who are motivated cause fewer discipline problems because they care about what they are learning. When students are actively learning content that has personal meaning for them, they have neither the time nor the energy to create discipline problems. Conversely, when students feel that they are not actively involved, they become bored, turned off, and find satisfaction in acting out.

Characteristics of a classroom with a motivational environment include the following:

- Trust is established and fear is minimized
- Students understand the benefits of learning and understand that changing behavior is part of learning
- Students are aware of different learning options and are able to make choices that are real, meaningful, and significant
- Students are actively engaged in learning
- Learning is relevant and meaningful and is related to real-life
- Feelings and thoughts are incorporated for learning to have personal and lasting usefulness

Strategies for increasing motivation include the following:

- Increase student response. Ask more open-ended questions
- Ensure that all students are called on equally as often, regardless of perceived capability
- Encourage students to persist with difficult problems and to finish projects
- Foster excitement about new ideas
- Involve students in directing their own learning
- Exhibit high expectations for all students
- Increase students' readiness to learn
- Increase involvement and interest
- Cooperative assignments increase motivation
- Integrate all domains of learning; engage the cognitive, affective, and psychomotor domains in many tasks
- Stress accomplishments rather than winning

How students feel about themselves often gives them the determination and strength to pursue learning and pursue challenging tasks. Teachers and paraprofessionals can help instill the will to want to learn with just a few words of encouragement. Of course there will always be students who are seemingly “un-motivate-able”. In these cases, perseverance in motivation tactics can greatly improve the chances of success with such students.

Classroom Accommodations

Modifying Classroom Materials

Children with disabilities assigned to a regular classroom should have every opportunity to participate in all activities that are appropriate. A goal of adaptation is to provide all students with the opportunity to participate to the maximum extent possible in the typical activities of the classroom. Ensuring that children with disabilities are active learners, in contrast to passive observers or parallel learners (with a whole different educational experience), is a primary concern.

To ensure continuity, it works well for students to receive group instruction in the regular classroom whenever possible rather than experiencing the disruption of leaving the classroom for another location. The special education teacher needs to consider what students can do independently, what they can do with adapted or modified curriculum, what they could do with peer assistance, and what they can do with paraprofessional assistance inside the regular classroom setting. At times, due to a student's distractibility, functional academic skills, social skills, and/or frustration level, students may need to have special services delivered outside of the regular classroom.

A paraprofessional may be assigned to modify or adapt curriculum inside the regular classroom to assure success for children with disabilities and is one way of providing a least restrictive environment. This is a good opportunity for paraprofessionals to be creative. Modifying curriculum to help students find success is challenging, but the rewards are exciting. Ideas for curriculum modification can come from the classroom teacher, special education teacher, other school staff, and consultants. Adaptations are most effective when they are simple, easy to develop and implement, and based on typical assignments and activities.

Questions about Modifying Curriculum and Instruction

Taken from "Adapting Curriculum & Instruction in Inclusive Classrooms"

Q: Are modifications just for students with identified disabilities?

A: Modifications are necessary and appropriate for any student who is not experiencing success, regardless of whether that student has a disability. Research and educational values tell us that all children can learn what is important to them to learn, and that the teacher's role is to assist all students to succeed.

Q: What areas of the curriculum or aspects of instruction can be modified?

A: The three areas that teachers typically modify are curriculum materials (e.g., textbook assignments, workbook or worksheet pages, and tests), instruction (e.g., grouping strategies, learning centers, audio visuals, and cooperative learning), and classroom organization and behavior management (e.g., daily schedule and routines, classroom rules, seating arrangements, and individualized behavior plans). When planning modifications, consider all possible areas and, if necessary, modify in more than one area at a time.

Q: How intrusive should modifications be?

A: As modifications are generated, a continuum of intrusiveness will become apparent. Some modifications will closely resemble the activities of classmates, while others will be less similar and require alternate materials, supports, or types of instruction. To create "least intrusive curriculum and instruction", it is often beneficial to begin with less intrusive modifications and work up as necessary. In addition, when modifications are necessary, it is important to minimize rather than highlight student differences. For example a communication notebook that hangs around a student's neck will be stigmatizing. By contrast, a small billfold-sized notebook will meet the same goal without calling unnecessary attention to the differences between students. Progress monitoring is also important so that modifications can be made less intrusive as students gain skills and competencies.

Q: Won't modifying curriculum and instruction create lowered expectations and watered down curriculum for all?

A: There is no evidence that students in classrooms where modifications regularly occur score differently than their peers on achievement or other benchmark tests. In contrast, many teachers observe higher levels of mastery for nondisabled students when modifications are common practice. Since modifications are made for students at the high end of the achievement continuum as well as the lower end, there is no need to make significant adjustments in the typical pace of instruction for the majority of students. As teachers make modifications, they evaluate each student's abilities and determine the minimal amount of modifications needed in order for that student to succeed. In many cases this means increased rather than lowered expectations.

Q: Is it really fair and equitable to modify for individual students? Won't students resent their classmates who have modifications made for them?

A: Though a common concern for many teachers, the problem of fairness appears to be more of an issue for adults than for students. In a recent interview in an elementary school where modifications is the norm, a group of nondisabled students were asked if they felt it was fair for classmates to receive modified assignments and tests. Overall students responded that it was fair because everyone is different. Student comments include: "It's okay because they're getting better," "Shorter assignments don't bother me because they need more help than I do," and "It makes me feel good that the teacher helps them." Making modifications available to any student who needs them, and creating a classroom climate of acceptance, often minimizes the problem.

Types of Modifications

1. **Size-**Modify the number of items that the learner is expected to learn or complete.
2. **Time-**Modify the time allotted and allowed for learning, task completion, or testing.
3. **Level of Support-**Increase the amount of personal assistance with a specific learner (e.g., assign peer buddies, paraprofessionals, peer tutors, or cross-age tutors).

4. **Input**-Modify the way instruction is delivered to the learner (e.g., Use different visual aids, plan more concrete examples, provide hand-on activities, place students in cooperative groups).
5. **Difficulty**-Modify the skill level, problem type, or the rules on how the learner may approach the work (e.g., Allow the use of a calculator to figure math problems; simplify task directions; change rules to accommodate learner needs).
6. **Output**-Modify how the student can respond to instruction (e.g., Instead of answering questions in writing, allow a verbal response, use a communication book, allow students to show knowledge with hands on materials).
7. **Participation**-Modify the extent to which a learner is actively involved in the task (e.g., In geography, have a student hold the globe, while others point out locations).
8. **Alternate Goals**-Modify the goals or outcome expectations while using the same material (e.g., In social studies, expect a student to be able to locate just the states while others learn to locate capitals as well).
9. **Substitute Curriculum**-Provide different instruction and materials to meet a student's individual goals (e.g., During a language test one student is learning computer skills in the computer lab).

Special Responsibilities

Communication Logs

Communication Logs provide needed information to parents and teachers. Communication Logs are generally kept for students who are very young or have limited verbal skills. They are also kept to track goal progress for teachers when paraprofessionals are working with students 1:1. This is a way for parents to know what activities their child participated in at school, and for teachers to know what kinds of activities occur at home.

Notes can be used to record milestones, medical information and provide communication with therapists. Paraprofessionals can assist in recording a student's daily activities in the notebook. **Before recording any notes, check with the Supervising Teacher to see what their expectations are for you in this area of responsibility.**

Entries should be factual and based on a student's strengths. Care should be given to assure that the information written is not only positive or only negative, but rather a sensitive accounting of the key information necessary to share. Remember, both parents and school staff can easily misinterpret the written word. When miscommunication occurs, it is often difficult to regain the trust relationship that is so important when working with children with disabilities and their families.

Paraprofessionals should always check with their supervising teacher if a situation occurs that may concern parents. In some situations, a phone call by the supervising teacher will be more appropriate than a note home.

Chapter 5

Supporting the Teaching and Learning Environment

Classroom Management

Although paraprofessionals are not required to maintain a classroom independently, there are times when the paraprofessional must conduct a well-managed classroom or educational session in order to accomplish the tasks prescribed by the supervising teacher.

Classroom management involves the following factors which, when put into practice by educators, are most influential in maintaining discipline and motivation for students. To be an effective classroom manager, one must have in practice each of the following*:

- Establish the rules and procedures of the classroom early in the year and communicate them explicitly
- Continually monitor compliance with the rules
- Use detailed and consistent accountability systems, keep track of student assignments, and describe the evaluation system clearly
- Communicate information, directions, and objectives clearly
- Organize instruction efficiently, waste little time getting prepared or making transitions, keep the momentum in lessons, and maximize student engagement
- Seem to “have eyes in the back of your head”
- Understand classroom context and events and use this information to develop activities that maintain the instructional flow with minimal interruptions

*McCollum, H. (1990). A Review of Research on Effective Instructional Strategies and Classroom Management Approaches. In Knapp & Shields, Better Schooling for the Children of Poverty: Alternatives to Conventional Wisdom. Washington, DC: U.S. Department of Education.

Health Precautions and First Aid

Disease Control

According to the Department of Health and Human Services, the best way to stop disease is to wash one's hand well. Students should be reminded to wash their hands before eating or drinking, before serving or preparing food, and after they have used the toilet. Children often need to be reminded to cover their mouths when they cough or sneeze and to wash their hands afterwards.

When assisting with toileting routines, wiping noses, applying pressure to a bleeding injury or assisting vomiting children, paraprofessionals need to use disposable gloves. Disposable gloves will be provided in the special education classroom or from the main office.

Injuries

Accidents/Injuries

When a student has an accident at school, staff needs to document the incident. Accident reports briefly state the day, time, and events of the accident. With any illness or accident, a paraprofessional needs to notify the supervising teacher and/or school nurse. That teacher and/or school nurse will be directly responsible for notifying the parents of an illness or accident.

Seizures

During a seizure, the most important rule of first aid is to protect the individual. If the student is having a grand mal seizure whereby the student falls to the floor, the head should be cradled or something soft placed under the head. Convulsive seizures must run their course; a bystander can do nothing to prevent or stop a seizure. While the seizure may look scary, the assisting person should remember to stay calm. Gently talking to and reassuring the student who is having a seizure can be beneficial to everyone involved.

Objects should *not* be put into a person's mouth during a seizure or the person's movements restrained. It is important to remove all sharp or dangerous objects from the immediate area so that the person does not become injured. If possible turn the individual on his side and time the seizure. If a seizure lasts longer than five minutes, the parent should be notified as medical attention may be needed. For some children who are seizure prone, the school may have developed a health plan that outlines the steps to be taken in an emergency. It is important to be familiar with this plan ahead of time.

There may be incontinence during a seizure. It is critical to handle this situation in a sensitive manner and to protect the student from the view of others should this occur.

Child Abuse and Neglect

Children who are experiencing abuse or neglect need help from the people in their community. Providing a safe community for children takes determination and commitment on the part of everyone. As a paraprofessional who works with children and families, you are in a key position to help protect children from harm. As a mandated reporter, you have a legal obligation to make a report if you know or have reason to believe a child is being neglected or abused or has been neglected or abused in the preceding three years. You are personally responsible and cannot shift the responsibility to your supervising teacher or to other persons such as the principal in your building.

Wisconsin law ([48.981\(2\)](#)) indicates that any mandated reporter who has reasonable cause to suspect that a child seen by the person in the course of professional duties has been abused or neglected, or who has reason to believe that a child seen by the person in the course of professional duties has been threatened with abuse or neglect and that abuse or neglect of the child will occur is required to make a report.

Anyone who reports child abuse or neglect in good faith is immune from any civil or criminal liability. The reporter's name is confidential, accessible only upon consent of the reporter or by court order. Anyone who is required to report and fails to do so is guilty of a misdemeanor. If you are uncertain whether or not a situation should be reported, you may call your local social service agency (CPS) or consult with your Student Services team. The child protection staff there will help you decide if a report should be made based on the information you have.

Reporting Procedures

When you call CPS to make a report, you will be asked for information which will assist them to identify the child and family, evaluate the problem, and respond quickly and appropriately. You will be asked:

- your name and phone number
- what happened to the child and when
- where the child is now
- the names and addresses of the parents/caretakers
- firsthand knowledge you have about the child for family

As a mandated reporter, you must make the confidential call to CPS immediately. You will then document the information online on the School District of Beloit webpage, under Staff, Essential Links. You will also need to notify at least one Student Services staff and Administrator in your building **IN PERSON AND PRIOR TO THE END OF THE DAY**.

Because of confidentiality and privacy laws, child protection is limited in what they can discuss with you, even when you are working with the family, unless the family consents to an exchange of information. Any mandated reporter can, upon request to the local social

service agency, receive a summary of the disposition of the report, unless such release would be detrimental to the best interests of the child. Please refer to the mandated reporter training as provided for by the school district.

Harm To Self Procedures

If it comes to your attention that a student may harm him or herself:

- Find IN PERSON a Pupil Services Staff Member, Administrator, or School Resource Officer RIGHT AWAY. DO NOT LEAVE A VOICEMAIL OR SEND AN EMAIL
- Pupil Services Staff will then conduct a risk assessment
- The student's parent/guardian will be notified, as well as Rock County Crisis Intervention and/or the Beloit Police Department if needed
- A plan of care will be developed for the student
- Follow-up information will be shared on a need to know basis

Threat of School Violence Procedures

Wisconsin Act 143 requires all mandatory reporters to also report threats of school violence.

What must be reported: Any threat made in or targeted at a school. The FBI defines a threat as "an expression of intent to do harm or act out violently against someone or something. A threat can be spoken, written, or symbolic."

Nature of the Threat: A report must be made to law enforcement if the person believes in good faith, based on a threat made by an individual seen in the course of professional duties regarding violence in or targeted at a school, that there is a serious and imminent threat to the health or safety of a student or school employee or the public.

Red Flags - When the student mentions any of the following in conversation, pictures, writings, etc.: specificity of threat, time/date, access to weapons or mention of weapons, target, location, and/or articulated plan.

Procedure: When there is a probable risk of harm to students, staff, or school property, please report concerns IN PERSON IMMEDIATELY to the School Resource Officer (SRO) or call 911.

Chapter 6

Facilitating Positive Student Behavior and Social Interaction Skills

Paraprofessionals will want to observe a child's emotional, social, and behavioral skills to:

- assist in developing their peer and adult relationships
- to reinforce a positive self-concept in the student
- to encourage understanding of the student's own and other's feelings and perspectives
- to demonstrate and reinforce on task behavior
- to encourage problem solving and planning for pro-social behaviors
- to watch for things that promote or interfere with the students' learning

Children are most likely to succeed if they feel good about themselves and their abilities. How a person feels on the inside is how he will act on the outside. A student with high self-esteem is going to demonstrate motivation, self-confidence, security, eagerness to learn, happiness, cooperation, risk taking, friendliness, responsibility, independence, and creativeness. A child with low self-esteem is going to have difficulty making decisions, taking initiative, sharing, being kind to friends, building relationships, and demonstrating self-control.

Paraprofessionals will often work directly with students who have low self-esteem. Children with and without disabilities struggle with these issues of self-esteem; however, students with disabilities face greater frustration and failure when compared to peers. By building a trusting relationship in a positive and caring environment, the paraprofessional can assist the student in feeling secure. By building an awareness of the students unique qualities and assisting them to identify and express emotions and attitudes, the paraprofessional can help the student define a sense of who they are.

Promoting group acceptance and support will increase the student's skill at making friends. When the paraprofessional enhances the student's ability to make decisions, seek alternatives and identify consequences, they increase the child's academic and behavioral performance.

Children with disabilities will be working to develop skills in all of the personal, social, and functional areas. Paraprofessionals are key in assisting children to develop independent functioning skills. It is important that teachers and paraprofessionals allow children to practice these skills daily. These are the skills that will help children function independently in school, home and the community. Paraprofessionals and teachers need to allow enough time for children to complete these activities with minimal assistance. Often, adults assist

too quickly. After giving a child a direction to complete a task, it is important to leave enough wait-time to discover what the child already knows how to do. Only with practice can the child learn to complete these activities efficiently. The paraprofessional may need to assist a child in such personal care activities such as eating, maintaining a proper diet, table manners, proper social skills, dressing, undressing, toileting, grooming and hygiene, reminding them to take medication, and /or monitor medical conditions.

Some students are included in the regular classroom for socialization purposes. Just as the typical developing child learns from observing and participating in activities with other typical developing children; so do special needs children. Research has shown that children with disabilities, who generally interact only with other children with disabilities, do not develop the appropriate social skills, which will allow them to become a contributing part of the community as adults. The typical child in the classroom learns lessons in acceptance of human differences, becomes more aware of others' needs, and more comfortable with people who have disabilities.

The goal of the paraprofessional is to provide support to the child with a disability with the least intrusion. Paraprofessionals and regular classroom educators should treat a child with disabilities like a child who does not have special needs. A child will feel connected to peers and the classroom teacher if the paraprofessional attempts to be discreet in delivering assistance. Continually sitting beside or hovering over the child when support is not needed only serves to reinforce that the child is different and tends to discourage interaction with the student and peers. On the other hand, some students need total hand over hand guidance with activities. With the classroom teacher's approval, the paraprofessional should be able to move about the room and help all students that need assistance.

Behavior Management

Behavior management is complex and unique to each individual. In each classroom environment, staff will manage behavior in a variety of ways. Paraprofessionals, in order to reinforce consistency, need to model the classroom management systems defined by each classroom teacher. When further intervention is necessary, the regular classroom teacher and special education teacher will plan appropriate interventions for paraprofessionals to implement. It will be important for paraprofessionals to define their role with the teacher in each classroom setting.

There are a number of general management strategies that paraprofessionals will want to be familiar with no matter what setting they may be working in. The most rewarding procedure to use is positive reinforcement.

- Praise is a positive interpretation of factual data. Praise is immediate, specific, deserved, and related to behavior. Paraprofessionals should praise appropriate behaviors by describing the appropriate behaviors they see students perform. Paraprofessionals and other staff ought to praise each other in front of students (modeling) tell students to praise themselves, and tell students to praise others.
- Positive reinforcement involves the presentation of a “reward” (smiles, stickers, points, etc..) following a student performing a particular targeted behavior. The reward is designed to increase the frequency of the desired response and works

particularly well with elementary students. If the reinforcement is to be effective, the student must get the reinforcers *only* after performing the target behavior. A reinforcer should be delivered immediately after the target behavior is performed.

- Concept reframing is a technique in which staff attempts to increase a student's awareness of certain strengths and capabilities. A teacher/paraprofessional will recognize the strength each time a student demonstrates it and then will describe it to the student (i.e. You are so good at remembering to put away your books). This feedback is delivered on an individual basis, not in front of the group.
- Modeling is used by a teacher/paraprofessional to increase appropriate behaviors. Modeling is a process in which appropriate behavior of a peer is reinforced in the proximity of a student behaving inappropriately.
- Extinction is used to decrease behavior. Extinction is the removal of all reinforcement. This is commonly known as "ignoring". Extinction may be used if a student is not harming himself, another student, or damaging property.
- Over-correction is also used to decrease behavior. This is used to teach students to take responsibility for their behavior and teach them the appropriate response. Over-correction is based on exaggerated experiences.
- Restitutional overcorrection is when a student must restore an environment to its original condition. The student must make improvements beyond the original condition (i.e. pick up the books thrown on the floor plus the pieces of paper that were already on the floor).
- Positive-practice overcorrection involves engaging the student in the exaggerated experience of an appropriate behavior. At the same time the staff person recites the rules for doing the behavior the "right way" (i.e. walking in the hallway).
- Re-direction is a very effective behavioral technique. There are a variety of ways to positively redirect behavior in order to avoid using an aversive procedure.
- Many times a paraprofessional can ignore what a student does or says and can simply change the subject. A child can be distracted by a positive statement, an unrelated question, or by giving an unrelated direction.
- Another way for a paraprofessional to redirect behavior is by replacing the behavior (i.e. a child may not be allowed to throw rocks but he can throw a ball). Paraprofessionals can also give behavior an appropriate time and place (i.e. a student may not yell loudly in the classroom, but can yell outside at recess). Often, giving a student a time and place for a certain type of behavior helps to eliminate it at inappropriate times. In order to not reinforce the

behavior, the paraprofessional must *under-react* to the student's inappropriate behaviors and use a sense of humor when dealing with a difficult situation.

The key to making these behavior management strategies successful is to build good relationships with students. Good relationships are developed through consistency, caring, cooperation, and trust. Students need to feel they can trust paraprofessionals. Trust is built by consistent behavior. A student needs to see the paraprofessional doing what she says in a consistent fashion. If the paraprofessional nags students with warnings, they will not get consistent compliance. Paraprofessionals need to verify with the teacher the types of privileges they can remove or withhold. It is essential to have both the authority and means of implementing the consequences you choose because the students must see that you will do what you say. Remember for consistency, whoever gives the directive that is not complied with should carry out the correction procedure.

Chapter 7

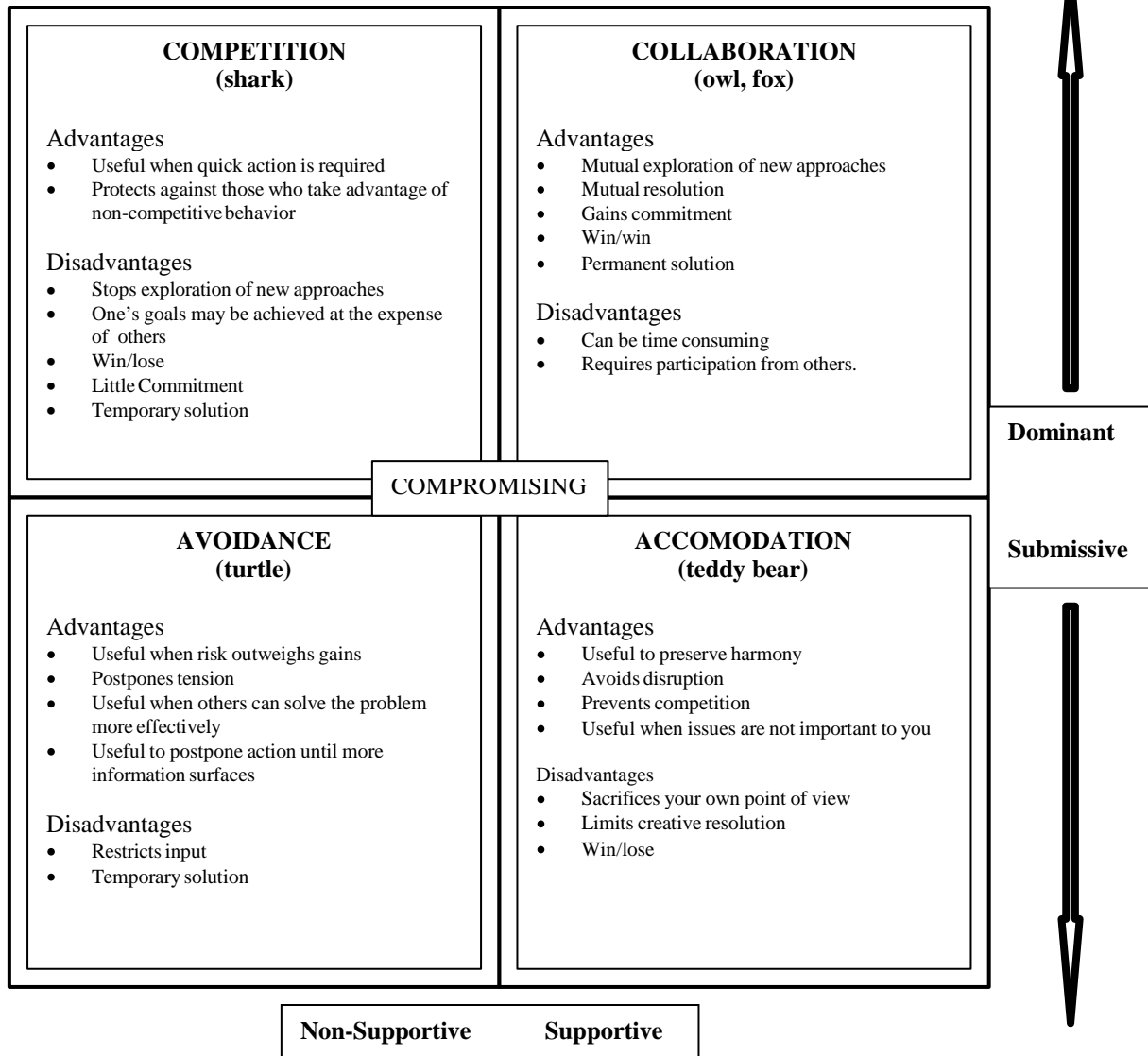
Communication and Collaborative Partnerships

Teaming/Collaborations

Effective teaming is critical to the success of the delivery of services by both certified teachers and paraprofessionals. Effective teaming requires that team members share a common vision for achieving their mutual goal-delivering educational services to meet the needs of all children. The beliefs they have about curriculum and instructional practice support this vision. If one member of the team's beliefs are consistent with an education model supporting conventional instruction and the other member of the team's beliefs are consistent with an educational model supporting reform instruction, it is going to be difficult for the team to work together.

Communication serves as the foundation for teaming. It involves the exchange of information between parties, and should help both parties assist the child in learning. Effective communicators reach out beyond themselves to the people with whom they are working. Good communication is "other-focused," not "self-centered". Much of the failure to communicate can be blamed on failure to understand and respect people's feelings, and unwillingness to cooperate, or a needless show of authority.

Managing Conflict Model



Chapter 8

Professionalism and Ethical Practices

Professional Ethics

Many times, the paraprofessional is in an awkward position. They are involved in the educational process with students and many of their expectations are similar to that of a classroom teacher. However, a paraprofessional is in a professional position that requires the following ethical guidelines.

Accepting Responsibilities:

- Engage only in instructional and other activities for which you are qualified or trained
- Do not communicate progress or concerns about students to parents, community members or other teachers; this is reserved only for communication with your supervising teacher
- Refer concerns expressed by parents, students, or others to your supervising teacher
- Recognize the supervisor has the ultimate responsibility for instruction and management and follow the prescribed directions
- Help to see the best interests of individual students are met

Relationships with Students and Parents:

- Discuss a child's progress, limitations, and/or educational program ONLY with the supervising teacher in an appropriate setting (i.e. do not discuss students in the teacher workroom with other teachers during lunch time)
- Express differences of opinion with your supervising teacher ONLY when students are absent from the room
- Discuss school problems and confidential matters only with appropriate personnel
- Do not engage in discriminatory practices based on a student's race, sex, cultural background, religion, or disability
- Respect the dignity, privacy, and individuality of all students, parents, and staff members
- Be a positive role model

Relationship with the Teacher:

- Recognize the teacher as your supervisor
- Establish communication and a positive relationship with the teacher
- When problems cannot be resolved, paras should consult their program manager and/or building principal
- Discuss concerns about the teacher or teaching methods directly with the teacher in an appropriate setting

Relationship with the School:

- Engage in behavior management strategies that are consistent with the standards of the district
- Accept responsibility for improving your skills
- Know and follow school policies and procedures
- Represent the school in a positive manner