

BEHAVIOR SUPPORT POLICY

I. Purpose

- This policy is enacted to ensure that the Philadelphia Montessori Charter School staff use appropriate behavior support techniques and that, for each disabled or thought to be disabled student who exhibits behavior problems which interfere with the student's ability to learn, the Individualized Education Plan (IEP) team develops a plan that provides for an appropriate program of behavior support.
- The behavior support rules and procedures are to be applied to students with disabilities in a non-discriminatory manner and in full compliance with the requirements of state and federal law.
- The school intends with this policy neither to confer upon students and their parents or guardians any greater right than they enjoy under state and federal law nor to impose upon the school any greater limitations or duties that are imposed by state and federal law. Nothing in this policy should be construed in a manner inconsistent with this intent. To the extent that any portion of this policy or the implementing guidelines is inconsistent with such laws as they nor or shall hereafter exist, such portion shall be deemed null and void without prejudice to the unaffected provisions.

II. Definitions

- ***Aversive techniques*** – Deliberate activities designed to establish a negative association with a specific behavior.
- ***Behavior support*** – The development, change, and maintenance of selected behaviors through the systematic application of behavior change techniques.
- ***Functional behavior assessment*** – A comprehensive and individualized strategy to identify the purpose or function of a student's problem behavior(s), using a variety of data collection techniques, including both direct and indirect methods.
- ***Positive techniques*** – Methods which utilize positive reinforcement to shape a student's behavior, ranging from the use of positive verbal statements as a reward for good behavior to organic causes or conditions.
- ***Restraints*** – Devices and techniques designed and used to control acute or episodic aggressive behaviors or to control involuntary movements or lack of muscular control due to organic causes or conditions. The term includes physical and mechanical restraints.

III. Philosophy/Rationale

- The Philadelphia Montessori Charter School recognizes that appropriate learning outcomes take place in an appropriately managed classroom. When the behavior of a student with disabilities interferes with learning, and appropriate behavior support plan will be developed and implemented. Consistent with this policy and federal and state law, all students with disabilities shall comply with the school's Code of Conduct and Discipline Policy.
- The CSAP team is a vital component of Philadelphia MontessoriCS' behavior support strategies. It is intended to provide teachers with some educational intervention strategies to assist students who are having behavioral issues. The team consists of the reading specialist, special education coordinator, classroom teachers, lead teachers, curriculum coordinator, behavior management specialist, and the principal. The CSAP team will help develop creative approaches to discipline remediation.
- Behavior support programs include a variety of techniques to develop and maintain skills that will enhance an individual student's opportunity for learning and self fulfillment. Potential causes of behavior problems, such as physical or medical conditions, environmental factors, staffing and program concerns shall be reviewed and addressed prior to development of a behavior support program.
- Positive rather than negative measures shall form the basis of behavior support programs. Positive techniques for the development, change, and maintenance of selected behaviors shall be attempted prior to the use of more intrusive or restraining measures. The types of intervention chosen for a particular student shall be the least intrusive necessary and shall be in accordance with state and federal law. Aversive techniques, restraints, or disciplinary procedures may not be used as a substitute for a behavior support program.

IV. Guidelines for the Implementation of Behavior Support Policy

- **Stage 1: Basic Classroom Support** – It is the policy of the school that basic classroom support shall be in place in every classroom within the school. The activities associated with basic classroom support are directed toward total classroom support. This classroom management plan will not only respond when a problem occurs but will also aim to prevent problems by creating environments conducive to learning.

Proactive classroom support requires planning of procedures and rules in the present and implementing these expectations and maintaining the progress through the year. Through the use of Stage One preventative interventions, students are taught appropriate social and academic behaviors. Examples of Stage One models and strategies include:

Models

Proactive Classroom
Support

Strategies

Teacher rules and strategies
Practice time for rules and procedures
Frequent monitoring
Verbal reinforcement and praise
Consistency in implementation
Signaling and prompting
Redirection of inappropriate behavior

All Stage One strategies will be provided within the regular classroom to all students.

- **Stage 2: Behavior Support** – If a student with disabilities exhibits behavior that impedes his or her learning or that of others, that student’s IEP team shall convene to perform a Functional Behavior Assessment (FBA). By gathering data using direct and indirect methods (e.g. observation, student interview, teacher interview, rating scales, normative testing), the purpose of the FBA is to identify the purpose or function of a student’s problem behavior(s). The first step in the FBA is to define the problem behavior and describe the setting(s) in which the behavior occurs; describe the frequency, intensity, and duration of the behavior; describe previous interventions; and assess the educational impact of this behavior. The second step is to specify hypothesized function of the behavior in the following areas:
 - Affective Regulation/Emotional Reactivity – Identify emotional factors (anxiety, depression, anger, poor self-concept) that play a role in organizing or directing problem behavior.
 - Cognitive Distortion – Identify distorted thoughts (inaccurate attributions, negative self-statements, erroneous interpretations of events) that play a role in organizing or directing problem behavior.
 - Reinforcement – Identify environmental triggers and payoffs that play a role in organizing and directing problem behaviors.
 - Modeling – Identify the degree to which the behavior is copied, who they are copying from, and why they are copying the behavior.
 - Family Issues – Identify family issues that play a part in organizing and directing problem behavior.
 - Physiological/Constitutional – Identify physiological and/or personality characteristics (developmental disabilities, temperament) that play a part in organizing and directing problem behavior.
 - Communicate Need – Identify what the student is trying to say through the problem behavior.
 - Curriculum/Instruction – Identify how instruction, curriculum, or educational environment play a part in organizing and directing problem behavior.

Based on these hypothesized functions, the IEP team will develop and implement a Behavior Support Plan, which will provide a program of behavior interventions. Positive techniques for the development, change, and maintenance of selected behaviors shall be attempted prior to the use of more intrusive or restraining measures. Stage Two strategies, listed from less to more intrusive, may include, but not be limited to, the following:

- All strategies contained in Stage One.
- Environmental modification.
- Extended time to complete tests and tasks.
- Curriculum adaptations and modifications.
- Clear, concise communication of expectations.
- Systematic reward policy.
- Specified use of technology.
- Physical, verbal prompts.
- Student behavior contract.
- Student and parent contracts.
- Written assignment in behavior log.
- Social skill training (e.g., self instruction, anger control).
- Direct multi-sensory instruction.
- Pro-social skill training (i.e. level system of behavior modification).
- Token reinforcement.
- Warning.
- Time out within the classroom.
- Time out outside the classroom.
- Time reduction for recess.
- Detention/loss of privileges.
- In-school suspension.

To be effective, the Behavior Support Plan should teach problem-solving skills the student can use on a regular basis. The plan should be monitored regularly to determine whether to continue or modify the plan. The school shall assure that, as required by state and federal law, it will obtain all necessary parental consent prior to the implementation of an individual behavior support program.

The following aversive techniques of handling behavior are considered inappropriate and may not be used by agencies in educational programs:

- Corporal punishment.
- Punishment for a manifestation of a student's disability.
- Locked rooms, locked boxes, or other locked structures or spaces from which the student cannot regularly exit.
- Noxious substances.
- Deprivation of basic human rights, such as withholding meals, water, or fresh air.

- Suspensions constituting a pattern under § 14.143(a) (relating to disciplinary placement) – i.e. serial suspensions.
- Treatment of a demeaning nature.
- Electric shock.

I. **One-to-One Services**

- Some children need one-to-one support to address behavior problems in the school setting. “One-to-one support” means the individual support of an adult to address the behavioral needs of a student, over and above the individualized assistance that a child would normally receive from the teacher and other staff assigned to the child’s class(es). When families agree and are eligible for Medicaid (MA), the school can often meet this need for one-to-one support using the resources of the MA mental health system (i.e. wraparound mental health services provided by trained individuals or Therapeutic Staff Support). However, regardless of whether MA funded resources might be available, the school retains the ultimate responsibility for assuring that children with disabilities are provided with an appropriate education, including, when necessary one-to-one support.
- Whenever an IEP team or 504 team determines that a child needs one-to-one support for all or part of a school day, the service must be listed on the child’s IEP or service agreement.
- The school must assure that there are no delays or gaps in service delivery, even if that means using school staff to provide the support. In short, the school cannot rely exclusively on the provision of Therapeutic Staff Support (TSS) by the MA system to meet its obligation to provide the one-to-one support needed to provide free and appropriate education to its students. Moreover, it is never appropriate to deny a student access to school or school transportation because of the unavailability of a TSS.
- Students who are determined by their IEP or service agreement teams to need one-to-one support must have a Behavior Support Plan that is part of the child’s IEP or service agreement. That plan must list the one-to-one support, describe it with specificity, and be of sufficient detail to permit adequate collaboration and cooperation with a MA mental health agency and to permit school staff to provide the one-to-one support as describe in the IEP or service agreement should the TSS or other non-school staff, become unavailable.

II. **Restraints, Emergency Procedures, & Medication**

- Restraints to control acute or episodic aggressive behavior may be used only when the student is acting in a manner as to be a clear and present danger to himself, to other students, or to employees, and only when less restrictive measures and techniques have provided to be or are less effective. The use

of restraints to control the aggressive behavior of an individual student shall cause a meeting of the IEP team to review the current IEP for appropriateness and effectiveness. The use of restraints may not be included in the IEP for the convenience of staff, as a substitute for an educational program, or employed as punishment.

- Mechanical restraints, which are used to control involuntary movement or lack of muscular control of students due to organic causes or conditions, may be employed only when specified by an IEP and as determined by a medical professional qualified to make the determination, and as agreed to by the student's parents. Mechanical restraints shall prevent a student from injuring himself or others or promote normative body positioning and physical functioning.
- Emergency procedures for behaviors that present a clear danger to the student, other students, or staff shall be implemented by appropriately trained individuals and may include: immediate removal to predetermined supervised time-out station, notification of appropriate outside agencies necessary to address the emergency situation, etc.
- Medication may be a part of an overall approach for modifying behavior. It is the school's policy that students receive only prescribed medications as administered by appropriate school personnel according to the school's policy on the administration of medication.

III. **Authority**

- The CEO has the primary responsibility for ensuring that school behavior management programming is in accordance with applicable state and federal law, for the training of personnel in the use of specific procedures, methods, and techniques, and for having a written policy on the use of behavior management techniques.