

# Exceptional Student Education (ESE)

The ESE Department recognizes that exceptional students, are general education students first, however, need specially designed services that are reasonably calculated to provide a student with a Free and Appropriate Public Education (FAPE). It is also recognized that in times of natural disaster or crisis, the services provided to ESE students may look a little different. The ESE Department remains committed to working with stakeholders to provide ongoing updates to keep communication clear and to ensure that guidance is based upon current information as released by the FDOE and CDC. During the 2020-2021 school year, it will be more important than ever to communicate succinctly and often with families to ensure the students safety and well-being is our top priority. In addition, we will need to assess students diagnostically to determine if, and when adjustments to the IEP may be needed. This companion document serves to provide further clarification upon the reopening of schools.

**Traditional Option:** Below are considerations and processes for students who receive ESE services. Note: all services will be provided in alignment with their IEP.

## *Self-Contained Classroom Settings*

**Cohort:** To the extent possible, and in alignment IEPs, students in self-contained classrooms will remain as a cohort (group of students/teachers) throughout the day. This will minimize the exposure to larger numbers of individuals throughout the school day.

**Handwashing protocols will be built into the daily schedule:** Visuals will be provided to each school with self-contained classrooms for placement within each classroom. Any time a student is using shared materials, they would be washing hands at the transition time.

**Social Distancing:** Students will be socially distanced to the greatest extent possible. When it is not possible to socially distance, students should engage in more frequent hand washing, and whenever possible, wear masks.

**Personal Protective Equipment- PPE (masks, face coverings and shields):** Understanding that there may be students, due to the nature of their disabilities, who will not be able to wear/utilize a mask/face covering, staff in those cases will need to wear a mask and shield. In addition, social distancing to the maximum extent possible should be considered when developing lessons and activities. Therapists, teachers, and other staff working with students who are Deaf/Hard of Hearing, will need to wear face shields, but not masks to ensure proper communication. Shields will also be worn by all SLPs when providing therapy and students should wear shields for speech therapy. For staff that may not be able to socially distance from students, it is expected that they will wear appropriate PPE as determined by the department. Staff will undergo training regarding student specific processes and procedures for the delivery of services.

As stated in the Memorandum of Understanding between PCS and PCTA, "Face shields, gloves and two sets of scrubs will be provided to employees requiring additional or alternative personal protective

equipment (PPE) upon request for PreK, VPK, ESE Self-Contained units and Center Schools. Therapists and itinerant staff serving students in ESE programs may wear scrubs.

**Student Instructional Components Regarding COVID-19:** Social stories will be provided to staff and will be included in instruction upon return to school. These social stories are focused on developing understanding of new protocols and the importance of maintaining healthy processes and decisions. In addition, visuals for lining up, hand washing, schedule and classroom routines will be provided to schools and should be posted where students are able to see them. The routines should be practiced during the school day. (Note: Social Stories are a specific learning tool for students with Autism. They provide information in a way that is understandable and repeatable to teach a skill or further understanding)

**Equipment and Material Cleaning** – Where possible, students should have individual sensory items, classroom tools (ie. Pencils, crayons, etc) that are in separate containers. Each classroom will be provided with cleaning and sanitizing products. Additional supplies can be available upon request as needed. Itinerant staff will not need to carry products from school-to-school.

School buildings have appropriate air circulation and filtration. The systems are designed to be safe while doors and windows are closed.

### *Sensory Equipment*

In instances when equipment or sensory items must be shared, cleaning must occur on a frequent basis, between students will need to be planned for by teachers and/or therapists. Such examples include, but are not limited to:

**Sensory and Therapy Rooms:** Ball pits, tunnels, and cloth swings need to be removed as they cannot be adequately cleaned between students. Equipment in therapy rooms that are cloth, or meet the above, need to be removed. Students that enter therapy rooms should wash hands or use hand sanitizer and to the maximum extent possible, wear PPEs. Staff working in these environments should wear clear masks or shields when providing speech services or services to DHH students. Equipment (to include standers and other positioning devices) must be cleaned between students following proper cleaning protocols.

**Group Therapy Sessions:** In the case where students are in small group therapy sessions, the size of the group should be considered in relation to the size of the therapy room to ensure social distancing where PPEs would interfere with the session or would not be able to be worn due to sensory or other issues. Further guidance and training will be provided to staff regarding appropriate staff to student ratios within settings.

Therapists are responsible for creating their schedules for therapies. The majority of small group therapy sessions are smaller than 10. In situations where a therapy room's size is of concern when attempting to follow social distancing guidelines, speak with the site principal. There may be rooms that are not being used due to the number of students accessing MyPCS Online. This would provide a location in which to provide small group therapies in a safe way. In terms of OT and PT therapy rooms, when there are several students being served at a time, it will be important to follow social distancing guidelines, limit the sharing of equipment (if equipment needs to be shared, cleaning and sanitizing between students will be necessary).

LM 15July2020

Revision 31July2020, 8Aug2020

For group therapy sessions – in order to maintain appropriate social distancing, therapists may need to move to another location in the building to provide services to be able to maintain appropriate group sizes. Therapists will need to work directly with principals to ensure that there is an adequate space available.

### *General Education Settings*

In most cases, students will follow the expectations set forth for all classrooms. In circumstances where students are included, but there are additional considerations noted above, such as sensory concerns that prohibit the wearing of masks, a shield will be recommended. If a shield and mask are not possible, then the student will need to engage in frequent hand washing and social distancing from other students will be maximized. Visuals and social stories will be available to any classroom that needs them.

Small group instruction in person – teachers will have plexiglass dividers or wear shields, or both.

### *Communication*

Communication will need to be provided with families and school staff on a frequent basis.

Families should review the PCS Reopening Plan and begin to familiarize their students with the protocols and videos (e.g. hand washing, how to properly wear a mask, etc.) to support their understanding of the 2020-21 school year.

Schools should communicate with all families how the cleaning and sanitizing will be incorporated into the classroom schedule.

**MyPCS Online Option:** Students who enroll in the MyPCS Online option will be contacted to discuss the services, accommodations and supports that can be provided through virtual learning. A Digital Learning Plan will be developed that outlines how the services will be provided in an online environment. Teams should consider the appropriateness of parent training as a component of the plan.

Based on receiving services at home, via virtual instruction, in cases where there is a concern about FAPE in a virtual setting, IEP teams should meet to determine the appropriateness of online instruction. Sample questions for consideration will be provided to case managers to be discussed and captured on the Prior Written Notice.

ESE and General Education teachers will collaborate on lessons. ESE and General Education teachers who team teach should continue the practice to the maximum extent possible through the virtual platform. ESE teachers must plan face-to-face sessions with their students for the delivery of Specially Designed Instruction.

## *Suggestions for Scheduling*

### *Elementary*

#### **My PCS Online Suggestions for Service Delivery Elementary School**

#### **Key Points**

- Meeting each student's unique needs is our mission. Please reach out if you would like to collaborate with a member of the ESE Elementary Curriculum Team. We are here to support you!
- Units allocated to your school through ESE are considered units to support all ESE students; ASD, IND, EBD, VE, etc. and should be considered as a group when creating your ESE model.
- Co-planning is a must for general education and ESE teachers in order to provide specially designed instruction effectively.

#### **VE and Gen Ed teacher Collaboratively Team Teaching**

- VE Teacher and Gen Ed partner collaborate to plan lessons.
- VE teacher may embed Specially Designed Instruction (SDI) into live lessons.
  - VE teacher may work through scaffolded examples or practice of skills with all students.
    - Example: VE Teacher provides the necessary scaffolds for ELA class which can include activating prior knowledge, vocabulary, create graphic organizer, etc.
    - Gen Ed teacher presents lesson on the standards/learning target for the day with input from VE teacher.
- VE teacher may pull small group during live lesson (into separate room) to provide the same lesson, but with more scaffolding, to small group of students. The scaffolding should include areas of instruction that align to student goals.
  - Example: Topic/learning target is finding main idea.
    - VE teacher pulls small group and provides similar lesson using more accessible text first, then using grade level text (with accommodations as necessary). May incorporate strategies for comprehension within lesson.
    - Gen ed teacher works with large group to review main idea and how to identify using grade level text.
- VE teachers and Gen Ed teacher present live lesson together. Lesson incorporates SDI into lesson and all students in the class receive the same instruction.

- Example: Math topic of Order of Operations. Gen Ed teacher presents lesson on Order of Operations.
  - VE teacher reviews example using color coding to scaffold concept. Both teachers begin with simple example and move to more complex examples.
  - Both teachers provide instruction and review.

### **ESE Resource teacher in a separate setting**

- VE Teachers may pull small groups to provide SDI on specified days in accordance with student IEP SDI minutes and approved Digital Learning Plan.
  - ESE teacher can create their own classroom or use a channel separate from the student's general education classroom. Lesson aligned to the student's IEP goals provided to remediate needed foundational skills or to prepare the student for new concepts the following week.
    - ESE teacher collaborates with Gen Ed partner to incorporate remediation lessons into grade level content with needed scaffolding.

### **Self-Contained Standard**

- Students on digital learning on same schedule as face-to-face peers with their ESE teacher.
  - Teachers provide live lessons to both in person and remote learners simultaneously. Associates run iPad or computer to present to students on digital learning.
  - Associates and teachers work with students both digitally and face-to-face to provide support for instruction in small groups.
  - Students participating in remote learning may log off after each live lesson unless they are working in a small group or need individual assistance.
  - Students scheduled in similar manner as face-to-face peers
  - Students log in at the beginning of school day
  - Teachers provide live lesson of about 20 minutes and instructions for independent work/review
  - Teachers should record live lessons and post so all students can view at later date if needed.

### **Self-Contained Access**

- ESE teacher lessons should be relatively short, about 20 minutes, and focus on learning target for the day.
- Teachers should meet with students to provide instruction on specific IEP goals at least twice per week in a small group or 1:1 meeting.
- Multiple video recorded lessons of about the same length should be available each day.
- Work for students to complete to practice should be level appropriate and have off-line options.
- VizZle can be used for instruction, practice, and assessment.

LM 15July2020

Revision 31July2020, 8Aug2020

Teachers should record live lessons and post so all students can view at later date if needed

*Middle and High School*

**My PCS Online  
Suggestions for Service Delivery  
Middle and High School**

**Key Points**

- Meeting each student’s unique needs is our mission. Please reach out if you would like to collaborate with a member of the ESE Middle or High Curriculum Team. We are here to support you!
- Units allocated to your school through ESE are considered units to support all ESE students; ASD, IND, EBD, VE, etc. and should be considered as a group when creating your ESE model.
- Co-planning is a must for general education and ESE teachers in order to provide specially designed instruction effectively.

**Access Courses Option 1:**

- Students on digital learning on same schedule as face-to-face peers with same teachers
- Students receive same schedule as their face-to-face peers
- Teachers provide live lessons to both in person and remote learners simultaneously. Associates run iPad or computer to present to students on digital learning.
- Associates and teachers work with students both digitally and face-to-face to provide support for instruction in small groups.
- Vizzle should be used for both direct instruction, practice and assessment of learning targets
- Teachers should record live lessons and post so all students can view at later date if needed.
- Teachers should pull small groups to provide instruction on specific IEP goals on Fridays in a small group or 1:1 meeting with the student.

Sample Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
Period 1	Access Math	Access Math	Access Math	Access Math	Small Group
Period 2	Access ELA	Access ELA	Access ELA	Access ELA	Small Group
Period 3	Reading	Reading	Reading	Reading	Small Group
Period 4	Access US History	Access US History	Access US History	Access US History	Small Group
Lunch					

LM 15July2020

Revision 31July2020, 8Aug2020

Period 5	Access Science	Access Science	Access Science	Access Science	Small Group
Period 6	Elective/PE	Elective/PE	Elective/PE	Elective/PE	Small Group
Period 7	Unique/Social Skills	Unique/Social Skills	Unique/Social Skills	Unique/Social Skills	Small Group

**Access Courses Option 2:**

- Arrange schedule to include 1 teacher for all content areas and cluster students
- Cluster schedule to include multiple periods of each subject to limit the number of times students on Access need to log in each day. (Reminder students on Access may not need adult assistance to participate on-line)
- Live teacher lesson should be relatively short – 20 minutes max – and focus on learning target for the day. Multiple video recorded lessons of about the same length should be available each day
- Work for students to complete to practice should be level appropriate and have off-line options.
- VizZle can be used for instruction, practice, and assessment.
- Teachers should meet with students to provide instruction on specific IEP goals at least twice per week in a small group or 1:1 meeting.

Sample schedule A:

	Monday	Tuesday	Wednesday	Thursday	Friday
Period 1	Access ELA	Access Math	Access Science	Access US History	Individual Support/Small Group Skills
Period 2	Access ELA	Access Math	Access Science	Access US History	Individual Support/Small Group Skills
Period 3	Access ELA	Access Math	Access Science	Access US History	Individual Support/Small Group Skills
Period 4	Access ELA	Access Math	Access Science	Access US History	Individual Support/Small Group Skills
Lunch					
Period 5	Elective	Elective	Elective	Access US History	Individual Support/Small Group Skills
Period 6	Access ELA Small Group A	Access Math Small Group B	Access Science Small Group A	Access US History Small Group B	Individual Support/Small Group Skills
Period 7	Access ELA Small Group B	Access Math Small Group A	Access Science Small Group B	Access US History Small Group A	Individual Support/Small Group Skills

Sample Schedule B:

	Monday	Tuesday	Wednesday	Thursday	Friday
Period 1	Access Math	Access Science	Access Math	Access Science	Individual/Small Group A
Period 2	Access Math	Access Science	Access Math	Access Science	Individual/Small Group B
Period 3	Access ELA/Reading	Access US History	Access ELA/Reading	Access US History	Individual/Small Group C
Period 4	Access ELA/Reading	Access US History	Access ELA/Reading	Access US History	Individual/Small Group D
Lunch					
Period 5	Elective	Elective	Elective	Elective	Individual Support
Period 6	Unique/Social Skills	Access Health/PE	Unique/Social Skills	Access Health/PE	Individual Support
Period 7	Unique/Social Skills	Access Health/PE	Unique/Social Skills	Access Health/PE	Individual Support

**VE Self Contained Gen Ed Standards Option 1:**

- Students on digital learning on same schedule as face-to-face peers with same teachers
- Students receive same schedule as their face-to-face peers
- Teachers provide live lessons to both in person and remote learners simultaneously. Associates run iPad or computer to present to students on digital learning.
- Associates and teachers work with students both digitally and face-to-face to provide support for instruction in small groups.
- Teachers should record live lessons and post so all students can view at later date if needed.
- Students participating in remote learning may log off after each live lesson unless they are working in a small group or need individual assistance.

**VE Self Contained Gen Ed Standards Option 2:**

- Students scheduled in similar manner as face-to-face peers
- Students log in at the beginning of each period
- Teachers provide live lesson of about 20 minutes and instructions for independent work/review
- Teachers should record live lessons and post so all students can view at later date if needed
- Students may log off after live lesson unless they need direct assistance.

**VE Resource in Gen Ed Setting:**

- VE Teacher and Gen Ed partner collaborate to plan lessons
- VE teacher may embed SDI into live lessons
  - VE teacher may work through scaffolded examples or practice of skills with all students
    - Example: VE Teacher who is SIM trained goes through Fundamentals of Sentence Writing in ELA class for 5 minutes at the beginning of each day.

LM 15July2020

Revision 31July2020, 8Aug2020



Students participate in the “bell work.” Gen Ed teacher presents remainder of lesson on the standards/learning target for the day with input from VE teacher

- VE teacher may pull small group during live lesson (into separate channel) to provide the same lesson, but with more scaffolding, to small group of students. The scaffolding should include areas of instruction that align to student goals.
  - Example: Topic/learning target is finding main idea. Gen ed teacher works with large group to review main idea and how to identify using grade level text. VE teacher pulls small group and provides similar lesson using more accessible text first, then using grade level text (with accommodations as necessary). May incorporate strategies for comprehension within lesson.
- VE teachers and Gen Ed teacher present live lesson together. Lesson incorporates SDI into lesson and all students in the class receive the same instruction
  - Example: Math topic of Order of Operations. Gen Ed teacher presents lesson on Order of Operations. VE teacher reviews example using color coding to scaffold concept. Both teachers begin with simple example and move to more complex examples. Both teachers provide instruction and review.
- VE Teachers may pull small groups to provide SDI on Fridays in accordance with student IEP SDI minutes and approved Digital Learning Plan.
  - VE teacher schedules and conducts small group instruction directly tied to student goals on Fridays.
  - VE teachers collaborate with Gen Ed partners to incorporate review of week’s lessons into SDI
    - Example: Learning target for the week is determining theme in various texts. VE teacher reviews theme and provides practice identifying theme in small group. Small group also reviews using context clues to determine meaning of unfamiliar words and direct instruction on finding main idea and supporting detail. Initial passage for practice may be below grade level, but final practice will be on grade level with appropriate accommodations.

## ESE Documentation and Compliance

**It will be critical for staff to communicate on a regular basis and to document all decisions made by IEP teams.** There may be a need to provide parent training in order for a student to be successful on MyPCS Online. This consideration should be documented on the Digital Learning Plan.

### *Diagnostic Assessments*

Upon return to school, students will take diagnostic assessments that will be specific to grade level and for students on Access Standards, consistent with grade level and level of access in order to assess specific skills. These diagnostic assessments should be considered in relation to the students IEP goals. In circumstances where the results might indicate that the IEP team needs to meet to review and possibly amend the IEP, the meetings should be scheduled early in the school year. ESE service providers will need to collect data on IEP goals, following the standard guidelines set forth in the ESE

Handbook. Staff should track a student's recoupment of skills and ensure that where necessary, Extended School Year (ESY) is considered.

For students who are instructed virtually or in a blended model – the expectation will be that students receive real-time specially designed instruction and related services, as if they were served in a brick and mortar setting. It is the expectation, for those receiving blended instruction, all specially designed instruction and related services should be provided face-to-face

### *IEP and Reevaluation Meetings*

For cases in which a yearly IEP meeting was not held due to COVID, those IEP meetings will be scheduled promptly upon return to school. Any IEP that has gone beyond the meeting due date, will be prioritized. Further information will be provided to schools regarding IEPs that will expire prior to October FTE Date Certain to ensure all IEP meetings are scheduled and held.

Case managers will also review any students for whom there is an open reevaluation. The case manager will meet with the student services team upon return to school in August to review all open cases and to prioritize completion.

If parents/guardians have concerns about the status of IEP or reevaluation, they should contact their case manager or school during the opening weeks of school.

To the greatest extent possible, all IEP, eligibility and reevaluation meetings will be held virtually to limit exposure for students, families and employees. If there is a need for an in-person meeting all individuals participating in the meeting must adhere to the PCS health and wellness protocols including outlined within the reopening plan, including but not limited to: self-screening for wellness to be in a district building, social distancing and personal protective equipment.

Parents still have a right to bring individuals of their choosing to the meetings. All reasonable accommodations should be made when requested. All individuals will be expected to follow the process for visitors. If a parent or individual answer yes to any of the questions, they will not be allowed on campus and this should be explained thoroughly to all parties. In certain circumstances, the meeting may need to be rescheduled in collaboration with the parent.

### **Restraint, Seclusion and Managing of Student Social Emotional Needs**

Keeping in mind that restraint and seclusion are used as a last resort, and only when a student is at risk of harming themselves or others, it should be very infrequently used. Considering Covid-19 and the guidelines set forth by the CDC, there are new considerations for staff. A few reminders:

Seclusion is not allowable on general education campuses. Only ESE Center schools have the authority to place a student in a seclusion area.

The only authorized restraint techniques are those taught to staff by a CPI trainer and consistent with the training techniques. Only staff that have been trained in CPI should engage in a restraint.

Anytime a student is placed in a restraint or seclusion, the school must follow all reporting required by policy.

### **CPI Training**

LM 15July2020

Revision 31July2020, 8Aug2020

During the first quarter of the 20-21 school year, all content training for CPI will remain virtual. Canvas will be the platform for virtual CPI training. In person training for physical interventions will be provided to **center schools only** at this time. All in person training for physical interventions will be conducted at center school sites with **identified crisis team members only**. All crisis team members participating in physical intervention training must wear full PPE (mask, shield, scrubs, gloves) in order to participate and bring a change of clothes/additional PPE. Following training, participants should change clothes and put on new PPE.

Training Schedule: CPI training schedules will be prioritized in the following order

- New staff
- Centers/sites with self-contained units
- All other sites

PPE Recommendations (All staff within centers and self-contained classrooms): Full PPE should always be worn throughout the school day; shield, mask, scrubs. It is recommended each member of the crisis team has a change of clothes on site and additional PPE in the event a physical intervention is necessary. Following any physical intervention all cleaning procedures must be implemented.

#### [COVID 19 and Crisis Plans: COVID Safety Measures and Modifications for Youth with Mental Health Challenges](#)

While recognizing that all youth are different, children who struggle with emotional behavioral problems may be more likely to manifest some difficulties related to general “universal precautions” and procedures designed to minimize the risk of coronavirus transmission. Recognizing these difficulties may help prevent behavioral escalations from reaching levels in which a restraint may be required.

Possible events/procedures that may increase the likelihood an individual becomes escalated:

- The wearing of masks, especially for sustained periods of time, may be extremely difficult for some children, especially those who experience hypersensitivities to tactile sensations such as many individuals with autism.
- The wearing of masks by adults can be particularly frightening for some children. This may be especially true for those who have experienced trauma and abuse by adults in their past.
- Physical distancing may be quite difficult to maintain. Impulsivity and some degree of intrusiveness is part of some psychiatric conditions such as attention deficit/hyperactivity disorder (ADHD) and other impulse control disorders.
- In rare instances, children may intentionally use COVID-related behaviors as part of an aggressive action. This includes coughing or spitting or a deliberate attempt to violate personal boundaries. These behaviors need to be appreciated as more dangerous actions than they were prior to the epidemic.
- While getting children to engage in effective handwashing is a more frequent challenge during these times, there may be some children who struggle with anxiety or obsessive-compulsive disorder who may want to do additional and even excessive amounts of washing.

LM 15July2020

Revision 31July2020, 8Aug2020

## **Guidance to reduce escalation and need for crisis plan procedures: PREVENTION**

The use of physical restraints is always considered to be an action of last resort and done only to protect the immediate safety of the child and others. It is never used as a form of punishment or to obtain compliance. The presence of the coronavirus only emphasizes the importance of utilizing preventative measures and verbal de-escalation techniques to reduce the frequency of these occurrences. As such, the following elements may be helpful towards that goal.

- IEP teams are encouraged to review each child’s Individual Crisis Management Plan that addresses their escalation cycle; discuss any COVID-related concerns that might apply to individual child on a case-by-case basis.
  - Facial coverings are developmentally appropriate when children can properly put on, take off, and not touch or suck on the covering. While facial covering for children and staff continue to be recommended in many settings as specified in other documents), some children will need a reasonable amount of increased flexibility with regards to wearing masks. They may also benefit from the use of “ear savers” that relieve the amount of pressure on the ears. Face shields can be considered as an alternative for children who find them more comfortable. Any protective barrier is considered better than nothing. These decisions should be made in partnership with the child/family, school team and school nurse, if available.
  - Facial coverings with ties are not recommended for young children as they pose a risk of choking or strangulation. Youth with concerns about self-harm may also be at increased risk.
  - Crisis team members who may possibly be involved in a restraint should have a change of clothes available at the workplace/additional PPE.
  - While the general guidance discourages the use of gloves for staff who will interact with multiple children, they can be useful for settings in which a staff has a 1:1 assignment with a child and who is likely to have physical contact of any sort.
  - Staff may want to consider measures to reduce the fear that mask-wearing adults can generate. This could include things like
    - 1) encouraging staff and children to decorate masks,
    - 2) wearing a picture of their face on clothing that shows their face without a mask,
    - 3) playing games with masks when children and staff are outside or at a safe distance from each other, or
    - 4) Using another form of covering like a face shield as permitted.
- Additional exercises or games may be needed to teach principles of physical distancing and other safety measures related to COVID. More hyperactive or impulsive children may need additional space or alternative activities to do so that they are less likely to intrude into the space of others.
- PBIP systems of reinforcement: it may be advisable to include COVID precautions as part of the behaviors being taught, monitored and rewarded in order to maximize motivation.
  - Staff should consider treating more minor breaches of COVID precautions similarly

LM 15July2020

Revision 31July2020, 8Aug2020

to other lower level behaviors in order to give children the opportunity to discuss and learn from them.

### **Guidance During Crisis Intervention Procedures**

- Unless the child is known to be at elevated risk for COVID, there is no general need to delay physical intervention (last resort/imminent danger to self or others) so that staff can put on full personal protective equipment (PPE)
- While the “intentional” spit or cough at staff or another child is generally not considered to be a behavior that might warrant a physical restraint, this may now need to be reconsidered under the current circumstances if, and only if, the child is unwilling or unable to stop this behavior with verbal de-escalation and other techniques. It is recommended to inform and seek input from families; convene IEP team of this change in perspective in advance as part of proactive crisis planning.
- Regarding PPE, it is recommended that staff use a facial shield and gloves during a restraint procedure, but full PPE is not necessary, especially if the delay to obtain PPE increases the chance of injury to the child. Masks can also be used but may provide less protection from spitting or coughing and may be more frightening to a child.
- Regarding the child’s mask (if being worn), it is recommended that it be removed if safely possible to minimize the risk of breathing problems
- Only trained crisis team members are to engage in predetermined CPI physical interventions as documented within crisis plan attached to PBIP. Staff members should consider COVID risks in their decision making about the safest intervention techniques to use.
- If mask-wearing is posing a difficulty in supporting the de-escalation of a child (due to communication challenges, anxiety, etc.), an additional staff can stand 8-10 feet away from the child, remove their mask, and be the primary staff person facilitating verbal interactions.

### **Guidance After Physical Intervention:**

Staff should continue to follow the procedures outlined with the Crisis plan to maximize safety and help the child de-escalate rapidly and return to a calm and neutral state. More specifically related to COVID, however, the following recommendations are offered.

- Staff should change clothes and face mask, and any other PPE, after a physical intervention procedure. If a face shield was used, it should be cleaned.
- If gloves were used, they should be discarded.
- The child should be offered access to hand washing or hand sanitizer following intervention, in addition to any other products that are typically offered at this time, like skin moisturizer.
- Given the additional risk posed to other children and staff during the pandemic when children become physically aggressive, IEP teams should convene to discuss possible revision to plans.

LM 15July2020

Revision 31July2020, 8Aug2020

- Testing of staff could be considered if the child involved in the physical intervention is known to be at significantly higher risk of having the virus and/or if the staff member underwent a more significant exposure such as being spit or coughed at without any facial covering.
- There should be a written record of who was involved in the intervention for contact tracing purposes.
- Surfaces contacted during the restraint should be sanitized.
- In recognition that being involved in a restraint might be additionally stressful to staff as well as children during the pandemic, Administration teams are encouraged to reach out to involved staff and remind them of supports and resources available to them. Programs are further advised to monitor for signs of increased burnout and anxiety among staff and respond with system-wide approaches to address secondary traumatic stress and compassion fatigue (e.g., tap in, tap out; buddy classrooms; boundary setting; self-care).

#### Seclusion Specific Considerations:

The seclusion room will need to be cleaned as soon as a student leaves the room. The staff will need to follow the protocols established for disinfecting.

#### Requests from Families for Private Providers in Schools

Consistent with state statute, parents still have the right to request that their child be served by a private provider. During COVID, the following need to be considerations -

Services should not be provided in the classroom setting in order to minimize the possible exposure to groups of students. Principals will need to identify a location in the building for the provider to work with the student 1:1. The provider will still have the opportunity to collaborate with school staff, however, we are suggesting that the collaboration occur virtually since it collaboration may involve more than one staff member. These safeguards are in place to ensure the health and safety of all involved.

All private providers will need to answer the same screening questions as employees and are prevented from coming on campus if they mark one of the disqualifying answers.

If a private provider requests an observation, those will be conducted virtually as a standard, however, this should be considered on a case-by-case basis. Some questions to consider:

- Is there a way to maintain a safe environment for the observation? (ie. Is there an ability to limit the number of students in the room during the observation, is the observation conducted outdoors, etc)
- Is there a strong argument that based upon the disability and circumstances surrounding the observation that it must be conducted in person?

It is important that the scheduled private provider time is not impacting the core curriculum or ESE services. Time should be schedule in such a way that it is not supplanting services.

LM 15July2020

Revision 31July2020, 8Aug2020

**Attachments:**

Digital Learning Plan

Data Tracking Tool

Suggestions for Decision Making for IEP Teams (still needs to be developed)