

# **MVED Special Education Paraprofessional Handbook**



**Information, Guidelines, and Expectations for  
Paraprofessionals Who Work with Students with  
Disabilities in the School Districts Served by  
Minnesota Valley Education District:**

**Cleveland  
Lake Crystal Wellcome Memorial  
Maple River  
Nicollet  
St. Clair  
Saint Peter**

## **What is Special Education?**

In 1975 Congress passed the Education for all Handicapped Children Act. Then in 1990, amendments to the law were passed, changing the name to the Individuals with Disabilities in Education Act (IDEA). This law created a system to ensure that all students would be educated, regardless of their needs. The law also is designed to make sure non-disabled students aren't unfairly labeled as disabled as well. This is what is referred to as FAPE: Free Appropriate Public Education- Ensuring that children receive the services outlined in their Individual Education Program (IEP). Students must meet specific criteria in one of 13 categorical areas to receive additional services in schools. Additional dollars are set aside by the federal government and supplemented by the state to partially assist with the additional costs of individualized education needs.

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination based upon disability. Some students may have a disability that 'severely limits some aspect of life functions' but is not so great that they qualify for Special Education services. Some students receive modifications and accommodations but not usually direct services from Special Education dollars as this law is unfunded.

### **Individuals with Disabilities Education Act and Paraprofessional Training:**

IDEA (1997; 2007) states that paraprofessionals and assistants who are appropriately trained and supervised, in accordance with State law, regulation, or written policy, may assist in the provision of special education and related services to children with disabilities. In response to IDEA legislation, it is important to acknowledge the following, which was enacted in Minnesota rule in 1998. These requirements directly relate to Minnesota paraprofessionals working in special education:

#### **Minnesota Statutes 125A.08 (c)**

2015 Minnesota Session Laws changed the training requirements for paraprofessionals to work with to provide direct support to students with disabilities. The following change will appear in Minnesota Statute 125A.08 and is effective immediately:

(c) For all paraprofessionals employed to work in programs for whose role in part is to provide direct support to students with disabilities, the school board in each district shall ensure that:

(1) before or beginning at the time of employment, each paraprofessional must develop sufficient knowledge and skills in emergency procedures, building orientation, roles and responsibilities, confidentiality, vulnerability, and reportability, among other things, to begin meeting the needs, especially disability-specific and behavioral needs, of the students with whom the paraprofessional works;

(2) annual training opportunities are required to enable the paraprofessional to continue to further develop the knowledge and skills that are specific to the students with whom the paraprofessional works, including understanding disabilities, the unique and individual needs of

each student according to the student's disability and how the disability affects the student's education and behavior, following lesson plans, and implementing follow-up instructional procedures and activities; and

(3) a districtwide process obligates each paraprofessional to work under the ongoing direction of a licensed teacher and, where appropriate and possible, the supervision of a school nurse.

# par·a·pro·fes·sion·al

/perəprə'feSH(ə)n(ə)l/

*noun*

1. a person to whom a particular aspect of a professional task is delegated but who is not licensed to practice as a fully qualified professional.

*adjective*

2. relating to paraprofessionals. "the union advocated paraprofessional help for nonteaching duties"

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**\* Additional Information You Should Receive From Your School Prior to Beginning Your Assignment:**

1. Building orientation
2. Emergency procedures for all students
3. Emergency procedures that are student specific (Individualized student evacuation plans)
4. Student specific duties as assigned (Access to IEPs, behavior plans, and paraprofessional specific responsibilities)

**Special Education Disability Areas and Related Needs:**

**Developmental Delay (DD):**

DD is the universal label given to young children (ages 0-6) who have delays in any of the following areas:

- Cognitive Development
- Physical Development
  - Including vision and hearing
- Communication Development
- Social or Emotional Development
- Adaptive Development
  - Self help skills, etc.

**Needs of DD Students:**

- DD students are young learners who will have a variety of needs in two or more of the 5 developmental areas.
- Paras may assist with teaching self care skills such as toileting, dressing, eating, etc.
- Encourage and support social development: reminding students to take turns, resolve conflicts without aggression, etc.
- Re-teach and reinforce motor skills-assisting with correct pencil grip, using scissors, skipping, hopping, etc.

**Developmental Cognitive Delay (DCD):**

- The DCD label reflects the traditional concept of a child who is intellectually disabled and cannot learn at the same rate or with the same level of understanding as non-disabled children.

- Students qualify if their cognitive ability is between 50 to 70 on an Intelligence Test (IQ score), as well as having needs and difficulties with self care skills. Students in this range qualify for DCD services in the mild to moderate range.
- Students that score 50 or below in cognitive ability testing are considered in the severe to profound range of cognitive delay. These children may have significant delays with basic speech (be non-verbal) and other basic skills.
- Average Ability range for cognitive ability is 85-115.

#### Needs of DCD Students:

- DCD students may need assistance with daily self care, including toileting.
- They may require assistance in using A.C. (Assistive Communication) devices.
- Paras may support and supervise DCD students in the mainstream as they are more vulnerable than their peers.
- Paras may assist with reinforcing skills (re-teaching), as students with lower cognitive skills often need more repetitions for learning.

### **Traumatic Brain Injury (TBI):**

Students with Traumatic Brain Injuries have suffered damage to their brains that affects their ability to function. These can occur due to accidents, trauma, or medical procedures.

#### Needs of TBI Students:

- Students with TBI can vary from those who are considered “Total Care” kids to those who need assistance with memory tasks in the mainstream classroom.
- Learn the specifics of the nature of the injury and the resulting impact it has on each student's functioning.
- Mood swings and unpredictable behavior are common side effects of a TBI.
- Patience and consistent support are key for successful assistance for these (and all) students!

### **Visually Impaired:**

Visually impaired students may be totally blind or have low vision.

#### Needs of VI Students:

- Visually impaired students may have low vision and need assistance having things made larger so they can be read and other accommodations to assist in better seeing in the school setting.
- Blind students often have a specialized paraprofessional called a Brailist who is trained to accommodate written material so the child can read it in braille.
- Visually impaired students may also require adult assistance in finding their way throughout the classroom and school building. Learning to do this independently is called ‘orientation and mobility’ training.

### **Deaf and Hard of Hearing:**

As the name suggests, DHH students can be totally deaf or suffer from a hearing loss that requires the use of an amplification system, such as a hearing aid, Baja, or FM system. Children that have Cochlear Implants also qualify for DHH services to assist them in learning to hear.

#### Needs of DHH Students:

- Depending upon their level of hearing loss, DHH students may need an amplification system to support their hearing needs.
- Students who are totally deaf often rely on interpreters to sign lectures and other oral forms of instruction and directions.
- Paraprofessionals may work with students with hearing loss in quieter settings that minimize the distraction and discomfort that large, loud groups can sometimes contain.

#### **Other Health Disability: Non-ADHD**

OHD tends to be a catch-all for students who have medical diagnoses and need additional services within the school setting. In order to qualify under OHD, students must have a diagnosed medical disability AND demonstrate difficulties with learning.

- Examples include students with:
  - Fetal Alcohol Syndrome Disorder (FAS)
  - Seizure Disorder
  - Diabetes
  - Cystic Fibrosis, etc.

#### Needs of OHD Students:

Just as in all disability areas, the needs of OHD students are on a wide spectrum from needing small levels of assistance with organization or other skills to needing high levels of personalized instruction, support, and supervision.

- Ask questions and learn more about the specific disability area of any students with an OHD label.
- Most OHD students qualify under ADHD, which we will talk about later in the presentation.

#### **Specific Learning Disability**

SLD students are those with an average cognitive ability: Scoring 85-115 on Intelligence Testing, but Achievement Testing is more than 1.85 standard deviations below their ability.

- Example:
  - IQ score is 100, but reading score is 72 = SLD
  - Student is achieving below expected ability
  - Dyslexia, etc.

Areas in which students can qualify for SLD:

- oral expression;
- listening comprehension;
- written expression;
- basic reading skills;
- reading comprehension;
- reading fluency;
- mathematical calculation; and/or
- mathematical problem solving.

### Needs of SLD Students

- SLD students are not working to their potential in one or more areas, as a result they need additional instruction and repetition to be able to improve their academic skills in their need area.
- Paras may be asked to implement academic interventions under the direction of the special education teacher.
- Paras may spend time with students in the general education setting to answer questions and ensure understanding and work completion with assignments and tasks that may be more difficult for them due to their learning disability.
- Additional supports and accommodations as identified by the student's evaluation report.

### Speech/Language Impairment

- S/LI is common among younger children who need articulation (speech) services.
- Language Impairment is a delay in a child's expressive and/or receptive language skills which will adversely affect them in all areas of learning, including social growth.
- S/LI can be offered as a pull-out service or be integrated into school curriculum, based upon student need.

#### Needs of Articulation Students:

- To improve their ability to form letter sounds and words
- Practicing pronunciation to improve their ability to be understood

#### Needs of Language Students:

- Need to acquire more understanding of language including:
  - Receptive language (what they hear)
  - Expressive language (the words they use)

### Physical Impairment:

Students with chronic conditions such as Cerebral Palsy that can affect either their physical or academic functioning in the school setting.

- Services can be related to mobility within the building or other needs.

#### Needs of PI Students:

- May require assistance with toileting and other self care needs.
- Physical Therapy services in the school setting are related to being able to move and access the school building.
- All PI students need an evacuation plan and all paras must know the plan and practice carrying it out in an emergency.

### Developmental Adapted Physical Education:

Students can get DAPE services if they are unable to successfully participate in general education physical education due to:

- Physical needs
- Cognitive or academic needs
- Social, emotional or behavioral needs

## **Emotional Behavioral Disorder**

EBD services are provided through schools for children with Mental Health needs. Students can qualify for services due to both externalizing and internalizing behaviors.

- Do not need an outside evaluation by a mental health professional or specific Mental Health Diagnosis on the DSM-IV.
- Must meet school criteria for services.
  - Behavior or emotional functioning must interfere with student's ability for function in the school setting and one other setting (home or community)

### **Needs of EBD Students:**

- Students who have internalizing behaviors and those who have externalizing behaviors need similar Assistance from school staff:
  - Structure and Consistency
  - Notification and warnings for transitions and changes to schedules
  - Well defined expectations and consequences
  - Direct skill instruction in how to change their behavior and reinforcement of positive changes
    - You can't expect a student to change a behavior if they haven't been taught the skills just like you can't expect a child to read if you haven't taught them the letters!

## **Other Health Disability: ADHD**

In order to qualify for OHD/ADHD services children must have a medical diagnosis of Attention Deficit Hyperactivity Disorder-

- Primarily Inattentive Type
- Combined Type

They must also show that the disorder negatively impacts academic performance/progress.

### **Needs of OHD/ADHD Students:**

- Assistance and reminders to initiate, maintain, and complete tasks and assignments
- Fewer distractions from their environment-visual and auditory
- Assistance with organization of:
  - School supplies
  - Assignments and homework
  - Their thoughts and ideas
- Students with primarily hyperactive ADHD often also need ways to 'burn off' excess energy and more frequent breaks from work

## **Autism Spectrum Disorder:**

Autism Spectrum Disorders (ASD) are a set of neuro-developmental disorders that affect how children process information and see the world. ASD can impact children's social relationships, communication skills and behaviors in different ways and to different degrees.

### **Needs of ASD Students:**

- Assistance in interpreting social communication
- Pragmatics-non-verbal and para-verbal communication
- Sarcasm, anger, humor, etc.



- Navigating peer relationships and interactions
- Just like EBD students ASD children require:
  - Structure and Consistency
  - Notification and warnings for transitions and changes to schedules
  - Well defined expectations and consequences

**Severely Multiply Impaired:**

Students can often have more than one disability area. Those that have more intensive needs are often given the label of SMI to indicate that they have major difficulties in more than one categorical disability. In order to qualify as SMI, children have to have two or more of the following labels:

- deaf or hard of hearing,
- physically impaired,
- developmental cognitive disability (severe/profound),
- visually impaired,
- emotional or behavioral disorders and
- autism spectrum disorders

# Special Education



## **Due Process Basics:**

### **Prior Written Notices:**

Prior Written Notices (PWN) are a written summary of what was discussed at an IEP or Evaluation planning meeting. They are completed any time the district is proposing (or refusing) an action for a student. Parents sign off on the PWN, not the IEP or evaluation plan itself and have 14 calendar days to agree or refuse changes-no response after that allows the district to proceed, except for the initiation of services.

- Following a meeting for a student, if you ask to see the PWN it should quickly and efficiently tell you what was decided at the meeting and how that child's programming will be changing.

### **Evaluation Reports:**

Comprehensive evaluations are completed to initially qualify a child for special education services and determine what their needs are. These evaluations are repeated at least every three years, or sooner, if the child's needs appear to change. ER's tell us about the child's functioning in many areas, including:

- Cognitive ability (IQ)
- Academic achievement and needs
- Behavioral needs
- Communication skills and deficits
- Sensory needs
- To easily understand and access information in the ER, start with the summary at the end and then go back and look at specific areas of interest for further information and clarification
- Read the needs statements
- Read the modifications and adaptations statements

**Individual Education Program:** The Individual Education Program (IEP) is the detailed document that outlines the specifics of a student's programming. All students must have at least one goal with two objectives that are being measured and tracked

- You may be asked to keep records to assist with this documentation of progress
- The IEP details your responsibilities as a para for that student and what and how you should be supporting them
- Most case managers give paraprofessionals a one page summary that includes their goals and modifications and accommodations for each child.

### **Positive Behavior Support Plans:**

Students that are identified as EBD or have behavioral needs identified by their evaluation are also required to have a PBSP (Positive Behavior Support Plan) or BIP (Behavior Improvement Plan). This document defines the child's most pressing behavioral difficulties and how they will be taught more appropriate replacement behaviors and who is responsible for teaching and reinforcing them.

- The PBSP can also help define and clarify your role as a paraprofessional working with a child with emotional or behavioral needs and outlines the specific consequences that should be given to the student for engaging in the problem (or 'target') behavior.



### **Roles of a Paraprofessional:**

Paraprofessionals are often assigned specific roles in a school. They may have more than one assignment during the school day, often to assist with one person not becoming overwhelmed or 'burned out' with a difficult student or group of students, and/or to keep a child from becoming too dependent upon one individual. Special Education assignments generally are one or more of the following:

- One to one paraprofessional
- One paraprofessional to 2, 3 or more students
- Resource room assistant
- General education classroom assistant
- "Other Duties As Assigned" (These are not part of Special Education responsibilities)
  - Bus supervision
  - Lunch supervision
  - Playground supervision

Depending upon your individual contract when you were hired and your school district's policies, you may be reassigned throughout the year to serve in different capacities and with different disability needs..... Just because you were hired to work with SLD students, doesn't mean you may never be asked to feed a Physically Impaired student in the future.

### **Special Education Program Assistants:**

Program Assistants support the programming for students in mainstream classes and the resource room as outlined in each student's Individual Education Program (IEP). It is important to remember that what is appropriate for the para to do with one student in a class, may not be a part of another student's IEP.

- Example: If a student has a learning disability and no behavioral concerns listed in the IEP, you should not be expected to remove that student for behavioral disruptions, then they should be treated like other regular education students.

Special Education Paraprofessionals can support all students if they have time, but priority must be given to students who have paraprofessional support in their IEP.

### **Personal Care Assistant:**

This name or title may be given to paras who assist with students with physical needs-this can include:

- Personal hygiene
- Mobility and accessibility
- Other tasks related to low cognitive ability or physical impairments

### **Behavioral Specialists:**

This title is often given to paraprofessionals who may have additional training to work with students with emotional or behavioral disorders. These paraprofessionals may have more challenging roles that could include dealing with students with physical aggression, self injurious behaviors, and/or suffering from trauma or other difficulties.

### **Code of Ethics:**

- A paraprofessional shall provide professional education services in a nondiscriminatory manner.
- A paraprofessional shall make reasonable effort to protect the student from conditions harmful to health and safety.
- In accordance with state and federal laws, a paraprofessional shall disclose confidential information about individuals only when a compelling professional purpose is served or when required by law.
- A paraprofessional shall take reasonable disciplinary action in exercising the authority to provide an atmosphere conducive to learning.
- A paraprofessional shall not use professional relationships with students, parents, and colleagues to private advantage.
- A paraprofessional shall only accept direction from licensed personnel.
- A paraprofessional shall not deliberately suppress or distort subject matter.
- A paraprofessional shall not knowingly falsify or misrepresent records or facts relating to that paraprofessional's own qualifications.
- A paraprofessional shall not knowingly make false or malicious statements about students or colleagues.
- A paraprofessional shall only modify curriculum or re-teach after licensed personnel has provided initial instruction.

### **By law, a paraprofessional or education assistant CANNOT:**

- Develop programs without supervision of certified personnel
- Create new, alternative instruction without direction from the teacher or other certified personnel
- Implement "behavior" ideas without direction of the teacher or other certified personnel
- Take complete responsibility for any students
- You are not a personal assistant or secretary for the teaching staff, you are there for the students, not the teacher.
- You are not a student's personal assistant or secretary, you should not just be used as note takers!
- Have ALL of the power/authority over the students programming or discipline and likewise have NO power/authority.
- Contact parents about concerns or situations.

### **Would you do this for a non-disabled student?**

If you are wondering if your assistance and interventions with a child is appropriate, ask yourself the following questions....

- A paraprofessional provides the student's primary literacy instruction?

- The student is removed from class activities at the discretion of the paraprofessional rather than the teacher?
- The student spends 80 percent or more of his or her time with a paraprofessional?
- The student spends the majority of his or her social time (lunch, recess) with a paraprofessional rather than with classmates?
- The paraprofessional, rather than the teacher or special educator, makes the majority of day-to-day curricular and instructional decisions affecting the student?

**Paras commonly assist with tasks such as:**

- Lead small group instruction designed by the teacher
- Materials preparation as directed by a licensed teacher (copying, etc.)
- Provide assistance for personal care and other physical needs
- Assist students to complete directions given by the teacher
- Facilitate interactions between students
- Implement adapted lessons under the teacher's guidance
- Execute other, often unseen, but very important tasks for the classroom community

**Things you should do:**

- Assist with improving student functioning in the school setting:
  - Academic
  - Social
  - Emotional
  - Behavioral
  - Self Care
- Work to increase independence: This may look like as little as needed. Often your job may feel superfluous and that you are just waiting and watching. That is a good sign! It means your student is learning skills and doing well! If you are bored, that is a good thing to monitor and report to the case manager. It may be time to hold a meeting to reduce services and paraprofessional support. Never fear! There will always be more students for you to work with waiting for your time and attention!
- Supervise groups of students so the teacher can work with individuals/small groups for more intensive interventions. These may include both academic and/or behavioral interventions.

**Collaborating with Teachers:**

Communication between you and your supervising teacher is ESSENTIAL.

Ideally a time should be set aside weekly for you and your supervising teacher to discuss current student issues and plan together.

**Questions to ask Teachers for Clarity**

- How will we communicate about students (lesson plans, schedules, behaviors, etc.)?
- What do you want me to communicate to you on a regular basis?
- What and how should I communicate with parents, teachers and other staff?

- Are there special instructions for each student I will be working with?
- What are the priorities for each student I will be working with?
- What lesson plan system will you provide?
- Where should I document information regarding academics, behaviors, schedule changes, etc.?
- What is your classroom positive behavior support plan?
- What are your classroom rules?
- What are the strengths and interests of the students I'll be working with?
- What should I communicate to you regarding students' behavior?
- What are your typical classroom routines and schedules?

BECOME EAGER TO ASSIST THE TEACHER, DON'T SIT BACK AND WATCH.

### **Your Chain of Command:**

Schools are designed so that people have a line of supervisors who evaluate and assign them. You should always go to your most direct supervisor with questions or concerns first and not skip ahead of your 'chain of command'. It is not appropriate for you to go 'over the head' of your supervisor unless you have exhausted all of your options first. You will usually have two people who will be in charge of your job performance, they are:

1. Supervising special education teacher
2. Building principal
  - General education teachers whose classrooms you work in are NOT your supervisors unless assigned.
  - Your duty is to follow the IEP of the students you are assigned to, not to take directions from other professionals in the building.....
  - All IEPs trump any one individual's desire to implement a consequence or intervention for the student

### **Dealing with Conflict Between Staff:**

As professionals, we all want to do our best to work through situations in a manner that is mature, forthright, and keeping in mind that all of our jobs are designed to provide the best possible education and environment for children. However, we will not always agree about what that looks like. Keep in mind the following to ensure that you are part of a fully functioning team:

- Honest communication, not gossiping is the key to having people listen to your ideas and respect you as a professional.
- People often disagree about approaches:
  - Too passive
  - Too authoritarian

Often the best approach is somewhere in the middle and not 'all or nothing'. Children (and adults) often respond best when expectations are clearly defined and consequences are consistently enforced. Do what you say you will do, both with the students you work with and the other staff in the building.

- [illegible]

### Accommodations:

### Modifications:

**Interventions:**

15



**Test Taking:**

When taking quizzes and tests, students need to be autonomous or it is not an accurate reflection of what they have learned.... Which is the point of test taking. Any test modifications must be described in a student's IEP, no additional modifications or assistance can be given. If you are reading a test to a student, you can only read what is written, not offer additional prompts or clues to sway their answers. Only certified staff can modify tests, if you are being asked to do this, you need to let your supervisor know....

**Behavior Management:**

In addition to assisting with academic learning and instruction, one of the other common areas that paraprofessionals are asked to assist with is behavior management. Additional training specific to the needs of the students you serve and the rules and expectations of each individual school building will be given to you to assist you with this process. The following are some keys to keep in mind that are good guidelines for responding to all children, regardless of the individual needs or functioning that will make you more successful in your role:

- Regulate your own emotions. Stay calm and professional at all times.
- Empathize with feelings. Try to understand what the child is feeling that is causing their behavior.
- Give support so he/she can learn from their behavior and choices.
- Connect before you correct. Develop a relationship with the students you work with.
- Set limits -- but set them with empathy.
- Teach kids to repair and fix their mistakes and broken relationships.
- Remember that all "misbehavior" is an expression, however misguided, of a legitimate need.
- Be patient and give children a lot of time to process before demanding an answer.
- Don't talk too much. Set your limits, give your direction and then wait for their response quietly.



#### **Confidentiality:**

Every child has the right to expect that all information regarding him/herself and his/her family will be handled in a professional, confidential manner. The nature and scope of confidentiality consists of all information written and/or oral regarding a child, their family as well as his/her current functioning and School programming.

IEP team members are those who work directly with the child and have a need to know the information. This could include bus drivers and other school staff, but it is the responsibility of the Case Manager to share this information, not you. This means that even if people are asking about students out of genuine concern, you cannot discuss anything you know with them if they are not a part of that child's IEP team. Don't gossip, even in the break room at school, or talk about the students you work with to non-team members. Even if you have 'good reports' they need to remain confidential. It is extremely inappropriate to discuss programming information with the student's parents without your supervising teacher's presence. If concerns are voiced to you, simply respond "You'll need to visit with Mr./Mrs. about that."

In addition, talking about students and sharing stories about what happens at work, even if you don't use student names is a breach of confidentiality. A good way to handle questions in the community or at school is to simply respond, "I am not at liberty to discuss the students from my school." Breaking confidentiality could lead to termination of your school employment and legal consequences.

**Social Media and Confidentiality:**

Never post pictures or discuss the students you work with on-line-even if it is something “fun” or “good”. It is recommended that you are not ‘friends’ with parents of students unless you had a relationship with them prior to your employment or role working with their child. It is also recommended that you are not ‘friends’ with students unless you had a relationship with them prior to your employment. Try to avoid taking part in media posts about the school you work in..... It is often tempting to jump in to defend staff or share information you know due to being employed at the school..... Be careful, IT IS EASY TO VIOLATE CONFIDENTIALITY BY SHARING TOO MUCH.

**Vulnerability:**

Students with disabilities are considered a vulnerable population of children. This means that extra care needs to be taken to ensure that their education needs are being met in all areas:

- Academics
- Behavior
- Emotions
- Socially
- Physically

As a result, we often are required to do a better, more thorough job documenting what we do with students with special needs.

Just because a student is acting out (externalizing behavior) doesn’t mean they are not vulnerable as well. We must be careful that our interventions with these students are designed to be consequences that teach new skills and improve their current behavior (eg. Have a learning component) and are not designed simply to punish negative behavior because staff are frustrated with them! Their behavior is telling us they have a need, and we need to ask ourselves, “How can we meet that need?”

Because we work more closely and in smaller settings with children who are at a greater risk for abuse and neglect, and may have cognitive or emotional difficulties that impair their functioning and judgement, we as service providers are also at risk for false accusations of

misbehavior with our students. To ensure that you are not put in a position to have to defend yourself against allegations of inappropriate behavior always:

- Work as a team
- Document your actions
- Always report concerning behavior
- Avoid being alone with students in areas with no windows, cameras, etc.
- Don't take advantage of vulnerable students!



### **Mandated Reporting:**

Anyone who works in the school or with a child is considered a mandated reporter. This means that you have a LEGAL obligation to report any suspected abuse or neglect of a child. Your report is confidential, but that doesn't mean the family won't 'deduce' or suspect who called.

### **Neglect:**

Neglect is the most common form of maltreatment; over 60 percent of all reports in 2013 were allegations of neglect. Neglect usually involves the failure of the child's caregiver to:

- Supply the child with necessary food, clothing, shelter, medical or mental health care, or appropriate supervision
- Protect the child from conditions or actions that endanger the child
- Take steps to ensure that a child is educated according to the law.

Exposing a child to certain drugs during pregnancy and causing emotional harm to a child may also be considered neglect.

### **Physical Abuse:**

Physical abuse is any physical injury or threat of harm or substantial injury, inflicted by a caregiver upon a child other than by accidental means. The impact of physical abuse can range from minor bruises to severe internal injuries and death.

Physical abuse does not include reasonable and moderate physical discipline of a child that does not result in an injury.

**Mental Injury:**

Mental injury is harm to the child's psychological capacity or emotional stability evidenced by an observable and substantial impairment of the child's functioning.

**Sexual Abuse:**

Sexual abuse is the subjection of a child to a criminal sexual act or threatened act by a person responsible for the child's care or by a person who has a significant relationship to the child or is in a position of authority.

When preparing to make a report, collect as much of the following information as you can, including the following:

- Your name and contact information
  - The child's name, date of birth and school of attendance
  - Parent's names, address, phone numbers and Date of Birth (dob)
  - Other children in the home
  - Name, address, dob and contact info for alleged perpetrator
  - Body of report including date of event
- 
- It is recommended that you call and then follow up with a written statement.
  - Reports are confidential.
  - You do not need to tell your direct supervisor, student's teacher or school administration if you have made a report.
  - Consulting with school staff, such as the case manager, school social worker, or school counselor is highly recommended.
  - You should receive information back that tells you
    - If the report was followed up on
    - If abuse or neglect were substantiated
    - If follow up services are required

For additional information, including a form, go to the MVED Website: [mnved.org](http://mnved.org); click on Staff Resources; then click on Staff Resources again and then the Child Maltreatment link. It also contains county contact information about who to call in area counties to file reports.

