

BEHAVIORAL INTERVENTIONS

In accordance with P.A. 89-191 and policy standards set forth by the Illinois State Board of Education, the District has developed a policy governing the use of behavioral interventions with children receiving special education services. The intent of this policy is "that when behavioral interventions are used, they be used in consideration of the pupil's physical freedom and social interaction and be administered in a manner that respects human dignity and personal privacy and that ensures a pupil's right to placement in the least restrictive educational environment."

A fundamental principle of the policy is that nonaversive or positive interventions designed to develop and strengthen desirable behaviors should be used to the maximum extent possible and are preferable to the use of aversive and more restrictive procedures. The use of positive interventions is the most effective way to develop and strengthen prosocial, adaptive student behaviors. Positive interventions should be given the highest priority and always should accompany the use of more restrictive procedures. The use of positive interventions is most consistent with the educational goals of enhancing students' academic, social, and personal growth. Additionally, the most effective manner of reducing an undesirable behavior is by developing, strengthening, or generalizing desirable behaviors to compete with and ultimately displace the unwanted behavior. Finally, an effective behavioral intervention plan must consider the disability and be conducted in the context of an appropriate educational setting and instructional program.

While positive approaches alone may not always succeed in controlling extremely inappropriate behavior, the use of more restrictive procedures always should be considered to be temporary and approached with the utmost caution. When more restrictive procedures are utilized, increased assessment, planning, supervision, evaluation, documentation, and protective measures should be used.

The District shall make available, as necessary, workshops to assure that adequately trained staff are available to work effectively with the behavioral intervention needs of students who require behavioral intervention.

All of the procedural protections available to students with disabilities and their parents or guardians under the Individuals with Disabilities Education Act (IDEA), including notice and consent, opportunity for participation in meetings, and right to appeal, must be observed when implementing/developing behavior interventions. Parents, guardians, or the student may request a due process hearing with regard to any aspect of the student's Individualized Education Program (IEP).

The Policy will be effective January 1, 1996, except that the District shall comply with the distribution of this policy and procedures within 15 calendar days after adoption of the Policy.

Provided below is a nonexhaustive, alphabetized list of behavioral interventions according to five levels of restrictiveness: least restrictive, moderately restrictive, restrictive, highly restrictive and prohibited. Behavioral interventions must be designed and implemented under the supervision of certified personnel.

Level I - Least Restrictive Interventions

Interventions listed as least restrictive are preferred, when appropriate, because of the low risk of negative side effects and the high priority placed on positive behavior change rather than behavior control. These interventions may be used without the development of a written behavioral management plan or inclusion in the student's IEP. A best practices approach to the implementation of any behavioral intervention, however, involves a functional analysis of the behavior of concern, careful planning and monitoring of the intervention procedures, and systematic evaluation of intervention outcomes. The use of positive and nonaversive interventions should be given the highest priority and should be directed at the development of positive student behaviors and skills. The following interventions are Level I or Least Restrictive Interventions:

- . Allowing student to escape task
- . Antiseptic bouncing
- . Behavior momentum
- . Behavioral Contracting
- . Calling/notification of parent
- . Chaining
- . Contingent Observation
- . Differential reinforcement
- . Environmental/activity modification
- . Fading (cues, prompts, reminders gradually removed)
- . Graduated guidance
- . Group Reinforcement Response Contingency
- . Interest boosting
- . Modeling (observational learning/participant modeling)
- . Modify instructional method
- . Peer involvement/tutoring
- . Planned ignoring
- . Positive reinforcement (continuous intermittent)
- . Privileged responsibility (line leader, milk money collector, etc)
- . Prompting
- . Provide choices
- . Proximity control
- . Redirect student (verbal-nonverbal)
- . Response-cost
- . Self-management
- . Shaping
- . Structured daily schedule
- . Teach alternative behaviors
- . Teach organizational skills
- . Teach self-reinforcement
- . Tension reduction through humor
- . Token economy
- . Tracking
- . Use of audio/video taping
- . Verbal feedback
- . Verbal reprimand

Level II - Moderately Restrictive Interventions

These interventions may be used without the development of a written behavioral management plan or inclusion in the student's I.E.P. Depending upon the student's needs, IEP, nature of disability, severity of disability, age, etc, extensive use of Level II interventions may become restrictive in nature. When the intervention adversely affects student learning or extreme negative behaviors occur in response to them, they could be considered restrictive interventions. Under these circumstances, all precautions (e.g., documentation) associated with a Level III restrictive intervention will be followed. The following interventions are Level II or Moderately Restrictive Interventions:

- . Contingent exercise
- . Extinction
- . Consequence writing
- . Positive practice/overcorrection
- . Redirect student (physically)
- . Restitutive overcorrection
- . Time-out (exclusionary/physical)
- . Time-out (nonexclusionary)
- . Detention (before/after school, weekend)

Level III - Restrictive Interventions

Interventions listed as restrictive may be appropriate during emergency situations or when less restrictive interventions have been attempted and failed. Restrictive interventions include aversive and deprivation procedures that are associated with a higher risk of negative side effects. Therefore, greater caution should be exercised in their use. Restrictive interventions should be used only after a functional analysis of behavior has been completed and documented, a behavioral management plan written, and appropriate modification of the student's IEP completed. Except in emergencies, restrictive interventions will be used only when less restrictive interventions have been attempted unsuccessfully. Additionally, restrictive interventions will be used for the minimum amount of time necessary to control the individual's behavior in conjunction with positive interventions designed to strengthen competing behaviors. Restrictive interventions will be replaced by less restrictive interventions as quickly as possible. Finally, in the use of suspension, the District policy will be followed. The following interventions are Level III or Restrictive Interventions:

- . Exclusion from extracurricular activities
- . Food delay
- . Forced physical guidance
- . Inhibiting devices
- . Manual restraint
- . Negative practice
- . Satiation
- . Suspension (in-school)
- . Suspension (out-of-school)
- . Time-out (isolation/quiet room)

Level IV - Highly Restrictive Interventions

Interventions listed as highly restrictive are inadvisable in most circumstances. Highly restrictive interventions (which may entail interventions often referred to as aversive) will not be instituted without the combined use of interventions that reinforce incompatible, alternate or other behavior. Highly restrictive interventions will not be employed until there has been sufficient determination that the use of less restrictive interventions would be ineffective or harm would come to the student because of gradual change in the student's particular problematic behavior.

Highly restrictive or aversive interventions are applied only in instances in which there is an immediate physical danger to the student or others, or when the frequency or intensity of the problematic behavior prevents adequate participation in educational activities. The following interventions are Level IV or Highly Restrictive Interventions:

- . Aversive mists, aromatics, tastes
- . Denial or restriction of access to regularly used equipment/devices that facilitate the child's educational functioning, except when such equipment is temporarily at risk for damage
- . Enforced relaxation
- . Expulsion with continuing education program
- . Mechanical Restraint (excludes restraints prescribed by physician or used as a safety procedure for transportation)

Level V - Prohibited Interventions

The following behavioral interventions are prohibited in Illinois by PA 88-346 which states that districts' discipline policies "shall not include slapping, paddling, or prolonged maintenance of students in physically painful positions nor shall it include the intentional infliction of bodily harm."

1. Corporal punishment
2. Faradic skin shock
3. Physical manipulation

Expulsion with cessation of services is prohibited by the guarantee to disabled students of a free and appropriate public education under the Individuals with Disabilities Education Act.

Governance

The District will maintain a committee for the purpose of:

- A. reviewing the modifications, if any, made from time to time by the Illinois State Board of Education ("ISBE") to the Behavioral Interventions in Schools: Guidelines for Development of District Policies for Students with Disabilities (ISBE, June, 1994)
- B. in the course of the aforesaid review, obtaining the advice of at least one:
 1. parent with a student with a disability;
 2. other parent;
 3. teacher;
 4. administrator;
 5. advocate for a person with a disability; and
 6. individual with knowledge or expertise in the development and implementation of behavioral interventions for persons with disabilities; and

- C. pursuant to the aforesaid review, recommending to the Board of the District modification(s), if any, to the Policy.

The membership of the Committee shall be determined by the Superintendent.

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BEHAVIORAL INTERVENTION COMMITTEE

The district will develop and maintain a behavioral intervention committee, charged with implementing and monitoring the policy on the use of restrictive behavioral interventions. This committee may be comprised of members of existing pupil personnel, Teacher Assistance Team, etc. The duties of the committee include:

- A. reviewing and monitoring incidents involving the emergency use of restrictive behavioral interventions;
- B. developing/reviewing and monitoring behavioral interventions involving the use of restrictive procedures;
- C. advising staff in the development of behavioral interventions;
- D. advising the district on issues arising from the use of restrictive behavioral interventions; and
- E. identifying qualified behavioral intervention consultants.

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BEHAVIORAL INTERVENTION CONSULTANT

The district designates school social workers, school psychologists, and behavior disorder teachers as behavioral intervention consultants to the district and to its own programs. Other certified staff members may be designated as behavioral intervention consultants if they have documented training in behavior analysis and behavioral intervention procedures with an emphasis on positive behavioral interventions. Competency in the following areas should be considered essential for persons serving as behavioral consultants:

- A. basic concepts and principles of human learning;
- B. methods of measuring human behavior including recording, displaying, and interpreting data on human behavior;
- C. identification and explanation of behavior including behavioral assessment and functional analysis;
- D. intervention alternatives, including ecological manipulations, positive programming, and direct interventions;
- E. empirical and clinical methods for determining the effectiveness of behavioral interventions; and
- F. legal and ethical issues relating to behavioral programming.

The duties of the behavioral intervention consultant shall include, but not be limited to, assisting IEP teams in the development of behavioral intervention plans, consulting with teachers and other staff members on the proper use of behavioral interventions, supervising the implementation of intervention plan procedures, and ensuring that restrictive behavioral interventions are implemented appropriately and in a humane fashion.

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BEHAVIORAL MANAGEMENT PLAN

The District has a general Behavior Management Plan (BMP) for each student whom it serves, unless an individualized BMP stands in lieu of all of the general BMP. In the absence of a statement in the IEP to the contrary, the individualized BMP will be deemed to be in lieu of only those parts of the student's general BMP, which parts are in conflict with the individualized BMP.

Each student receiving special education services who requires the use of a Level III or IV restrictive behavioral intervention shall have a written BMP developed by the multidisciplinary staff conference-case study evaluation/individual education plan team as included in the IEP. A behavior management plan is required when there is a pattern of behavior which significantly interferes with the student learning or requires an emergency use of a Level III or IV restrictive intervention more than twice in a thirty calendar day period. (Pursuant to 1.000-4). State guidelines regarding MDSC-CSE/IEP conferences will be followed. Plan will include the following:

- A. a functional analysis of the target behavior of concern; such an analysis is critical to the understanding of the structure and function of the behavior and the development or strengthening of more appropriate alternative behaviors. Note: A functional analysis does not constitute a case study evaluation. If during the development of the behavior management plan, the student's disability classification or eligibility for special education services is questioned, a case study evaluation should be conducted.
- B. a description of previous interventions attempted;
- C. a detailed description of the intervention(s) to develop or strengthen alternative, more appropriate, behaviors (e.g., personnel involved in the intervention, all procedures used, data collection and monitoring procedures);
- D. a detailed description of any restrictive interventions to be used (e.g., personnel involved in the intervention, all procedures used, data collection, and monitoring procedures);
- E. a list of measurable behavior changes expected and method(s) of evaluation;
- F. a schedule for review of intervention effectiveness; and
- G. a list of provisions for coordinating with the home.

The BMP is a critical element of successful behavioral interventions. Districts are urged to strongly encourage all personnel who use behavioral interventions to routinely employ these steps when planning interventions. District training efforts should be directed toward this goal.

Selection of Strategies

The selection of an intervention for use with an individual student or group of students will be based on information derived from the functional analysis. Before an intervention is selected, a continuum of possible interventions designed to produce the desired behavioral change(s) should be considered.

District Responsibility for Implementation of Interventions

It is the responsibility of the District to ensure that behavioral interventions are carried out as prescribed in the BMP and in accordance with State guidelines and professional best practices. This will involve training teachers, aides, and other personnel in the procedures of the intervention, as well as ongoing monitoring of the implementation of intervention procedures. The use of more restrictive interventions requires greater planning, documentation, and supervision. This will be documented on the District Functional Analysis Summary Form and Behavior Management Plan. These forms are required when a Level III or IV restriction is used.

For students placed in the E.I.A.S.E. administered facilities the behavioral intervention policies and procedures of the District will take precedence.

When the District has placed a student in an alternate day or in a residential setting for educational purposes, and the District has developed an individualized BMP for the student, the District shall develop and use said BMP to the extent possible in a consistent manner.

Evaluation of Restrictive Interventions

If significant modifications or new interventions are needed, additional functional analyses should be conducted. Based on these analyses, modifications should be proposed and parental notification and input obtained. If significant changes in the intervention are deemed necessary, appropriate modification on the child's IEP must be made.

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EMERGENCY USE OF RESTRICTIVE INTERVENTIONS

"Emergency" refers to a situation in which immediate restrictive intervention is necessary to protect students and/or other individuals, from

- . physical injury (to self or others),
- . severe emotional abuse due to verbal and nonverbal threats and gestures,
- . and/or serious and continuous disruption of the educational environment.

It may also be necessary to implement restrictive interventions in order to protect the immediate environment from severe property damage.

Every effort should be made to avoid emergency situations by:

- A. carefully examining situational factors that may be contributing to an individual's agitation and responding quickly to early signs of a potential emergency;
- B. keeping records of antecedents, behaviors, and consequences;
- C. seeking consultative assistance when needed; and
- D. sharing information with other school staff.

If a restrictive emergency intervention other than suspension is used more than two days in a thirty calendar day period or a pattern of behavior occurs which interferes significantly with student learning, an IEP meeting will be convened. The MDSC, IEP/CSE team should meet no later than ten days after emergency procedures have commenced. Prior to the IEP meeting, a functional analysis of the student's behavior which caused the implementation of the emergency procedure shall be completed. A new behavioral management plan may be developed from this analysis.

The school will notify the parents or guardian within twenty-four hours when a restrictive intervention is used in an emergency situation via the Emergency Report Form. Additionally, the use of an emergency intervention will be documented and include the following elements:

- A. description of the time, place, events, and participants in the incident that required emergency intervention;
- B. description of the emergency intervention used, including all staff involved with the intervention;
- C. description of injuries and/or property damage;
- D. description and dates of previous incident(s) leading to present event;
- E. intervention approaches attempted prior to the incident;
- F. student's response to the emergency intervention; and
- G. recommendations for avoiding similar incidents in the future.

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PROTECTIONS AND DUE PROCESS RIGHTS

Family Involvement

Parents and/or guardians have the right to be involved actively in the development of any behavioral management plan (BMP) utilizing restrictive procedures. Such involvement includes, but is not limited to, participation in the design, implementation, and evaluation of interventions. Parents and guardians will be provided with copies and/or explanations of the functional analysis conducted and the BMP developed for their child. The student's parents or guardian will be informed of the rationale, procedures, and possible outcomes of a BMP developed at an IEP meeting in accordance with the rules and regulations governing the development of the IEP.

Documentation in the IEP

Restrictive and highly restrictive interventions will be documented on the student's BMP incorporated into the IEP. Behavioral procedures represent strategies designed to enhance the benefits a student derives from the educational setting. The use of such procedures shall be documented in the child's IEP. For a student who already has an IEP established, an IEP meeting will need to be reconvened for the purpose of developing or modifying the behavior management plan.

Appeal and Due Process Procedures

All procedural safeguards, including rights to complaint resolution, mediation, and an impartial due process hearing, as required through the Individuals with Disabilities Education Act, the School Code, and ISBE rules and regulations shall be applicable to the resolution of disputes involving behavioral intervention plans.

If the parent or guardian disagrees with a proposed restrictive behavioral intervention or any aspect of the implementation of a restrictive intervention, the district should work with the parent to attempt resolution of the dispute. The parents may request a Level I due process hearing as provided by Sections 226.605 and 226.615 of 23 Illinois Administrative Code.

Districts shall ensure that parents are fully informed of their due process rights.

Notice

The District shall furnish a copy of the Policy to parents and guardians of all students with IEPs within 15 calendar days after the Board has adopted the Policy, or at the time an IEP is first implemented for the student, and the beginning of each school year thereafter.

Each school operated by the Board shall inform its students of the existence of the Policy annually.

ISBE Guidelines

In the development of the Policy, the Committee used as a reference, reviewed and considered the ISBE Guidelines. The address of the Illinois State Board of Education, so that copies of the ISBE Guidelines may be requested, is:

Illinois State Board of Education
100 N. First Street
Springfield, IL 62777-0001

E.I.A.S.E. BEHAVIOR INTERVENTIONS COMMITTEE

Chairperson

Gregory O. Petty - School Social Worker

Committee Members

Jean Belcher - BD/ED Teacher
Jerome Bish - Chief School Psychologist
Cathy Chaplin - Technical Assistance Coordinator
Deb Hite - Technical Assistance Coordinator
Ellen Humphrey - Technical Assistance Coordinator
Fred Kubicek - BD/ED Teacher
Toq Lawrence - Director of Big Brothers/Big Sisters of Mid-Illinois - Child Advocate
Jackie Peoples - Parent of student with a disability
Kathie Pooley - School Social Worker
Barbara Powell - Severe and Profound Disabled Teacher
Doug Reynolds - School Social Worker
Cheryl Wildman - Early Childhood Education Teacher
Susan Yeck - Parent of General Education Student

With consultation from:

Bruce Barnard - Principal of Bennett School in Mattoon
Maryann Dudzinski - Professor at Valparaiso University
Bud McMillan - Principal at Mark Twain Elementary in Charleston

Consultation sought from:

Rori Carson - Professor at Eastern Illinois University
Mary Gherardini - Principal of Hearing Impaired Program
Marcia Koelliker - Legislative Policy Program at Equip for Equality
Kathleen Shank - Professor at Eastern Illinois University

APPENDIX

The appendices included are to be viewed as a training document and are not viewed as policies or procedures.

Functional Analysis

In conducting a functional analysis, a wide array of procedures should be utilized to gain a valid understanding of the target behavior. This may include: a direct observation of the student across times and settings; interviews with the student, staff, and parents; and completion of other instruments to gain a more complete understanding of the behavior. A functional analysis will include the following components:

1. a detailed description of the target behavior of concern including data as needed on the intensity, frequency, and/or duration of the behavior;
2. a description of the settings in which the behavior occurs and identification of antecedents and consequences of the behavior;
3. a description of other environmental variables that may affect the behavior (e.g., medication, medical conditions, sleep, diet, schedule, social factors);
4. an examination and review of the possible communicative behavior and the functional or practical intent of the behavior;
5. a description of environmental modifications made to change the target behavior; and
6. an identification of appropriate behaviors that could serve as functional alternatives to the target behavior.

Selection of Strategies

The least restrictive intervention that is reasonably calculated to produce the desired effect should be selected for implementation. When evaluating an intervention for possible use, the impact of an intervention on the student's physical freedom, social interaction, personal dignity, and privacy should be carefully considered. The following additional issues should be considered when evaluating a potential intervention:

- A. speed and degree of effects;
How rapidly and to what extent will the intervention impact the presenting problem(s)?
- B. durability;
Is the influence exerted by the intervention likely to be long-lasting or permanent?
- C. generalization.
Is the influence exerted by the intervention likely to extend to a range of settings?
- D. side effects.
What negative side effects are likely to occur as a result of the intervention?
- E. empirical/clinical validity.
Does the intervention have a reasonable scientific and clinical basis for use in attempting to influence this behavior for this person?
- F. Social acceptability.
How easily can the intervention be implemented without stigmatizing or otherwise devaluing the person experiencing the intervention?

Generalization and Maintenance

The long-term impact of an intervention will be determined primarily by the degree to which it generalizes across settings and is maintained over an extended period of time. When designing behavioral interventions, school personnel should make every effort to plan for generalization and maintenance. Some of the most common methods for enhancing generalization and maintenance include:

- A. teaching new behaviors that are reinforced naturally in the child's everyday environment;
- B. involving multiple others in training and reinforcing a new behavior;
- C. teaching new behaviors in a variety of settings;
- D. changing the timing of reinforcement (e.g., from continuous to intermittent);
- E. moving from tangible to social reinforcers;
- F. reinforcing the child's spontaneous use of new behavior;
- G. phasing out the reinforcement program gradually;
- H. developing self-reinforcement skills; and
- I. planning periodic follow-up monitoring and "booster" training sessions, as necessary.

GLOSSARY OF SELECTED TERMS

Allow student to escape task - allow student to avoid task or situation (e.g., leave area, excuse from participation)

Antiseptic Bouncing - removing a child from a situation in which he has lost control in order to protect and help the child and/or the group to get over feelings of anger, disappointment, laughter, hiccups, etc.

Aversive mists, aromatics, tastes - use of a spray or substance with an unpleasant taste, noxious odor, or aversive physical sensation in order to terminate or control an undesired behavior.

Aversive stimulus - an unpleasant or punishing stimulus, such as an object, event, or situation, that occurs immediately after a specified behavior in order to suppress that behavior. It is a stimulus the individual will actively work to avoid.

Behavioral contracting - behavior contracts are written documents, mutually agreed upon, between staff and students which specify expected behaviors, positive and negative consequences, time frame of the contract and review dates. The contract is then signed by all parties who are participating in the contract (student, staff, parents, etc.)

Behavioral intervention - a procedure which is based on the methods and empirical findings of behavioral science and is designed to influence the behavior of one or more individuals.

Behavioral management plan - a written behavioral plan developed as part of the student's IEP to address a serious behavioral problem(s). It is based on a functional analysis of the student's behavior, describes the interventions to be used, methods of evaluation, and provisions for coordinating with the home.

Behavior momentum - a procedure used to increase compliance. The procedure includes identifying a minimum of three requests with which the student has a high probability of compliance. Three high probability requests are made immediately before making a low probability request.

Call/notify parent - contact parent to inform them of student's performance (e.g., notify parent of student's completion or lack of completion of in-class assignments/goals). Note: This intervention does not include requiring parent to remove student from class or school. If the parent is required to remove student from school, this then becomes a suspension (refer to definition of suspension).

Chaining - a procedure in which responses are reinforced in sequence to form more complex behaviors. As each new behavioral link is added, only the most recent link needs to be reinforced. In skills where the completion of a task might in and of itself be reinforcing, backwards chaining may also be used. In this system, the last component task is taught first, then next to the last, and so on, gradually towards the first task.

Consequence writing - an aversive stimulus in which the student is required to write a specified amount or for a specified period of time.

Contingent exercise - requiring student to engage in physical exercise contingent on performance or nonperformance of a target behavior (e.g., requiring a student to do push-ups because of misbehavior). With adverse student reaction, which causes pain or bodily harm, this procedure should be viewed as corporal punishment and therefore, is prohibited.

Contingent observation - a student who is doing something inappropriate is told to step away from the activity for a few minutes, sit in a chair nearby, and watch the appropriate behavior of other students. The teacher deliberately attends to the other students who are behaving appropriately. The student observes the type of behavior the teacher wants and sees the teacher reinforce those students who are acting

appropriately. The student rejoins the activity after a few minutes of observation, and when the student performs the desired behavior, she/he is reinforced.

Detention (before/after school; weekend) - the student is required to attend school outside of normal class hours as a means to modify the student behavior (does not include extra instruction for academic purposes).

Differential reinforcement - reinforcement of a target behavior or any behavior other than a specified inappropriate behavior (e.g., positively reinforce on-task behavior while ignoring off-task behavior).

Direct instruction - a sequenced and structured teaching approach that is academically focused and marked by activities where goals are clear, allocated instructional time is sufficient, performance of students is monitored closely, teacher questions are designed to produce many correct responses, and feedback to students is immediate and academically oriented. The goal of this approach is to move students through a sequenced set of materials or tasks.

Enforced relaxation - a type of manual restraint that also teaches the student to relax. This restraint is used to restrain a student through physical means until the student can control his/her own behavior. Special training must occur to prevent pain or injury to the student.

Environmental modification - changing the environment in order to influence a target behavior (e.g., alter seating, change task, modify curriculum).

Exclusion from extracurricular activities - the student is prohibited from participation in extracurricular activities as a means of modifying the student behavior (does not include exclusion due to failure to meet eligibility requirements or other prerequisite standards for participation).

Expulsion - removal of the student from school for, not to extend beyond two school years. Expulsion which constitutes a change in placement requires a revision to the IEP. Expulsion is a prohibited intervention when there is a cessation of services.

Extinction - non-reinforcement of a previously reinforced behavior (e.g., ignoring humorous but inappropriate comments).

Fading - the gradual elimination of a stimulus that controls a specific response.

Faradic skin shock - the use of electrical shock to control behavior or as punishment.

Food delay - food is contingently delayed for a specified period of time (e.g., detain student from lunch break for 15 minutes).

Forced physical guidance - physical guidance or redirection of any body part of the student (e.g., student refuses to pick-up item; the student is manually guided to pick up object with hand over hand prompts).

Functional analysis - an assessment process for gathering information that is used in the development of a behavioral management plan.

The objective of functional analysis is to understand the structure and function of a target behavior in order to develop and strengthen more appropriate alternative behaviors. Through the use of functional analysis, a detailed description of the target behavior is developed, antecedents and consequences of the behavior are noted, controlling variables are identified, and the communicative and functional intent of the behavior is determined. A functional analysis may include a wide array of procedures including interviews with teachers, parents, student, direct observation across times and settings, environmental modification, and completion of behavioral ratings and other psychological instruments.

Graduated guidance - the combined use of manual guidance and fading. It is systematic gradual reduction of manual guidance using enough pressure to guide the movement but never applying force.

Group reinforcement response contingency - the entire group gets a reward when one particular member meets the arranged contingency. Criteria can be evaluated on (1) an individual's specific performance (2) random average of two or three students (3) high student's/low student's average.

Highly restrictive interventions - interventions that are intrusive to an individual, produce a negative physical response such as pain or severe discomfort, and carry a high probability of negative side effects. Highly restrictive interventions are deemed inappropriate under most circumstances.

Inhibiting devices - devices that do not restrain physical movement but inhibit specific actions (e.g., a baseball cap to inhibit head scratching).

Instructional assignment - creation or modification of an instructional assignment to increase the student's motivation, attention, success, etc.

Interest boosting - incorporating student's high interest area into the instructional assignment.

Manual restraint - use of the minimum amount of physical force necessary to hold or restrain an individual (e.g., an individual holds a physically aggressive student in order to protect the student or others from injury).

Mechanical restraint - a device that physically restrains movement of the individual (e.g., harness restraint). Mechanical restraints prescribed by a physician or used as a safety procedure for transportation (e.g., seat belt) are not considered behavioral interventions.

Modeling - a process in which one person learns by observing the behavior, attitudes, or affective responses of another person (e.g., student observes others engaging in cooperative turn-taking).

Modify instructional method - to change, manipulate or adapt the teaching approach and/or curriculum. Use appropriate motivating curriculum direct instruction, instructional assignment, increase or decrease the rate of instruction.

Negative practice - repetitive practice of inappropriate behavior to the point of satiation (e.g., student who tears up assignment must tear up 50 pages).

Nonaversive/positive stimulus/approach - a positive, pleasant, non-punishing stimulus, such as an object, event, or situation that occurs immediately after a specified behavior to increase that behavior. It is a stimulus used to support the learning of more effective and acceptable ways of behaving.

A nonaversive or positive behavior intervention approach is designed to support people with challenging behaviors in learning more effective and acceptable ways of behaving. This approach encompasses three fundamental elements: a) the use of educative or "positive" behavior change procedures, which include identifying the functions of behavior before treating it, teaching the use of more appropriate alternate behaviors to replace inappropriate behavior, changing or controlling events which either precede or follow misbehavior, and distinguishing between emergency procedures and proactive programming; b) selection of interventions based on the impact of an intervention on the student's physical freedom, social interaction, personal dignity, privacy, as well as clinical utility; and c) prohibition or significant restriction of the use of procedures viewed as excessively aversive to or disrespectful of the individual.

Nonrestrictive interventions - interventions that carry a low risk of negative side effects.

With extensive use, these interventions may become restrictive in nature. If an intervention classified as "nonrestrictive" adversely affects student learning or extreme negative behaviors occur in response to the intervention, it should be considered a restrictive intervention.

Peer involvement - the use of a student's peers to influence behavior (e.g., cooperative group, peer modeling, peer tutoring).

Physical manipulation - a strong aversive physical action that results in pain.

Planned ignoring - a type of extinction procedure in which the teacher ignores (i.e., withdraws attention) a target inappropriate behavior.

Positive practice overcorrection - repetitive practice of appropriate behavior which is incompatible with problem behavior.

Positive reinforcement - providing a reinforcer (e.g., praise, points, tokens, contingent upon a target response in order to increase the frequency of the response (e.g., praising student for cooperative turn-taking).

Privileged responsibility - (e.g., line leader, milk money collector, etc.)

Prohibited interventions - prohibited by law.

Prompting - a cue (visual, auditory, physical) is presented in order to facilitate a given response (e.g., teacher uses hand signal to remind student to remain on-task).

Provided choices - when a student selects from a predetermined list of positive options.

Proximity control - the use of physical proximity to control behavior (e.g., standing near student, eye contact).

Redirect student (physically) - physically redirect the student from an inappropriate to appropriate behavior/activity (e.g., with hand on student's elbow, teacher walks student away from one activity to another).

Redirect student (verbal, nonverbal signal) - either by verbal or nonverbal signal, redirect the student from an inappropriate to appropriate behavior/activity (e.g., teacher gives student hand signal when student should redirect himself/herself).

Response-cost - withdrawal (specified amounts of a reinforcer (e.g., tokens) in response to a target inappropriate behavior (e.g., teacher takes away points for fighting).

Restitutive overcorrection - student is required to overcorrect or improve on the original state of affairs (e.g., student who litters is asked to sweep entire floor).

Restrictive interventions - aversive and deprivation procedures which carry a high risk of negative side effects. Greater planning, supervision, documentation, and caution must be exercised in their use.

Satiation - a procedure in which large amounts of a reinforcer are given so that its effectiveness is diminished and the behavior that is associated with it ceased to occur (e.g., student that steals gym towels is given so many towels that (s)he begins to give them back).

Self-management - a collection of strategies designed to increase a student's management and control of his/her own behavior. These strategies include training the student in self-monitoring, self-evaluation, and self-reinforcement.

Serious behavior problem - behavior which is self-injurious, assaultive, causes damage or is grossly inappropriate to the school setting. These include severe behavior problems that are pervasive and maladaptive, which require a systematic and frequent application of behavioral intervention procedures.

Shaping - a procedure through which new behaviors are developed by systematically providing positive reinforcement to the student for closer approximations to the behavioral goal (e.g., in order to get student to remain seated at the desk, the student first is regularly reinforced for entering the classroom, then for being near the desk, then for touching the chair, then for being seated appropriately).

Structured daily schedule - (e.g., classroom, lunch, recess, transition, etc).

Suspension - removal from school programs by administrative action for gross disobedience or misconduct for more than one (1) full class period and not exceeding 10 school days.

An out-of-school suspension is served off school grounds; an in-school suspension is served on school premises. Suspension from transportation resulting in the student's inability to attend his/her ordinary school program is a suspension from school. A student is not suspended when the nature and quality of the educational program and services provided during an in-school suspension are comparable to the nature and quality of the educational program and services required and otherwise provided to the student in the current placement. A suspension which constitutes a change in placement requires a revision to the IEP.

Teaching alternative behaviors - teaching the student appropriate behaviors that are functionally equivalent to the undesired target behavior (e.g., teach student to make appropriate requests of peers to compete with grabbing behavior).

Teach self-reinforcement - teaching the student to self-monitor, self-evaluate, and provide positive reinforcement for the performance of desired target behaviors (e.g., teach student to self-evaluate the level of on-task behavior during a given period and choose appropriate desired activity as positive reinforcement).

Time-out (exclusionary/physical) - contingent withdrawal of reinforcing stimuli by removing the student from the classroom (e.g., to the hallway, etc.), but does not involve restricted exit.

Time-out (isolation/quiet room) - contingent withdrawal of reinforcing stimuli by removing the student from the classroom to a time-out room from which egress is restricted.

Time-out (nonexclusionary/instructional) - contingent withdrawal of reinforcing stimuli, while the student remains in the classroom (e.g., student is seated away from group while remaining in the classroom).

Token economy - a system of individual reinforcement in which tokens (e.g., chips, points, check marks, paper money) are given for target behaviors. Tokens are used to obtain backup reinforcers (e.g., prizes, school supplies).

Tracking - daily or weekly behavior and/or academic tracking that results in feedback and/or contingent reinforcement to a student during the school day. Tracking can also include public posting. Data are collected regularly, evaluated, and program adjustments are made as needed.

Use of video taping - allowing student to hear or see behavior.

Verbal feedback - providing student evaluative information about the student's performance (e.g., informing the student that (s)he is working well on a given task).

Verbal reprimand - chastising a student for inappropriate behavior.