

Chamberlain Street School

Tier 3 Behavior Resources

(Update August 2016)



Intensive Support Team Mission

To systematically identify students who meet criteria for intensive level behavioral support planning, apply knowledge of the reliable antecedents and function of student behavior to the development of a behavior support plan that is implemented with fidelity and monitored regularly for progress.

Chamberlain Street School's PBIS Teams

PBIS Universal Team: The Universal Team's focus is to develop school-wide behavioral expectations that include clear, identifiable behaviors, how the behaviors will be taught, and how the behaviors will be consistently and systematically encouraged and acknowledged. The Universal Team meets twice a month, monitors data from SWIS, problems solves based on data, and provides support to staff regarding PBIS. Our Universal PBIS Team is the go-to-team for all things PBIS.

PBIS Target Team: The Target Team's focus is to provide additional interventions for a small percentage of our kids who have not responded to our universal PBIS strategies. The Target Team meets twice a month, monitors data from tier two interventions, problem solves based on the data and provides support to staff supporting our kids requiring tier two behavioral strategies. Our PBIS Target Team is the go-to-team for any child that requires tier two social, emotional or behavioral support.

PBIS Intensive Support Team: The Intensive Support Team provides support for development, implementation and ongoing assessment of our Behavior Intervention Plans and Functional Behavior Assessments for a VERY small percentage of our kids who have not responded to our tier two PBIS interventions. The Intensive Support Team meets twice a month. Our PBIS Intensive Support Team is the go-to-team for any child that requires tier three social, emotional or behavioral support.

Tier 3 Behavioral Support Planning Process

NOMINATIONS

Nominations can occur based on:

- behavioral data from Intensive Support Room.
- non-responsiveness to tier 2 supports.
- data from screening process for social/emotional risk.
- school or parent request.
- SWIS data.

After a nomination to the Intensive Support Team has been made, IST will determine which team member will take the lead on the nomination. The Lead will give the Nomination Form to the appropriate people for completion.

NEXT STEPS

Once the Nomination Form is complete, the IST will review the information and determine next steps.

Next steps **could** include:

- a parent meeting.
- referral to tier 2 for behavioral supports.
- a Simple Functional Behavioral Assessment.
- a Comprehensive Functional Behavior Assessment.

The Lead will be responsible for organizing next steps and communicating with the appropriate people.

FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA)

If the IST determines to complete a Simple FBA or a Comprehensive FBA, the Lead will organize the FBA.

The completed FBA will be reviewed with the IST and relevant staff members during a 30 minute meeting.

BEHAVIOR INTERVENTION PLAN (BIP)

Once the FBA is complete, a Behavior Intervention Plan will be developed. The Lead is responsible for writing the BIP.

The completed BIP will be reviewed with the IST and relevant staff members during a 30 minute meeting.

Classroom teachers will be responsible for implementing the BIP with fidelity and communicating with the Lead about the child's response.

FOLLOW-UP

The IST will review behavior plans bi-monthly. If a concern arises prior to the review, the team will meet about the concern as soon as possible. The Lead will be responsible for gathering the behavior intervention plan data prior to the review date.

Chamberlain Street School
Intensive Behavioral Support Nomination Form

Child's Name: _____

Classroom Teacher's Name: _____

Date of Nomination: _____

Name of Person Completing the Nomination: _____

Does the Child receive special education services? If so, please indicate disability category.

Have you met with the child's parent(s)? Please elaborate.

Do you have arrival concerns (seems not ready to start the day)?

Do you have departure concerns (seems unprepared for end of day transition to home/bus)? _____

Please fill out the chart.

Reading Performance	<input type="checkbox"/> Strength	<input type="checkbox"/> Concern	Specific Concern(s):
Writing Performance	<input type="checkbox"/> Strength	<input type="checkbox"/> Concern	Specific Concern(s):
Math Performance	<input type="checkbox"/> Strength	<input type="checkbox"/> Concern	Specific Concern(s):
Social Performance	<input type="checkbox"/> Strength	<input type="checkbox"/> Concern	Specific Concern(s):

<p>Other Skill Performance:</p> <ul style="list-style-type: none"> • Organization • Time Management/ Planning Skills • Work Completion • Attention • Distractibility • Impulsivity • Handling Change/ Transition • Self-Management during unstructured or low supervised routines • Self-Regulation • Sensory 	<input type="checkbox"/> Strength	<input type="checkbox"/> Concern	<p>Please Specify Concern(s):</p>
<p>Social/Emotional Behaviors</p>	<input type="checkbox"/> Strength	<input type="checkbox"/> Concern	<p>If a Concern, indicate number of:</p> <p>_____ Office Referrals (Majors)</p> <p>_____ Office Referrals (Minor)</p> <p>_____ Intensive Support Room Visits</p> <p>_____ Suspensions</p> <p>NOTES:</p>

Attendance	<input type="checkbox"/> Strength	<input type="checkbox"/> Concern	If a Concern, indicate frequency of: _____ Absences _____ Tardies _____ Early Dismissals
Nurse Visits	<input type="checkbox"/> Strength	<input type="checkbox"/> Concern	If a Concern, indicate frequency of visits per day/week (#) _____ Medical Concern _____ Emotional Concern _____ Hygiene (Odor; Cleanliness) _____ Other Health (Nutrition; Sleep) NOTES:

Guidance Visits / Request to Visit Guidance	■ Strength	■ Concern	If a Concern, indicate frequency of visits per day/week (#) _____ Family Concern _____ Friendship Concern _____ General Request _____ Other NOTES:

Is the child demonstrating Externalizing Behaviors such as physical aggression, swearing, stealing, property destruction, refusal to follow rules? If so, please briefly explain. Include information about the intensity and frequency of the behavior(s).

Is the child demonstrating Internalizing Behaviors such as social withdrawal, feelings of loneliness or guilt, unexplained physical symptoms, feeling sad, nervousness, irritability, fearfulness, difficulty concentrating? If so, please briefly explain. Include information about the intensity and frequency of the behavior(s).

Please check all strategies used to respond to the presenting concerns.

Environmental Strategies:

- Changed seating
- Conference with Child
- Scheduled Breaks
- Sensory Breaks
- Gave Specific Visual Cues
- Notified Parent(s)
- Worked with Parent(s)
- Home/School Plan
- Consistently Acknowledge Effort
- Other: _____

Academic Strategies:

- Adjusted assignments to match learner skills
- Peer Support
- Intervention Support
- Review tasks individually to check for understanding
- Provide additional assistance
- Other: _____

Behavioral Strategies:

- Reward Program for Expected Behavior
- Tier 2 Team Supports
- Loss of Privileges
- Ignore Behavior
- Teach Expected Behavior
- Model/Practice Expected Behavior
- Verbally Remind Child of Expected Behavior
- Social Skills Instruction
- Social Group with Guidance
- Other: _____

Please list other strengths, talents or interested not indicated previously:

- _____
- _____
- _____
- _____

Please indicate the best times for someone to observe the child:

- Monday from _____
- Tuesday from _____
- Wednesday from _____
- Thursday from _____
- Friday from _____

If available, please attach any behavior plan, daily schedule, report card or other relevant information.

Is there anything else you would like the team to know?