Promoting Proactive *and* Preventative Practices *to* Enhance Student Well-being

Autism Professional Learning and Universal Supports Project

Center for Intensive Behavioral Supports Project

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Illinois State University

Agenda

Background…

Autism Professional Learning and Universal Supports project

Center for Intensive Behavioral Supports project

The Quiet Rooms

While rare, dozens of children have died after being restrained or kept in seclusion over the past three decades.

"I can't breathe!" he told the employees who held him down (7 staff for 12 minutes), according to a lawsuit filed on behalf of his estate. An autopsy found he died of asphyxia.

Cornelius Fredericks (16 yrs old) 2020

"Any restraint in any position can cause death when carried out using methods that compromise breathing, exceeds cardiac capacity, or has the potential to inflict severe injury to the head, neck, or torso."
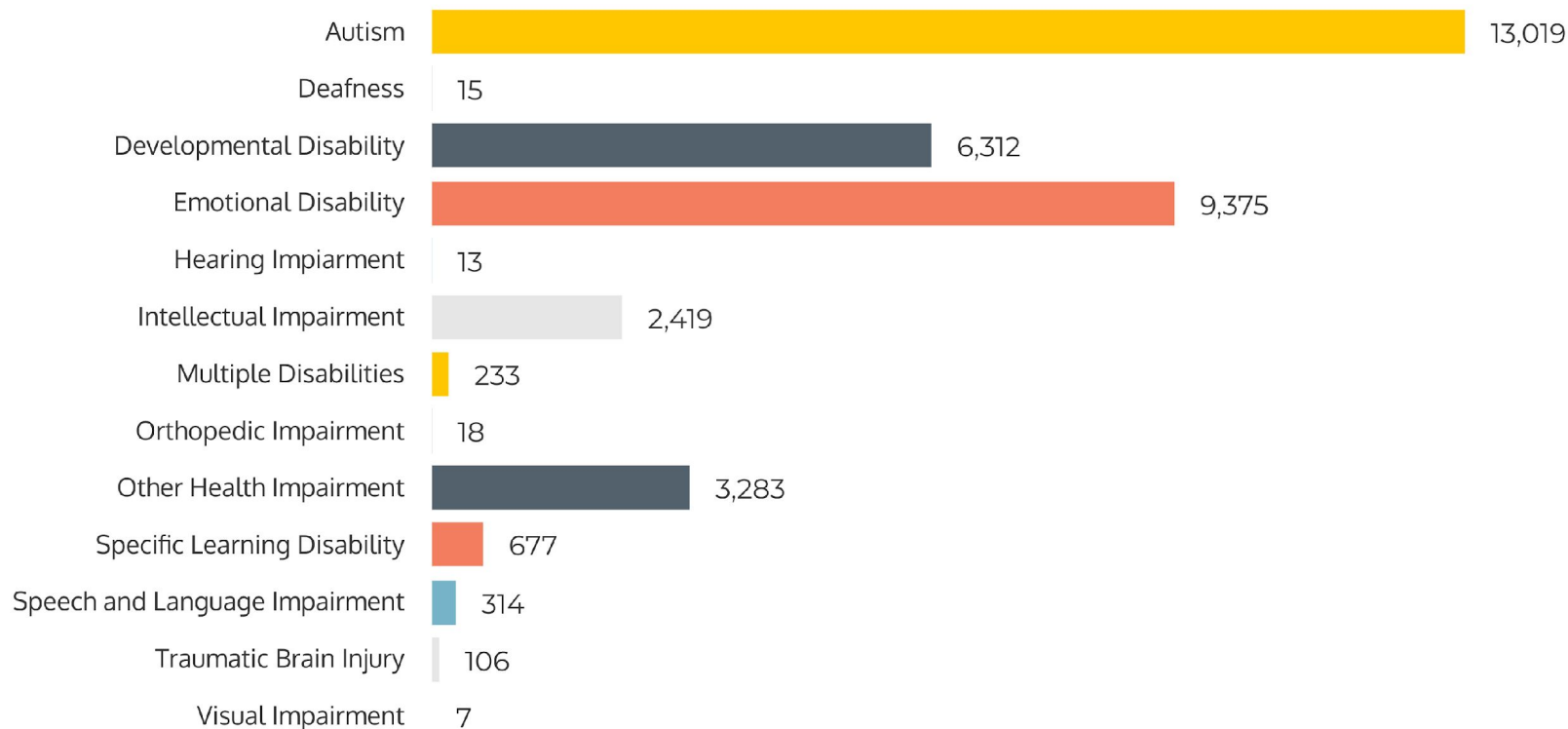
Children said "I can't breathe" or "I give [up]" before they lost consciousness.

Andrew threw a tantrum after being sent to a padded time-out room, where he was placed face down with an aide holding both of his wrists and laying on top of him. Authorities ruled he died of "traumatic asphyxia, chest compression."

Recent RTO Data

	School Year 2018-19 Total	School Year 2019-20 Total	School Year 2020-21 Total	School Year 2021-22 Total	School Year 2022-23 Total
Students with Incidents	3,403	4,447	2,610	5,224	5,752
Incidents	35,847	28,092	19,006	41,435	46,645
Timeouts	17,393	11,772	4,274	8,853	9,025
Restraints	20,757	17,693	14,732	32,582	37,620
Danger To Self	12,515	11,361	9,428	19,658	19,113
Danger To Staff	24,217	20,644	15,746	34,622	39,981
Danger to Students	10,952	10,176	4,432	11,482	11,966
No Danger Identified	4,347	2,327	89	76	636

Primary Disability and RTO Events

Disability	Events
Autism	13,019
Deafness	15
Developmental Disability	6,312
Emotional Disability	9,375
Hearing Impiarment	13
Intellectual Impairment	2,419
Multiple Disabilities	233
Orthopedic Impairment	18
Other Health Impairment	3,283
Specific Learning Disability	677
Speech and Language Impairment	314
Traumatic Brain Injury	106
Visual Impairment	7

What Grade Level sees the highest rates of RTO?

Funded by:

Illinois
State Board of Education

Located:

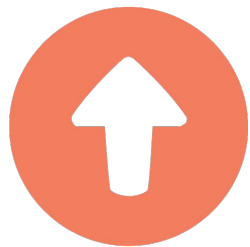**ILLINOIS STATE UNIVERSITY**
Illinois' first public university
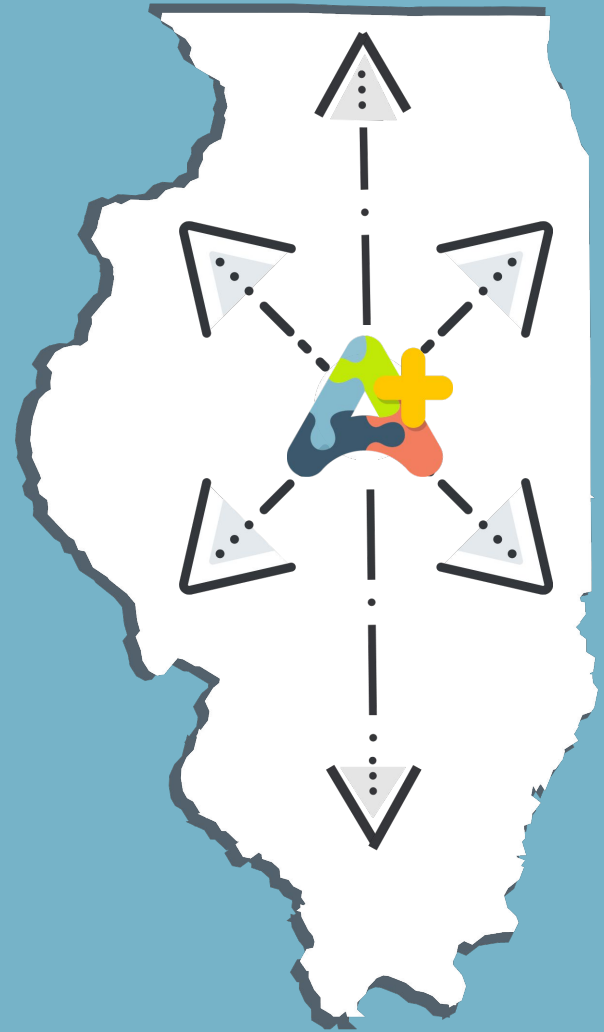
Autism Professional
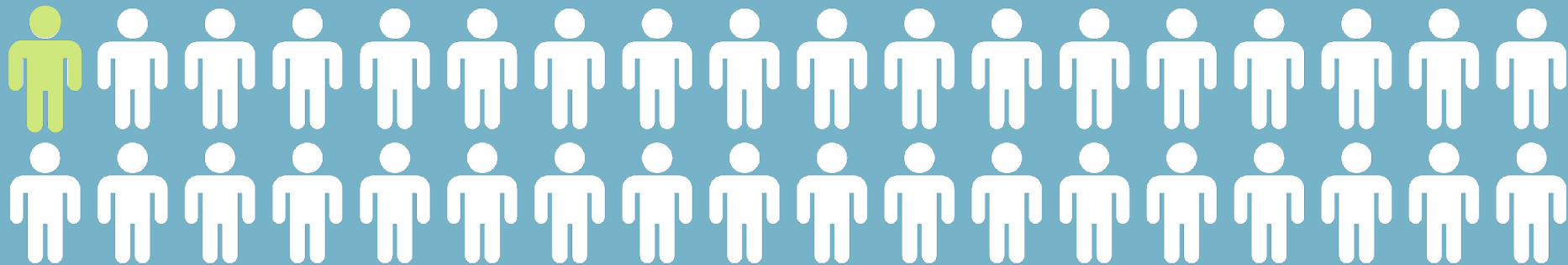Learning & Universal
Supports

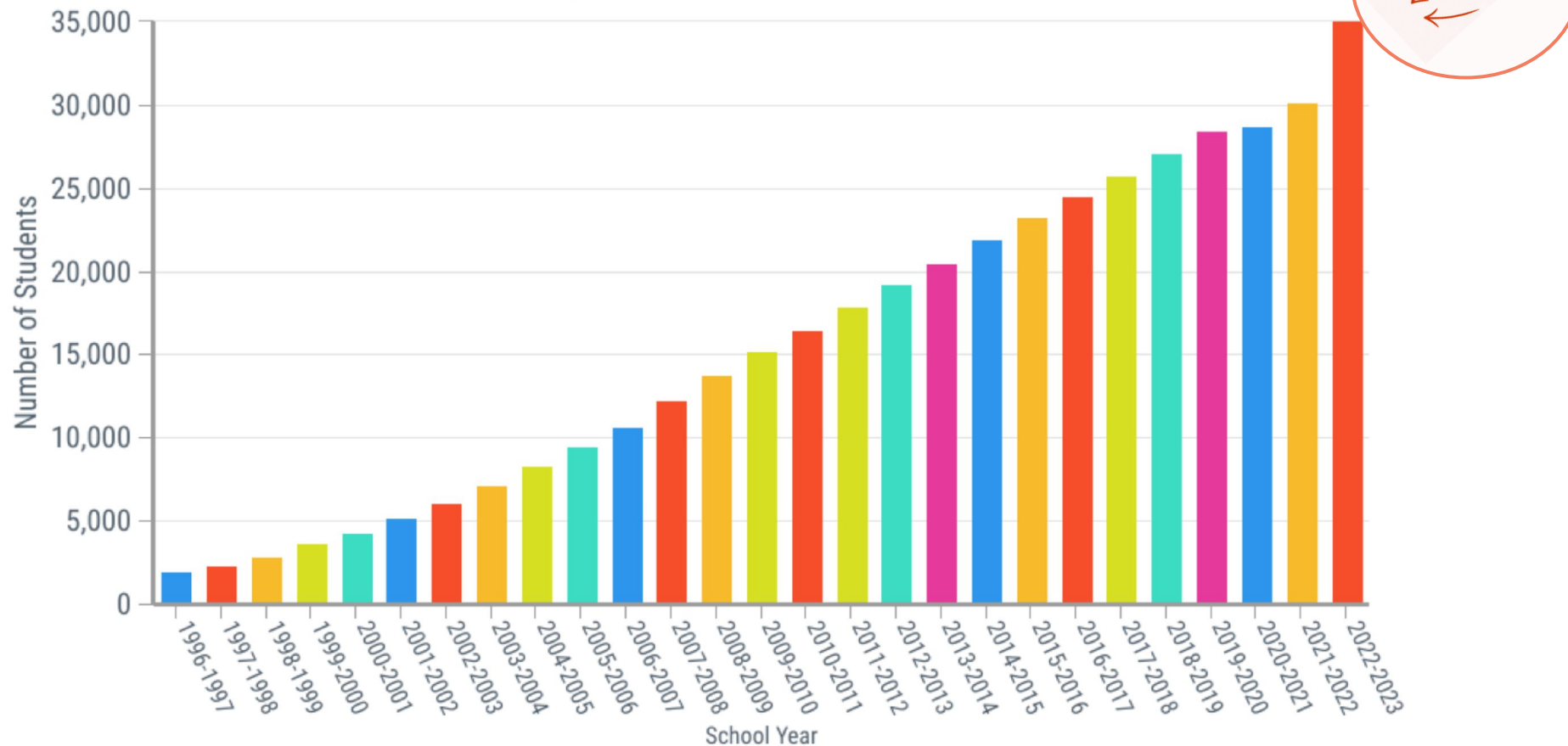**RAPID** changes in the rates of ASD

1 in 36   2023

children have autism spectrum disorder

4 X's more common in boys than girls

Number of Students Receiving Services Under the Eligibility Criteria of ASD

Grant Goals

Promote proactive approaches to working with students with autism spectrum disorder (ASD) to reduce the use of time out and restraint in Illinois schools

Provide technical assistance to identified districts, special education cooperatives, and nonpublic & private entities

Build local capacity to increase program quality and enhance the fidelity of implementation of evidence-based practices for children and youth with ASD
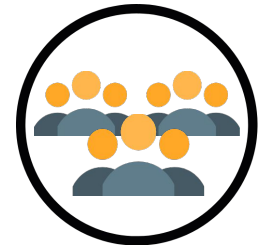
Increase the percentage of students (that qualify for services under the eligibility of autism spectrum disorder) who are educated in the general education classroom

Develop school entities' capacity to serve students with ASD
and other complex needs in a manner that maximizes positive outcomes

Professional Learning

Online Modules
Available for free on the A+ website

Virtual Community of Practice
After completing the online professional learning modules, join a Professional Learning Community to continue your learning.

Virtual Office Hours for school staff / BCBAs
The A+ Team will host office hours during the school year. Come join us to learn and problem-solve together virtually!

Experiential Practicum for Autism

Hands-on week-long training
Offered during the summer yearly!

Tiered-Support Model

Tier 1: Online Modules, Virtual Communities of
Practice, Office Hours, Resources

Tier 2: *School Support:* Targeted Coaching based
on Program Assessment

Tier 3: *School Support:* Intensive Coaching

- ISBE Identified Entities

Online Modules

CPDUs & Certificate of Completion

Tier 1

Available to ALL

ONLINE PROFESSIONAL LEARNING OPPORTUNITIES

Check out our **FREE** online professional learning opportunities for educators.

Current Modules:

- Understanding Autism
- ISBE Rules for Time Out and Restraint
- Evidence-based Practices: Visual Schedules
- Functional Communication Training
- Functional Behavior Assessment
- ABCs of Behavior
- Planning for Personal Independence
- Prompting Strategies to Promote Effective Instruction
- One Tool in the Toolkit: Using Time-Out Effectively
- Autism Awareness: K-2 Transition to Adulthood
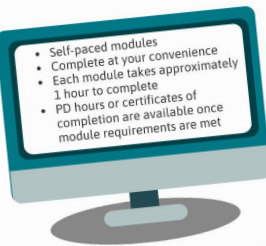- Token Economies
- Taking a Look at Quality Programming for Students with ASD
- Form 11-01: Let's Get Accurate Data

If you are working with your first student with autism or have a new classroom with learners with autism, or want to confirm your existing knowledge, take our online modules.

- Self-paced modules
- Complete at your convenience
- Each module takes approximately 1 hour to complete
- PD hours or certificates of completion are available once module requirements are met

Check out our **FREE** online modules.

Autism Professional Learning and Universal Supports Project (A+)
www.autismplusil.org

Virtual Community of Practice (VCoP)

Virtual Community of Practice

The Autism Professional Learning and Universal Supports (A+) project at Illinois State University assists the Illinois State Board of Education in addressing the significant behavior needs of children and youth with Autism Spectrum (ASD) and related behavior and communication disorders. The A+ project offers a Virtual Community of Practice (VCoP) for staff working with autistic learners. Members of a VCoP share information and advice, problem-solve, and support each other. Over time, the group develops a deep, unique, and shared understanding about their practice. This is a voluntary group with a shared purpose, to help learners with autism achieve to their highest potential.

Value of Participating in VCoP

- Feel less isolated
- Engage in professional conversations
- Accessing resources
- Receive help and support
- Provide advice and encouragement

What Will I Find In the VCoP?

We will provide a virtual space for you to dialogue with peers from across the state. You will have the opportunity to engage with professionals who have years of experience working with learners with autism. Each month, a topic will be posted relating to teaching students with autism. Different types of resources will be provided.

Highlighted Topics:

- Antecedent-based Interventions [including visual support and schedules]
- Reinforcement
- Token Economy
- Prompting
- Functional Behavior Assessment
- Communication Supports
- And More!

How Can I Join?

Sign Up

1. Go to https://autismplusil.org/online-learning
2. Complete a short basic module [length of modules about 1 hour; CPDUs provided]
3. Sign up for the VCoP when you complete the module

www.autismplusil.org

Virtual Office Hours

Sign up here

The A+ Team is hosting office hours during the school year. Come join us to learn and problem solve together virtually!

When: 1st Monday/month
Time: 12:00-1:00 (CST)

Topics we will discuss include but are not limited to:

- Behavior
- Self-regulation
- De-escalation
- Evidence-based practices
- Supports

If you have any questions email Melanie at: mjernst@ilstu.edu

Please note during office hours we will not be able to give legal advice or be able to discuss student specific issues (i.e. IEP minutes, service delivery, etc.)

Autism Professional Learning & Universal Supports

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Coming Soon

Registered Behavior Technician

Program

Resources

FACT SHEET — Medical Diagnosis vs Educational Eligibility

A medical diagnosis is done in a medical office by a medically licensed professional, while educational eligibility is done in the school environment by the individual's educational team.

① What is a Medical Diagnosis of Autism?

A medical diagnosis of Autism Spectrum Disorder (ASD) is given by a medical professional. This medical professional may be a pediatrician, licensed child psychologist, neuropsychologist, and/or developmental pediatrician.

The purpose of a medical evaluation is to make a diagnosis of autism, the use of medical tests is needed to rule out other causes of the can determine a diagnosis of autism associated with Autism.

The medical diagnosis criteria are based on the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5-TR), which provides specific criteria for a diagnosis of ASD:
- Persistent deficits in social communication and social interaction across multiple contexts
- Restricted, repetitive patterns of behavior, interests, or activities
- Symptoms must be present in the early developmental period, even if the symptoms are not noticed until later in childhood

Further screening may be needed to identify any other areas of concern related to the overall development of an individual. From the screening results, you may be referred to a specialist to receive further assessment and observation.

It is important to note that an individual who has a medical diagnosis **DOES NOT** automatically qualify for special education, however, they may still qualify for other special education supports and services such as speech and language therapy or occupational therapy. These needs will be determined by the school's special education team.

	Medical Diagnosis	Educational Eligibility
Who	Medical professional(s): developmental pediatrician, neurologist, psychologist, psychiatrist, etc.	Special Education Team: parent, teacher, school psychologist, speech therapist, etc.
Where	Doctor's office or clinic	Public-School Setting
What	Therapeutic and Medical Interventions	Academic and Functional Skills

The main difference between educational eligibility and a medical diagnosis is the **impact on student learning!**

FACT SHEET — Does My Child Have Autism?

Autism Spectrum Disorder (ASD) is considered to be a lifelong neurological developmental disorder for which there is no known etiology or cure. Recent reports estimate that on average as many as 1 in every 44 children in the United States has an ASD. It affects individuals from all racial, ethnic, and socioeconomic backgrounds. The first signs usually appear in early childhood but may not be recognized until later in life.

① What are the characteristics of ASD?

ASD impacts an individual's ability to communicate, socially interact, behave, and learn. ASD is considered to be a spectrum disorder. That means ASD affects each person in different ways and can range from very mild to severe.

Additionally, other concerns parents indicate 'early on' may include feeding and sleeping issues and/or gastrointestinal problems. Parents of infants often report that it was difficult to find a formula the baby would tolerate. As the child ages, children's food preferences are often restricted to a limited variety of foods specifically related to texture or taste. Also, sleeping habits may be greatly affected.

Children may also process and respond to sensory stimuli differently. For example, some children may have an over or under reaction to a slight tap on the shoulder. These are a few examples that have been reported by parents who have children that have been diagnosed with ASD.

Communication	Social Interaction	Stereotypical and Repetitive Behaviors
• Your child has limited speech or repeats words over and over; no single words by 16 months • Your child has a lack of non-verbal communication such as waving or pointing • Your child seems to be in their "own world"; doesn't always seems to hear surrounding sounds or respond to their name • Your child has difficulty understanding 'wh' questions and the turn-taking style of a conversation	• Your child doesn't respond to their name at 9 months • Your child doesn't share a vested interest by pointing to or "showing" you things by 18 months • Your child doesn't seem to know how to play with toys; may fixate on one part of a toy • Your child may avoid eye contact or may even avoid eye contact • Your child struggles with changes in routine	• Your child may seem to get "stuck" on certain topics or activities and have a hard time moving on to other topics or activities; resistance to change in daily schedules • Your child has repetitive body movements such as hand flapping, rocking, or twirling • Shows excessive interest in unusual objects (ceiling fans, pieces of string or yarn, laundry machines, etc.) • Displays overreactions/underreactions to environmental sounds, textures, smells, and tastes

*If you notice that your young child displays any of the characteristics above, it is important that you talk to your pediatrician or seek out a developmental pediatrician for screening for ASD. Screening is an assessment that is conducted by completing checklists, an observation, and interviews, it will help determine whether or not a referral for further evaluation for ASD is needed.

FACT SHEET — Sensory Regulation

Sensory regulation is a person's ability to regulate and process the stimuli they continually receive from the environment around them and within their own body.

① What is sensory processing?

Our bodies are constantly taking in information from the world around us. Sensory processing is the way we take in that information through our senses, process it, and organize it. Information is taken in through our sensory receptors. There are five external processing receptors, sight, sound, touch, taste, and hearing. Then there are three internal processing receptors, vestibular- movement and balance, proprioception- the sense of the body's position, and interoceptive- our ability to feel what is happening inside our bodies and respond accordingly such as sensations like hunger, anger, and the need to use the restroom. Our brain then processes that information to determine whether it is important or not, what to do with it, and/or how to respond to it. This process happens unconsciously or without the individual experiencing it even knowing. Sensory processing is essential to our daily functioning.

Studies have shown that more than half of individuals with ASD process sensory information differently. Within these studies, the most common differences and struggles were with sensory modulation; the ability to respond or not respond appropriately to the sensory information around us while still actively living our day-to-day life.

The American Psychiatric Association released the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders to include criteria based on these sensory processing differences and considers it to be a core feature in the diagnosis of ASD.

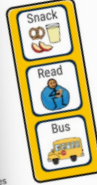**② What are the main sensory processing patterns for individuals with ASD?**

The three sensory patterns agreed upon in the research are:

Sensory over-responsivity - is when an individual has an exaggerated, negative response to the sensory input around them. For example, particular items of clothing may trigger an over-responsivity response. This often leads to avoidance behaviors.

Sensory under-responsivity - is when an individual seems oblivious or slow to respond when coming into contact with certain stimuli that would typically evoke a quick response. Such as pulling your hand away from a hot surface.

Sensory seeking - is an unusual preoccupation with certain sensory experiences. This can include repeatedly licking surfaces, smelling items, staring at spinning objects, etc.

Many individuals with ASD experience a combination of over and under-responsivity to the environmental stimuli around them, leading to unusual sensory seeking and/or avoidance behaviors.

FACT SHEET — Visual Supports

Visual supports are tools used to increase the understanding of language and environmental expectations and provide structure and support for individuals with Autism Spectrum Disorders (ASD).

① Why use Visual Supports?

Visual supports facilitate understanding by remaining static or fixed in the individual's environment. If verbal language, which is considered transient or fleeting, is the only method used to communicate expectations, provide support, and increase an understanding of language, then individuals with ASD may have extreme difficulty.

Individuals who have ASD often develop stronger visual skills than auditory skills. Visual supports allow them to use this visual strength to participate in the individual's environment. This can reduce the anxiety individuals with ASD may exhibit when they cannot remain accessible to the expectations of the environment.

Snack
Read
Bus

Drawing → Written → Abstract

Using Independent Work Systems to Build Independence in Students

Since many students in our classrooms are highly supported by staff, learning to work independently is a critical skill. The goals of independent work systems include creating an environment that is easier to understand and teaching students how to complete a set of tasks independently. Join us to learn about Independent Work Systems and walk away with examples and a plan to implement in your classroom.

Date: February 7th, 2023 **Time:** 9 AM - 2:30 PM **Where:** Tinley Park Convention Center

Presented by: Autism Professional Learning & Universal Supports (A+) Team

A+ at Illinois State University assists the Illinois State Board of Education in addressing the significant behavior needs of children and youth with Autism Spectrum (ASD) and related behavior and communication disorders.

You will learn:

- what independent work system looks like and how they work
- how to use independent work systems to fit more instruction into your day
- how students will learn to work on their own using independent work systems
- the types of tasks that work well in these work systems to be successful

Participants will:

- ✓ plan the space you want your independent work systems to be
- ✓ select a student and chose one system to start with
- ✓ learn how to implement the independent work system

....

Bring:

- ○ your laptop or tablet
- ○ an IEP of a student who may benefit from structuring up the environment to become more independent

www.autismplusil.org

Autism in Education

Workshop Series: Each session covers tips, tools, and evidence-based practices that have been designed to support students with autism and complex learning needs.
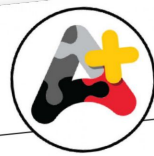
Understanding ASD

September 21, 2022   3:30-5PM
This webinar provides a basic understanding of Autism Spectrum Disorder (ASD). Background information about autism will be provided as well as a framework for characteristics of ASD.

Visual Schedules

October 5th, 2022   3:30-5PM
This webinar explores the benefit of using visual schedules as part of classroom evidence-based interventions. Considerations for implementing schedules, as well as example schedules will be overviewed.

Understanding Behavior & Overview of FBA

October 26, 2022   3:30-5PM
This webinar will focus on the basics of understanding behavior, including the antecedents, the behavior, and the consequences. The process used to collect information about challenging behaviors will be reviewed to better understand why a behavior may be maintained.

ABI's Part 1: Behavior Supports

November 9, 2022   3:30-5PM
This webinar describes challenging behavior that may occur when the demands and the expectations being placed on a student outstrip the skills they have to respond adaptively. Regulation activities will be targeted to help guide teams to develop effective supports.

ABI's Part 2: Communication and Environmental Supports

November 30, 2022   3:30-5PM
This webinar will overview functional communication training and the steps to implement. Other antecedent-based strategies targeting environmental supports in the classroom will be highlighted.

Make-It and Take-It!

December 7, 2022
Join us for our final session, a Make-It-and Take It! This interactive workshop will provide an opportunity to learn about and create strategies to support individuals with ASD. Hard copies of examples from previous sessions will be available (as well as templates).

For each session attended, professional development and continuing education credits will be provided.

Register

Resources

I will take 5 deep breaths

breathe   breathe   3   4   5

Behavio...   Classroom Organization   Communicatio...   Social Supports

Data Collection   Sensory Support

Change Alert!

Instead of   We will have

Pots   Cup   Plate   Microwave

Food   Oven

Drink   Cook

Eat   Pour   Stir   Wash dishes

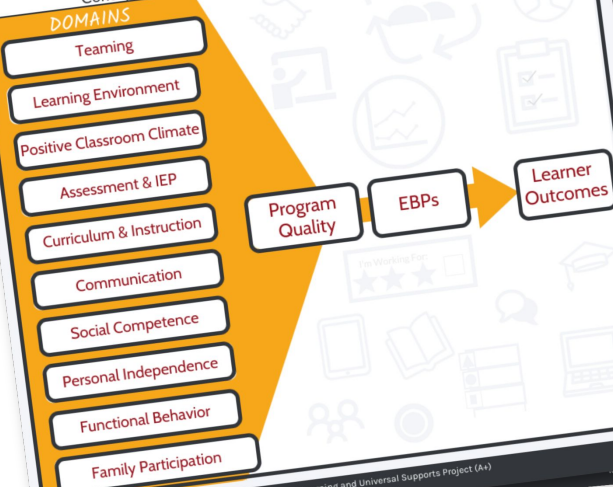Behavior Log   Name: _____

Program Assessment

Autism Program Environment Rating Scale (APERS)

The Autism Program Environment Rating Scale (APERS) is designed to assess quality indicators of programs for children and youth with ASD. High-quality programs for students with autism share common characteristics or indicators, which in practice set standards that serve as best practices. The APERS consists of 10 domains and is available in two versions: one for preschool/elementary grades and one for middle/high school grades. The process involves record reviews, interviews, and direct observation of the learning environment. The results of the APERS provide guidance for program improvement by indicating areas of strength and areas that may benefit from professional development. Results will guide action planning and A+ coaching support.

Conceptual model of program quality for students with ASD

DOMAINS
- Teaming
- Learning Environment
- Positive Classroom Climate
- Assessment & IEP
- Curriculum & Instruction
- Communication
- Social Competence
- Personal Independence
- Functional Behavior
- Family Participation

Program Quality → EBPs → Learner Outcomes

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Domain Descriptions

Positive Learning Climate
The Positive Learning Climate domain records positive interactions between staff and students are demonstrated, with respect for the diversity of all students. It notes whether there is an acknowledgment of student efforts with necessary individualization (individualized reinforcement systems). Diversity is shown through activities and the environment.

Curriculum and Instruction
The Curriculum and Instruction domain monitors if the instruction is varied and matched to individual student needs and reflective of students' IEPs. A review of IEPs indicates whether the instruction incorporates individual accommodations and modifications. The observation looks for instruction that uses appropriate evidence-based practices, including instructional materials and procedures such as prompting and reinforcement, and if generalization is built into instructional plans.

Social Competence
The Social Competence domain documents implementation of school-wide and classroom level peer activities observed. When the environmental setting allows, the observation looks for opportunities and activities with peers in general education classrooms. Social competence and social skills are systematically planned and incorporated into instruction.

Functional Behavior
The Functional Behavior domain identifies proactive strategies within the school and classroom environments and whether supports are consistently implemented by all staff to address interfering and adaptive behavior. The record review component of the assessment analyses the adequacy of functional behavior assessments and behavior intervention plans.

Teaming
The Teaming domain breaks down the teaming process including structures such as clearly defined roles, clear communication, and collaborative meeting and problem-solving time. Team members collect and share data used in decision-making and implement services as outlined in the IEP. The domain also focuses on all staff having access to professional learning focusing on ASD and other needs of the learners supported.

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ALCOT · Protocol for _____

Date _____

TARGETED INDICATOR	NOT EVIDENCED
ENVIRONMENTAL SUPPORTS, (SOURCE – DIRECT OBSERVATION, REPORT)	NE
O R Staff can observe all areas of the classroom	NE
O R Visual supports or tactile cues are displayed throughout the classroom	NE
O R The use of individualized student schedules/calendars are observed	NE
O R Signals clearly indicate when observed transitions are approaching	NE
O R Students are in close proximity to their peers	NE
O R The use of assistive technology or modifications is evident	NOT EVIDENCED
INSTRUCTIONAL SUPPORTS (SOURCE – DIRECT OBSERVATION, REPORT)	NE
O R Lesson plans are used to guide instruction	NE
O R Systematic instruction plans are available for some objectives	NE
O R All staff are engaged in instruction/preparation activities when not on a break	NE
O R Data are collected on multiple student objectives	NE
O R No are plotted on line graphs	NOT EVIDENCED
O R Staff report the use of aim lines or data based decision making rules	NE
INSTRUCTION (SOURCE – DIRECT OBSERVATION, REPORT)	NE
O R No student sits for more than five minutes without instruction	NE
O R Staff seek attention responses before delivering instruction	NE
O R Staff generally deliver instruction only once and then use prompts or feedback to ensure correct responses	NE
O R Staff deliver consistent feedback as appropriate	NE
O R All instructional materials are age appropriate to identify potential reinforcers	NE
O R Staff use preference assessments to identify potential reinforcers	NE
O R Instruction occurs in at least two other skill domains besides academic (communication/social/adaptive/life skills)	NE
O R Staff teach academic skills aligned to the general education curriculum	NE
O R Staff demonstrate strategies using methods to promote generalization	NOT EVIDENCED
COMMUNICATION INSTRUCTION (SOURCE – DIRECT OBSERVATION, REPORT)	NE
O R Students IEPs contain social/communication objectives	NE
O R All students have a functional communication system	NE
O R Communication instruction is observed across multiple times and partners	NE
O R Students have access to communication supports at all times	NE
O R Staff teach, organize, or arrange the environment to facilitate peer interaction	NE
O R All students participate in activities with peers without disabilities	NOT EVIDENCED
BEHAVIOR MANAGEMENT (SOURCE – DIRECT OBSERVATION, REPORT)	NE
O R Staff provide students with multiple opportunities to make choices	NE
O R Staff provide praise/preferred stimuli following appropriate behavior	NE
O R Staff refrain from using frequent negative feedback	NE
O R Staff avoid the use of restraint or seclusion based procedures (See scoring guide)	NE
O R BIPs (Behavior Intervention Plans) are written for persistent challenging behaviors	NE
O R All staff-student interactions promote dignity	NOT EVIDENCED
STAFF INTERACTION (SOURCE – DIRECT OBSERVATION, REPORT)	NE
O R Staff communicate weekly with related service staff/parents	NE
O R Staff establish methods for communication with students families	NE
O R Paraprofessionals are given plans prior to assisting with instruction	NE
O R Staff-to-staff interactions are generally pleasant and collect responsively	NE
TOTAL / 37	

APERS

ALCOT

Tier 2/3

Program Assessment

Teacher: _____ Coach: _____ Date: _____

Goal	Action Steps	Materials or Resources Needed	Timeline	My goal is met when…	Date Action Step Completed

Notes:

Page _____ of _____   Date Goal Set: _____   Date Goal Completed: _____

Virtual &
Onsite Coaching

ISBE
Goals and Benchmarks
Training Goal

Develop annual training in collaboration with external stakeholders based on field research and best practices focusing on:

- Crisis de-escalation
- Restorative practices
- Identifying signs of distress during physical restraint and time out
- Trauma-informed practices
- Behavior management practices

Embed implicit bias training in schools/districts/cooperatives with instances of restraint, time out, and isolated time out

Center for Behavioral Supports

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ILLINOIS STATE UNIVERSITY
Illinois' first public university®

behavioralsupportsil.org

Center *for* Intensive
Behavioral Supports

If you are a CPS employee, please do not use this portal to create an account. You will need to retake the course if you sign up on this platform! Please contact behavioralsupports@ilstu.edu if you have any questions.

Ready for Access: Restraint and Time Out Training Platform

Please use the Sign Up or Login buttons (top right of screen) to gain access!

Center *for* Intensive
Behavioral Supports

Welcome to the
RESTRAINT AND TIME OUT
Professional Learning
Platform

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Module Timing

Module	Length
RTO Rules & Regulations	1 hour 30 minutes
Form 11-01	1 hour 15 minutes
Using Time-out Effectively	45 minutes
Mid-Valley SPED Cooperative	1 hour 15 minutes
Identifying the Appropriate Conditions and Resulting Dangers of RTO	1 hour 15 minutes
Crisis De-escalation	1 hour 30 minutes
Trauma-Informed Practices	1 hour
Restorative Practices	2 hours 30 minutes
Build a Classroom Community Through Proactive Circles	1 hour 30 minutes
Proactive Approaches to Behavior Management	1 hour 15 minutes
Functional Behavior Assessment	45 minutes
ABCs of Understanding Behavior	1 hour
Adult Self-regulation	1 hour 15 minutes
Implicit Bias	1 hour 15 minutes

Training Comparisons

Left document:

Center for Intensive Behavioral Supports

The Center for Intensive Behavioral Supports (CIBS) Professional Learning Modules meet the annual Public Act 102-0339 training requirements outlined below.

Annual Training Requirements 8 hours of developmentally appropriate training to include:	CIBS Professional Learning Modules
Crisis De-escalation	• Crisis De-escalation (1 hour 30 minutes)
Restorative Practices	• Restorative Practices (2 hours 30 minutes) • Build a Classroom Community Through Proactive Circles (1 hour 30 minutes)
Identifying Signs of Distress During Physical Restraint and Time-out • Recognizing contraindications and other conditions and events that increase risk of death	• Identifying the Appropriate Conditions and Resulting Dangers of Restraint and Time-out
Trauma-Informed Practices	• Trauma-Informed Practices (1 hour)
Behavior Management Practices • Appropriate procedures for preventing the need for isolated time-out, time-out, physical restraint and the need to use interventions that are less restrictive and intrusive to reduce the risk of harm to students • Recognizing and responding appropriately to the antecedent of a student's behavior	• Proactive Approaches to Behavior Management (1 hour 15 minutes) • ABCs of Behavior (1 hour) • Functional Behavior Assessment (40 minutes) • Adult Self-Regulation (1 hour 15 minutes)
Procedural Requirements • The dangers associated with the use of isolated time-out, time-out, and physical restraint and the need to use interventions that are less restrictive and intrusive to reduce the risk of harm to students • A description and identification of dangerous behaviors on the part of students that may indicate the need for isolated time-out, time-out, and physical restraint and methods for evaluating the risk of harm in individual situations in order to determine whether the use of restraint is warranted • Instruction regarding the effects of isolated time-out, time-out, and physical restraint on the person in restraint, isolated time-out, or time-out, including instruction on monitoring physical signs of distress and obtaining medical assistance • Instruction regarding documentation and reporting requirements and investigation of injuries and complaints	• Rules & Regulations (1 hour 30 minutes) • Using Time-Out Effectively (45 minutes) • Form 11-01 (1 hour 15 minutes)
Simulated Physical Proficiency • The simulated experience of administering and receiving a variety of isolated time-out, time-out, and physical restraint techniques, ranging from minimal physical involvement to very controlling interventions • Demonstration by participant of proficiency in administering isolated time-out, time-out, and physical restraint	Online training relative to physical restraint is prohibited. Physical restraint training must include in-person, hands-on practice of techniques, ranging from minimal physical involvement to very controlling interventions.

Right document:

Center for Intensive Behavioral Supports

The Center for Intensive Behavioral Supports (CIBS) Professional Learning Modules meet the annual Public Act 102-0339 training requirements outlined below.

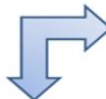| Training Requirements	CIBS Professional Learning	Emergency Safety Program:
Crisis De-escalation	✓	
Restorative Practices	✓	
Identifying Signs of Distress During Physical Restraint and Time-out • Recognizing contraindications and other conditions and events that increase risk of death	✓	
Trauma-Informed Practices	✓	
Behavior Management Practices • Appropriate procedures for preventing the need for isolated time-out, time-out, physical restraint and the need to use interventions that are less restrictive and intrusive to reduce the risk of harm to students • Recognizing and responding appropriately to the antecedent of a student's behavior	✓	
Procedural Requirements • The dangers associated with the use of isolated time-out, time-out, and physical restraint and the need to use interventions that are less restrictive and intrusive to reduce the risk of harm to students • A description and identification of dangerous behaviors on the part of students that may indicate the need for isolated time-out, time-out, and physical restraint and methods for evaluating the risk of harm in individual situations in order to determine whether the use of restraint is warranted • Instruction regarding the effects of isolated time-out, time-out, and physical restraint on the person in restraint, isolated time-out, or time-out, including instruction on monitoring physical signs of distress and obtaining medical assistance • Instruction regarding documentation and reporting requirements and investigation of injuries and complaints	✓	
Simulated Physical Proficiency • The simulated experience of administering and receiving a variety of isolated time-out, time-out, and physical restraint techniques, ranging from minimal physical involvement to very controlling interventions • Demonstration by participant of proficiency in administering isolated time-out, time-out, and physical restraint		Online training relative to physical restraint is prohibited. Physical restraint training must include in-person, hands-on practice of techniques, ranging from minimal physical involvement to very controlling interventions.

Implicit Bias & View of Behavior

Illinois State Board of Education

National Statistical Data

- Preschool children of color are suspended 3.6 times more than white children

- K-12 students of color are suspended 3.8 times more than white students

- Disability Students are twice as likely to be suspended more than students without disabilities

Illinois State Board of Education

Illinois Statistical Data

School Year	Discipline Action	Total Student Discipline Count	Student of Color Discipline Count	Student of Color % Of Total Discipline
2018	Expulsion	593	404	68%
2018	Suspension	287,454	208,857	72%
2019	Expulsion	377	278	74%
2019	Suspension	261,150	188,266	72%
2020	Expulsion	232	147	63%
2020	Suspension	173,176	122,049	70%

Student Discipline by Race	2018 E	2019 E	2020 E	2018 S	2019 S	2020 S
American Indian Alaska Native	0	1	0	777	788	476
Asian	3	2	1	2,062	1,809	1,443
Black Or African American	286	208	102	123,372	107,609	66,707
Hispanic	90	48	30	68,310	65,177	43,941
Multiracial	25	19	14	14,159	12,722	9,391
Native Hawaiian Or Pacific Island	0	0	0	177	161	91
White	189	99	85	78,597	72,884	51,667
Total	593	377	232	287,454	261,150	173,176

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Skin-tone IAT — *Skin-tone* ('Light Skin - Dark Skin' IAT). This IAT requires the ability to recognize light and dark-skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.

Transgender IAT — *Transgender* ('Transgender People - Cisgender People' IAT). This IAT requires the ability to distinguish photos of transgender celebrity faces from photos of cisgender celebrity faces.

Asian IAT — *Asian American* ('Asian - European American' IAT). This IAT requires the ability to recognize White and Asian-American faces, and images of places that are either American or Foreign in origin.

Race IAT — *Race* ('Black - White' IAT). This IAT requires the ability to distinguish faces of European and African origin. It indicates that most Americans have an automatic preference for white over black.

Weapons IAT — *Weapons* ('Weapons - Harmless Objects' IAT). This IAT requires the ability to recognize White and Black faces, and images of weapons or harmless objects.

Presidents IAT — *Presidents* ('Presidential Popularity' IAT). This IAT requires the ability to recognize photos of Joseph Biden and one or more previous presidents.

Religion IAT — *Religion* ('Religions' IAT). This IAT requires some familiarity with religious terms from various world religions.

Disability IAT — *Disability* ('Physically Disabled – Physically Abled' IAT). This IAT requires the ability to recognize figures representing physically disabled and physically abled people.

Arab-Muslim IAT — *Arab-Muslim* ('Arab Muslim - Other People' IAT). This IAT requires the ability to distinguish names that are likely to belong to Arab-Muslims versus people of other nationalities or religions.

Age IAT — *Age* ('Young - Old' IAT). This IAT requires the ability to distinguish old from young faces. This test often indicates that Americans have automatic preference for young over old.

Gender-Science IAT — *Gender - Science.* This IAT often reveals a relative link between liberal arts and females and between science and males.

Gender-Career IAT — *Gender - Career.* This IAT often reveals a relative link between family and females and between career and males.

Native IAT — *Native American* ('Native - White American' IAT). This IAT requires the ability to recognize last names that are more likely to belong to Native Americans versus White Americans.

Sexuality IAT — *Sexuality* ('Gay - Straight' IAT). This IAT requires the ability to distinguish words and symbols representing gay and straight people. It often reveals an automatic preference for straight relative to gay people.

Weight IAT — *Weight* ('Fat - Thin' IAT). This IAT requires the ability to distinguish faces of people who are obese and people who are thin. It often reveals an automatic preference for thin people relative to fat people.

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"As the racial discipline gap goes up, so too does the racial achievement gap," Pearman said. "Likewise, as the racial discipline gap goes down, so too does the racial achievement gap."

Certificate of Completion & CPDUs

ISBE Rules and Regulations

Resource Examples

Physical Restraint, Time Out, and Isolated Time Out Bill of Rights

This Bill of Rights provides parents and guardians with an overview of the requirements and rights related to the use of physical restraint, time out, and isolated time out (RTO). RTO should be used as a last resort and only when the threat of imminent danger of serious physical harm exists. The information presented in this guide is not meant to be exhaustive and does not include a complete explanation of all the laws. However, at a minimum, parents and guardians should be aware of their rights when RTO is utilized to ensure the safety and well-being of their child.

Terms to Know
- **Chemical Restraint:** Using medication to control a student's behavior or to restrict a student's movement.*
- **Imminent Danger:** A situation in which a student presents a danger to the safety and well-being of himself, her self, or another person and is likely to cause immediate physical harm.
- **Isolated Time Out:** Involuntary confinement of a student alone in a time out room or other enclosure outside of the classroom without a supervising adult in the time out room or enclosure.
- **Mechanical Restraint:** Using a device or equipment that limits or prevents a student's movement.*
- **Physical Restraint:** Holding or restricting a student's movement.
- **Prone Restraint:** A physical restraint in which a student is held face down and physical pressure is applied to the body to prevent movement.*
- **Time Out:** Involuntary monitored separation of a student from classmates with a trained adult in the room for part of the school day or for a brief time in a non-locked setting.

RTO Standards

RTO may be used when:	RTO must end when:	RTO must not be used if:
✓ Your child's behavior may cause serious physical harm to self or others.	✓ Your child calms down and there is no longer a risk of serious physical harm to self or others.	✓ Your child has health concerns and using RTO could harm your child.
✓ The school tried to calm your child down with other techniques before using RTO.	✓ Your child says that he/she/they is unable to breathe.	✓ Your child did not follow directions.
✓ Your child has no known health reasons that RTO should not be used.	✓ Staff recognize that your child is having a difficult time breathing.	✓ Your child was verbally disrespectful or rude.
✓ The staff members applying and supervising the RTO are trained and certified.		✓ Your child was cursing.
		✓ Your child tried to damage property.
		✓ The school staff wants to punish your child.

*Not permitted to be used in Illinois public and nonpublic schools.

Illinois State Board of Education

isbe.net

July 2022

Student Rights While Placed in a Time Out or Isolated Time Out
- The room must meet all safety requirements of the law. The door shall not be locked, and the doorway may not be blocked with furniture or other objects.
- During a timeout, an adult must remain in the room with the student.
- A student may only be placed in isolated time out when the supervising adult would be in danger of serious physical harm from the student. An adult will remain outside of the room.
- While in time out or isolated time out, a student must be allowed to go to the bathroom or take regularly scheduled medicine.
- If a time out or isolated time out occurs during lunch or a regularly scheduled snack time, food or drink must be offered to the student.
- Clothing items shall remain in place. Items may only be removed if there is a risk of self-injury or injury to others.
- Staff must never leave a student alone. They must continually check on the student to make sure the student has calmed down and can return to class.

Parent/Guardian Bill of Rights After an RTO Event

1. Notification
The school should attempt to notify you on the same day of the RTO event.

2. Written Explanation
Within **one day** (unless the next day is a weekend or holiday), you should receive a written explanation of the event.

3. Right to Meet
Within **two days** (unless the next day is a weekend or holiday), you should be notified of the right to schedule a meeting. The meeting should be held two days after your request is made. You may meet in person, via telephone, or virtually.

4. Meeting
During the meeting, everyone should talk about what happened and what could have been done differently. You may ask questions, make suggestions, and share what works best for your child. The goal is to prevent future RTO events.

5. Meeting Notes
You must be provided a copy of the meeting notes.

How to File a Complaint
If you feel your child's rights have been violated during a RTO event, you may file a RTO state complaint. A complaint must be filed within one year of the RTO incident. There is no cost to file a complaint, and you do not need an attorney. To file a complaint or to request assistance, you may contact the Illinois State Board of Education at 217-785-5585 or by emailing restrainttimeout@isbe.net.

For additional information about the use of RTO, including links to regulations and other guidance, please visit the ISBE RTO webpage or scan the QR code.

Using Time-out Effectively

Using Time-Out Effectively

One Tool in the Toolkit: Using Time-Out Effectiv... (001-cps)

Time-out is a very important topic for special educators. We hear about it, we use it, and we know that there are new requirements from ISBE about the use of time out. BUT...do we really know how to effectively implement time out and isolated... more

Add ▾   ↕ Reorder   Edit course   View as Learner   ...

START HERE

☑ Pre training Survey

INTRODUCTION

🔊 Introduction

📄 Guided Notes

TIME OUT AND ISOLATED TIME OUT

</> ISBE Definition of Time-Out and Isolated Time-Out

</> Time-out as an Intervention

</> When and Why Would I Use a Time-out Intervention?

</> What Might Time-out Look Like?

</> There Is a Student...How Do I Effectively Implement a Time-out Intervention?

CONCLUSION

</> Summary

☑ Post training Survey

📄 ISBE Evaluation

☁ Visit our website

Identifying the Appropriate Conditions and Resulting Dangers of RTO

Signs of Distress and Contraindications to the Use of Physical Restraint and Time-out

The intended purpose of physical restraint and time-out in schools is to intervene in a crisis when a student poses an imminent danger to themselves or others. While the use of physical restraint and time-out is to protect from immediate bodily harm, there is increasing concern that these last-resort practices require safeguards to be in place to reduce unintentional adverse outcomes, including death, for those restrained or placed in isolated time-out. Emphasis is on identifying signs of distress a student may exhibit during these traumatic interventions and any underlying reasons why adults should not utilize these intensive practices in some cases. Trained staff must understand signs of distress and deeply know a student's medical and psychological background to optimize results.

Signs of distress due to physical restraint can present in various ways. Individuals may exhibit both physical and psychological signs including:

Physical Signs
- Difficulty Breathing: Shallow breathing, gasping, or chest discomfort due to restricted movement
- Skin Changes: Redness, swelling, or discoloration at the restraint site, indicating pressure or compromised circulation
- Physical Pain: Expressions of pain, discomfort, or attempts to shift to relieve pressure or pain.
- Injuries: Bruising, cuts, or marks at the site of restraint or on other body parts from struggling against restraints
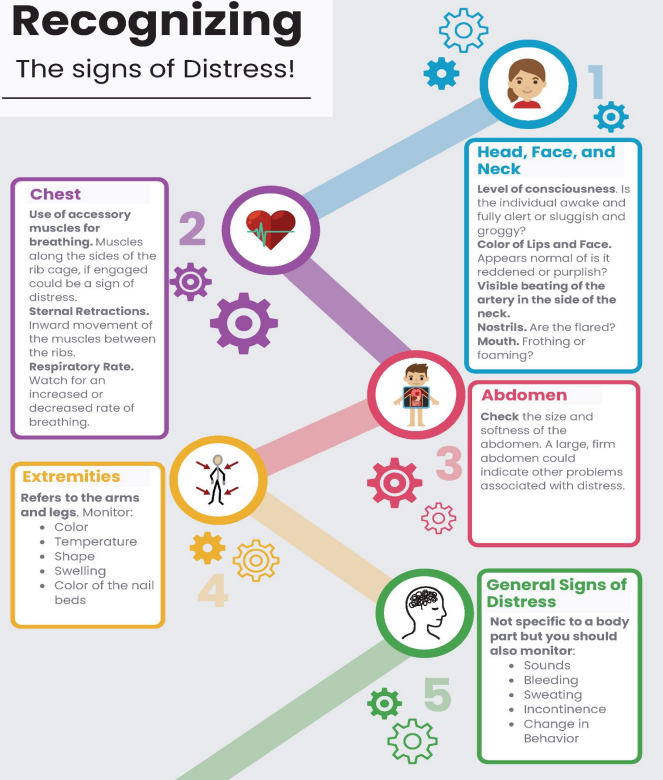
Psychological Signs
- Agitation or Anxiety: Restlessness, increased heart rate, sweating, or verbal expressions of distress
- Confusion or Disorientation: Inability to understand why they are restrained, leading to increased fear or panic
- Withdrawal or Depression: Becoming quiet, sad, or withdrawn due to feelings of helplessness or loss of control
- Verbal Protests: Vocalizing discomfort, fear, or anger about being restrained

It is essential to regularly monitor individuals in physical restraint for signs of distress to take immediate action if any are observed, including reassessing for the continued need, and checking for any physical discomfort or injury. Regular communication between participants and recording accurate documentation about the person's condition during restraint are essential for their well-being and for maintaining a detailed record of their response to restriction.

Center for Intensive Behavioral Supports

Recognizing
The signs of Distress!

1 Head, Face, and Neck
Level of consciousness. Is the individual awake and fully alert or sluggish and groggy?
Color of Lips and Face. Appears normal of is it reddened or purplish?
Visible beating of the artery in the side of the neck.
Nostrils. Are the flared?
Mouth. Frothing or foaming?

2 Chest
Use of accessory muscles for breathing. Muscles along the sides of the rib cage, if engaged could be a sign of distress.
Sternal Retractions. Inward movement of the muscles between the ribs.
Respiratory Rate. Watch for an increased or decreased rate of breathing.

3 Abdomen
Check the size and softness of the abdomen. A large, firm abdomen could indicate other problems associated with distress.

4 Extremities
Refers to the arms and legs. Monitor:
- Color
- Temperature
- Shape
- Swelling
- Color of the nail beds

5 General Signs of Distress
Not specific to a body part but you should also monitor:
- Sounds
- Bleeding
- Sweating
- Incontinence
- Change in Behavior

Crisis De-escalation

Crisis De-escalation (005)

`24%`

This module focuses on interrupting an escalating behavior cycle to minimize the need for physical intervention or exclusionary discipline. By providing a structured, nurturing environment, using specific strategies, and teaching students appropriate replacement behaviors, school staff can help protect themselves, protect students, and calm tensions to avoid physical or isolative consequences.

CONTENT

START HERE

- ☑ Pre Training Survey

INTRODUCTION

- 🔊 Introduction
- 📄 Guided Notes
- 📄 De-escalation Reflection Activity

OVERIVEW

- ✔ De-escalation Overview
- ✔ Phases of Escalation

CYCLES OF ESCALATING BEHAVIOR

- ✔ Phase 1 - Calm
- ✔ Phase 2 - Triggers
- </> Phase 3 - Agitation
- </> Phase 4 - Acceleration
- </> Phase 5 - Peak
- </> Phase 6 - De-escalation
- </> Phase 7 - Recovery

CONCLUSION

- 🔊 Conclusion
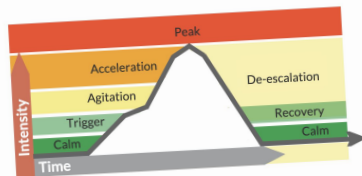- ☑ Post Training Survey
- 📄 ISBE Evaluation
- ☁ Visit our website

COMPLETION RULES

- ⚑ All units must be completed

Resume course

Resource Examples

Right Now I Am Feeling...
- Focused
- Excited
- Embarrassed
- Bored
- Happy
- Confused
- Worried
- Frustrated
- Angry
- Something Else:

De-escalation Cycle

Peak

Acceleration
Agitation
Trigger
Calm

De-escalation
Recovery
Calm

Intensity

Time

Phase	Learner's Behavior	How to Respond
Calm	Following along, contributing; Smiling, laughing, talking with others; Answers questions	Establish consistent routine; Prompt before transitions; Work on FCT and emotional regulation skills; Identifying emotions
Trigger & Agitation	**Possible Triggers**: Denied access to going outside; Academic work for 30+ min; Noisy places; Waiting in lines for 15+ min. **Possible Behaviors When Triggered**: Increased stimming; Increased fidgeting; Decrease in eye contact; Growling or hissing	Move to a quieter location; Decrease demands; Prompt for a break; Move 2-3 feet away until calmer
Acceleration	Aggressive gestures towards others; Verbal threats; Low intensity physical contact; Hit self with low intensity with open hand; Yelling	Limit interaction; Do not make demands; Remove others from the area; Remove things that can be thrown; Maintain safety; Use CPI training

Adapted from https://www.pent.ca.gov/index.aspx

- Use CPI training
- Clear the room of others
- Call for help if lasts longer than 10 minutes
- Continue to limit interaction and demands

- Provide time and space
- Refrain from providing demands
- Do not talk about the incident
- Begin to pair again
- Limit interaction
- Stay close but no closer than 3-4 feet

- Maintain neutral tone
- Do not talk about event until next day, or 1 hour has past
- Begin to pair again
- Wait till calm to provide transitions or non-preferred activities
- Take time to fill our post crisis self - assessment, take ABC data

Adapted from https://www.pent.ca.gov/index.aspx

Breathing Board
To help calm your body, take 10 deep breaths

Breathe In
as you pick up a square

Breathe Out
as you place a square

Center for Intensive Behavioral Support

I will take 5 deep breaths
breathe   breathe

Virtual Community of Practice (VCoP)

Virtual Community of Practice — RTO Rules & Regulations

Virtual Community of Practice — Trauma Informed Practices

Virtual Community of Practice — Implicit Bias

Virtual Community of Practice — Restorative Practices

Virtual Community of Practice — Crisis De-escalation

Virtual Community of Practice — Self-Regulation

Virtual Community of Practice — Proactive Approaches to Behavior Management

- Peer collaboration

- Discussion prompts

- Resources

- PLC materials

CIBS Website

Regional Summits
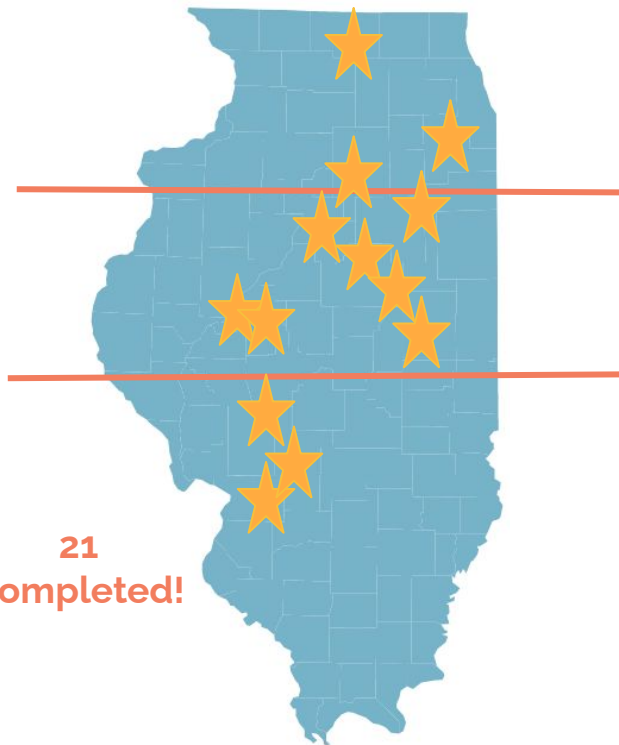
Current Schedule

- June 13, Champaign

- June 26, Normal

More dates and locations coming soon!

21 Completed!

Center for Intensive Behavioral Supports

Regional Summits

A professional development opportunity for local educators

ISBE Student Care staff will be present for Q & A

Training Topics

Review: Available training and resources from the Center for Intensive Behavioral Supports

Examine: Restraint and time-out (RTO) language and legislation

Apply: District policy regarding RTO, including the use of ISBE form 11-01

What To Bring

☑ Computer

☑ Participants must bring copies or have access to district documents relevant to RTO

Local Policy Alignment

Comparison of ISBE Rules and Regulations to Local Policy and Implementation Guidelines

0=Not in place 1=Partially in place 2=Fully in place

Definitions

0	1	2	ISBE Rules and Regulations	Local Policy/Implementation Guidelines
			Imminent danger • Student presents a serious danger to the safety and well-being of himself, herself, or another person • Likely immediate physical harm	Imminent danger
			Time-out • Monitored separation with trained adult • Non-locked settings • Brief period of time • Behavior poses imminent danger of serious harm • NOT student initiated	Time-out
			Isolated time-out • Student actively engaged in extreme physical aggression • Adult in imminent danger of serious physical harm • Adult within 2 feet of enclosure with continuous visual/auditory monitoring • Student has reasonable access to food/water/medication/toileting • NOT student initiated	Iso

Documentation

0=Not in place 1=Partially in place 2=Fully in place

0	1	2	ISBE Rules and Regulations	Local Policy/Implementation Guidelines
			Documentation of positive behavior supports in students' IEPs • Documentation of positive behavior supports for individual students is found in the PLAAFP, goals, supplementary aids/services, special education/related services, notes, FBA, and/or BIP sections of the IEP • Parent input is considered in developing interventions	Documentation of positive behavior supports in students' IEPs
			...ysical... ...ry record ...n/end ...nts, ...f student ...s, ...escription ...hool ...n ...use of ...uld not be ...solated ...xceeds 30	Documentation of time-out, isolated time-out and physical restraint episodes

			• NOT momentary physical restriction	
			Supine restraint • Supine physical restraint student is held face up and pressure applied by trained personnel • Emergency situation - imminent danger of serious harm to self/others • Used after other interventions have proven ineffective • No medical/psychological contraindication • Does not impair student's ability to breathe or use primary mode of communicate • Fewest number of people to safely hold student with least amount of force and fewest points of contact	Supine restraint

0=Not in place 1=Partially in place 2=Fully in place

Supervision training/requirements for timeout/restraint

0	1	2	ISBE Rules and Regulations	Local Policy/Implementation Guidelines
			Training requirements • Adult trained 8 hours [see documentation section] • Training completed annually • Certificate of training completion • Trained adult provided copy of policies • Training provided by qualified professional • Training to identify signs of distress • License professional to evaluate appropriately	Training requirements for time out

0=Not in place 1=Partially in place 2=Fully in place

Required Processes

0	1	2	ISBE Rules and Regulations	Local Policy/Implementation Guidelines
			Time limits time-out • End immediately when staff determine student no longer in danger	Time limits time-out

Definitions

- Imminent Danger

- Time Out

- Isolated Time Out

- Physical Restraint

- Supine Restraint
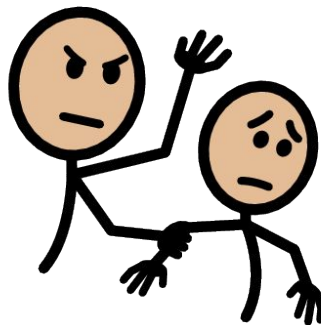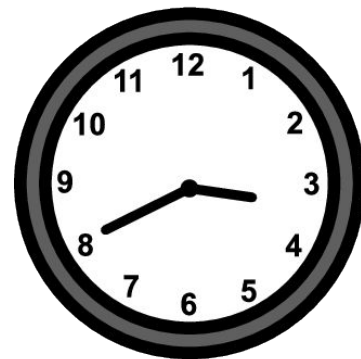
ISBE Form 11-01

Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

PHYSICAL RESTRAINT AND TIME OUT FORM

Instructions: Per 23 IAC 1.285(f)(1), a written record of each event involving a time out, isolated time out, or physical restraint must be maintained in the student's temporary record. Public school districts, nonpublic special education facilities, special education cooperatives, charter schools, Regional Safe School Programs, and any other educational program serving Illinois public school students must complete this form in its entirety. A copy of this form, along with other required documents, must be sent to the student's parent/guardian within one business day after the incident. **Within two business days, serving entities must enter the data into ISBE's Student Information System (SIS). Please DO NOT mail a physical copy of this form to ISBE.**

STUDENT NAME	DATE OF BIRTH	ISBE STUDENT ID

HOME SCHOOL	DISTRICT

SERVING LOCATION	☐ District School or Program ☐ Cooperative Program
	☐ Nonpublic Special Education Facility

Does the student have an IEP? ☐ Yes ☐ No   If yes, what is the disability category?_____

Does the student have a 504 Plan? ☐ Yes ☐ No

Document the incident(s) that occurred on a single day. If an incident occurs more than 30 minutes after the conclusion of the previous event, please complete a separate form for the new incident. Multiple forms may be used instead.

Incident #1	Incident #2	Incident #3	Incident #4
☐ Physical Restraint ☐ Isolated Time Out ☐ Time Out	☐ Physical Restraint ☐ Isolated Time Out ☐ Time Out	☐ Physical Restraint ☐ Isolated Time Out ☐ Time Out	☐ Physical Restraint ☐ Isolated Time Out ☐ Time Out
Date of Incident:	Date of Incident:	Date of Incident:	Date of Incident:
Time Started:	Time Started:	Time Started:	Time Started:
Time Ended:	Time Ended:	Time Ended:	Time Ended:
Total Minutes:	Total Minutes:	Total Minutes:	Total Minutes:
Location:	Location:	Location:	Location:

Check Reason for Restraint or Time Out:

☐ **Imminent Danger of Serious Physical Harm to Self**
☐ **Imminent Danger of Serious Physical Harm to Staff**
☐ **Imminent Danger of Serious Physical Harm to Other Student(s)**
☐ **Other:** _____

1. Describe events leading up to the incident:

ISBE 11-01 (8/23)

District RTO Reduction Plan

- Specific Actions for RTO Reduction
- Procedures to Ensure Staff Understanding of Student Backgrounds
- Detail and Support Vision for Cultural Change
  - Positive behavioral interventions
  - De-escalation
  - Crisis intervention
  - Debriefing meetings
  - Parent access

A SPED Co-op's
RTO Journey

Mid-Valley SPED Cooperative

Home / **Mid-Valley SPED Coop Learning Beyond Boundaries Webi...** (011)

Mid-Valley SPED Coop Learning Beyond Boundaries Webi... (011)

In this module, Lisa Palese from Mid-Valley Special Education Cooperative outlines her experience receiving a state complaint from the initial student incident through the resulting evolution in school support for all students. She details the... more

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START HERE

☑ Pre Training Survey

INTRODUCTION

◀)) Introduction

🖹 Guided Notes

MID-VALLEY SPECIAL ED CO-OP

</> Get to know Lisa Palese

</> Mid-Valley at a Glance

</> New Directions Program

STATE COMPLAINT

</> Mid-Valley State Complaint - What Happened

</> Mid-Valley State Complaint - Finding of Facts

🖵 Mid-Valley SPED Co-op Response Documents to State Complaint.pptx

WHAT MID-VALLEY LEARNED

</> What Mid-Valley Learned

</> The Before and After

CONCLUSION

</> Next Steps

☑ Post Training Survey

🖹 ISBE Evaluation

☁ Visit our website

FY 25: Expanding Our Reach

Targeted areas for professional learning:

Self-regulation for Students

Role of the Parent in Behavioral Support

Administrator Role in Behavioral Support

Coaching support to schools identified by ISBE

Visit Our Exhibit Booths

Autismplusil.org

Behavioralsupportsil.org