

DOCUMENT RESUME

ED 303 959

EC 212 256

TITLE Counselor's Resource Guide for Supporting Programs for Emotionally Handicapped Students.

INSTITUTION Indiana State Dept. of Education, Indianapolis. Div. of Special Education.

PUB DATE Jun 87

NOTE 56p.; For related documents, see EC 212 251-264.

PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC03 Plus Postage.

DESCRIPTORS *Behavior Disorders; Behavior Modification; *Counselor Role; Educational Diagnosis; Elementary Secondary Education; *Emotional Disturbances; Graduation Requirements; *Helping Relationship; Humanistic Education; Individualized Education Programs; *Interprofessional Relationship; Student Placement; Student School Relationship

ABSTRACT

The guide is intended as an information resource for school counselors in their interactions with emotionally handicapped (EH) students and their teachers. Following a definition of EH students, the first of seven brief chapters uses a question-and-answer format to discuss the counselor's role in student assessment and the individualized education program (IEP) conference. The IEP is the focus of Chapter II, while Chapter III outlines the range of behaviors exhibited by EH students and lists behavior management strategies and interventions (behavior modification, contingency contracting, reinforcers). The role of the school counselor in facilitating behavior management plans and goals is described, and sample report forms and checklists are included. Chapter IV summarizes affective education and provides a list of relevant readings. Interprofessional communication is addressed in the fifth chapter, with attention to student scheduling, grading, and graduation requirements. Administrative responsibilities of the school counselor are discussed in Chapter VI, including knowledge of legal procedures, record keeping, and suspension and expulsion. A final chapter lists 35 tips for dealing with students and professionals. Three appendices deal with the topics of parental rights, continuum of services, and the placement process. A glossary and bibliography conclude the document. (JW)

 * Reproductions supplied by EDRS are the best that can be made *
 * from the original document. *

This document has been reproduced as received from the person or organization originating it.
 Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

COUNSELOR'S RESOURCE GUIDE FOR SUPPORTING PROGRAMS
FOR EMOTIONALLY HANDICAPPED STUDENTS

Division of Special Education
Indiana Department of Education

Indiana Committee on the Emotionally Handicapped
Shirley J. Amond, Chairperson

June 1987

"PERMISSION TO REPRODUCE THIS
MANUSCRIPT HAS BEEN GRANTED BY

Shirley Amond

BEST COPY AVAILABLE

ED303959

2212256

The contents of this publication were developed under a grant from the Indiana Department of Education, Division of Special Education. The contents, however, do not necessarily represent the policy of that agency, and no official endorsement should be assumed.

Table of Contents

Acknowledgments	ii
Committee Members	iii
Preface	iv
Definition	v
Chapter I: Assessment	1
Chapter II: Individual Educational Plan (IEP)	9
Chapter III: Behavior Management	15
Chapter IV: Affective Education	25
Chapter V: Communication	29
Chapter VI: Administration	35
Chapter VII: Tip Sheet	39
Appendices	43
Glossary	49
Bibliography	51

ACKNOWLEDGMENTS

Under the leadership of the Indiana State Advisory Council on the Education of Handicapped Children and Youth, the Indiana Committee on the Emotionally Handicapped has continued its efforts to resolve those issues which inhibit the development of programs for seriously emotionally handicapped students.

This publication is the result of the cooperative efforts of many individuals. Those individuals have contributed time and shared their expertise toward the completion of this activity.

To all those who served on the committee, a special note of thanks is expressed. The sharing of information and personal skills in the research, writing, and editing of this publication is deeply appreciated.

The committee members wish specifically to recognize the staff of the Indiana Special Education Administrators' Services, Dr. William R. Littlejohn, Director, and Connie Cutter and Linda Wolf, support personnel, for their dedicated efforts on behalf of the project. Their contributions have been invaluable. In addition, the committee thanks the Clark County Special Education Cooperative for providing forms that are used in this document.

INDIANA COMMITTEE ON THE EMOTIONALLY HANDICAPPED

Membership

Mr. Paul Ash	Director, Division of Special Education Indiana Department of Education
Ms. Shirley J. Amond Committee Chairperson	Director of Special Education West Central Joint Services

Counselor's - Resource Guide

Mr. Richard L. Klemens Chairperson	Middle School Principal Greater Clark County Schools
Ms. Jan Braden	Middle School Counselor Greater Clark County Schools
Dr. Carolyn Brown	School Psychologist Clark County Special Education Cooperative
Ms. Carol Hervey	High School Teacher of the Emotionally Handicapped, MSD of Wayne Township
Ms. Sally Hoffman	School Principal West Central Joint Services
Ms. Sandy Zelli	Social Worker - Day Treatment Center Clark County Special Education Cooperative

Preface

The emotionally handicapped have been the most underserved special education population in public schools.

It is the opinion of the committee preparing this document that one of the inhibiting factors in program development is insufficient supportive data on the initiation, development, and management of programs for this population.

The purpose of this document is to provide an information resource guide for counselors, social workers, and related services personnel who will be involved with supporting emotionally handicapped students.

The role of these professionals will vary with the philosophy of the school corporation and the building principal. The information provided is directed at how the professional worker can support the students, parents, and teachers involved in the emotionally handicapped program.

Experience has taught us that there are four basic ingredients in a successful program for emotionally handicapped students:

1. A strong statement of philosophy;
2. A supportive attitude of all individuals involved with the program;
3. A well-developed and communicated plan for the program; and
4. A structured and integrated system of ongoing communication.

The counselor, social worker and related services personnel should become aware of all aspects of the program in order to provide the support needed to assist the staff in meeting the needs of the emotionally handicapped students.

DEFINITION

The following definition of a seriously emotionally handicapped child will provide you with a description of the type of child with whom you will be working in your role as counselor.

A seriously emotionally handicapped (SEH) child is a child with a severe condition exhibited over a long period of time to a marked degree which adversely affects educational performance and is characterized by one or more of the following: (a) an inability to learn which cannot be explained by intellectual, sensory, or health factors (including children who are autistic); (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teacher; (c) an inappropriate type(s) of behavior or feeling under normal circumstances (does not include children who are only socially maladjusted); (d) a general pervasive mood of unhappiness or depression; and (e) a tendency to develop physical symptoms or fears associated with personal or school problems.

Indiana Rule S-1
P.L. 94-142

In general, an emotionally handicapped student has problems involving lack of awareness and/or understanding of self and environment of such duration, frequency, or intensity as to result in an inability to control behavior or express feelings appropriately, thereby significantly impairing performance in the classroom and in school-related activities. The general characteristics include one or more of the following:

- (a) an inability to learn which cannot be explained by intellectual, sensory, or health factors (including children who are autistic).

Significant deficits in the level of functioning may be the most pronounced characteristic of emotionally handicapped children in school. This significant deficit in the learning process may be manifested as impairments in classroom performance and school learning experience as well as failure to master skill subjects. The difference between a child's performance and level of expectancy becomes more significant as a student advances through his school career. This discrepancy may appear to be insignificant in a child's early school years, therefore, making it more difficult to identify a young student based on the inefficiency in functioning level.

- (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

The term "satisfactory interpersonal relationships" refers to the ability to establish and maintain close friendships; the ability to work and play cooperatively with others; the ability to demonstrate sympathy, warmth, and sharing with others; the ability to be assertively constructive; and the ability to make appropriate choices for social interaction. In most instances, children who have difficulty building or maintaining satisfactory interpersonal relationships are readily identified by both peers and teachers.

- (c) an inappropriate type(s) of behavior or feeling under normal circumstances (does not include children who are only socially maladjusted).

Behavior is seen as inappropriate when disturbed internal states lead to socially aberrant or self-defeating behavior; that is, behavior which is clearly discordant with that which would normally be expected.

- (d) a general pervasive mood of unhappiness or depression.

Children who are unhappy or depressed may exhibit a loss of interest or pleasure in all or most all usual activities and pastimes. These behaviors may be expressed verbally or nonverbally, as in frequently sad facial expression, changed peer relations, social isolation, reduced academic achievement, hyperactivity, or restless agitated behavior.

- (e) a tendency to develop physical symptoms or fears associated with personal or school problems.

A child may exhibit physical symptoms such as excessive fatigue, dizziness, nausea, rashes, or an unexplained loss of or alteration in physical functioning; unrealistic fears, such as harm to parents or occurrence of calamities; or pains, such as headaches or stomachaches. Possible physical etiologies should be ruled out prior to attributing the behavior(s) to a psychogenic cause.

Chapter I

ASSESSMENT

Assessment

1. What is the counselor's role in assessing students in need of special services?

The counselor frequently receives referrals from teachers concerning students who are having academic or behavioral difficulties. At this point, the counselor may try various interventions, including classroom plans, home/school intervention plans, or coordination with and/or referral to outside sources (e.g., mental health centers, etc.). The counselor may also schedule meetings including school personnel and parents. In the event that the interventions do not produce the expected change, a case conference may be called to make a referral for additional evaluation. Some of the counselor's duties include:

- a. providing data from the student's cumulative record concerning academic history, achievement tests, etc.
 - b. providing documentation concerning interventions which have been tried. (See page 5 for a sample school intervention checklist).
 - c. coordinating and scheduling the case conference meeting.
2. In the event a student is referred for an evaluation to determine eligibility in an emotionally handicapped program, what are the elements of the total assessment process?

The school psychologist should provide an assessment which includes the following:

- a. The child's functioning in various settings.
 - b. The child's functioning as determined by interviews, rating scales, classroom observations, normative and clinical instruments).
 - c. Information obtained from a number of sources, including the counselor, the child, teachers, parents, and other agencies (mental health, probation) where the child has been involved.
3. What kinds of information should be obtained?

The school psychologist should obtain data related to the five areas of the definition of EH students. In relation to an inability to learn which cannot be explained by intellectual, sensory, or health factors, assessment should include measures of intellectual ability, achievement, health, and sensory functioning, as well as data regarding school grades and classroom performance.

Interpersonal relationships are assessed by behavior checklists completed by teacher and parents as well as student report. These may include the Behavior Rating Profile (student, teacher, and parent forms), classroom observation, Behavior Evaluation Scale, etc.

Inappropriate behavior under normal circumstances (obsessive-compulsive behaviors; distorted perception of reality; problems with sexual issues; chronic violation of age appropriate and reasonable home or school rules; violent anger reactions, temper tantrums; regressive

behaviors) are assessed by behavior checklists completed by parents and teachers, student report, and observation data. Typical instruments include the Behavior Rating Profile, Child Behavior Checklist, Sentence Completion Test, Louisville Behavior Checklist, etc.

A general pervasive mood of unhappiness or depression may be assessed by depression inventories, teacher reports, classroom observations, etc.

Finally, a tendency to develop physical symptoms or fears associated with personal or school problems may be manifested in excessive separation anxiety, generalized or persistent anxiety, and extremely poor self-esteem. These symptoms may be assessed through self-esteem instruments, anxiety or other affective instruments, and projective instruments.

4. What is the counselor's role in the assessment process following referral?
 - a. The counselor may help collect data such as behavior checklists, etc. which are to be completed by teachers. Contact the Director of Special Education for more specific information about behavior checklists.
 - b. The counselor may provide anecdotal data on referred students.
 - c. The counselor provides any known pertinent data concerning the child's home environment and his school status and behavior. (See page 6 for a sample.)
 - d. The counselor provides previous intervention data and results.
 - e. If the counselor is aware of a child's involvement with outside agencies, he/she may gain signed permission of release/exchange of information from the parents and obtain pertinent information from these sources.
 - f. The counselor may need to interpret standardized group test results to parents.
5. What is the counselor's role in the case conference meeting?

Assessment is an ongoing process which is continued into the case conference meeting. At this point, the counselor, along with the school psychologist, teachers, parents, and other participants, offers additional data and helps in formulating both the child's eligibility for placement and an appropriate IEP if the student is placed. Counselor input, relative to effectiveness of past interventions, will be a very important point in developing the most appropriate program. The counselor will present information from the cumulative folder including previous school history, general adjustment to school, anecdotal data, and prior interventions attempted.

At the conclusion of the case conference meeting a profile of the student's strengths, weaknesses, needs, and projected program will have been completed. See pages 7 and 8 for a sample learner profile that details information which should be available following a total assessment.

6. What is a typical agenda for a case conference?
- A. Introduction of participants
 - B. Give purpose of the meeting and inform parents verbally of their rights (see Appendix A)
 - C. Make statement of referral problem from the source that initiated the referral (school, parent, teacher, etc.)
 - D. Share information
 1. Classroom teacher(s) (Teachers should bring grade book, attendance roster, samples of work, if appropriate, and a cumulative folder on this student.) Teacher should be prepared to discuss:
 - reading level and mastery of skills
 - spelling and writing ability
 - arithmetic skills
 - other subject matter
 - listening and comprehension skills
 - behavior
 2. School psychologists and other members of the multidisciplinary evaluation team. Members should be prepared to discuss:
 - intellectual evaluation
 - social/emotional assessment
 - academic assessment
 - behavioral observations
 - other relevant information
 3. Nurse, Teacher, Parent - Health/Attendance/Vision
 4. Counselor, Principal - Cumulative Record
 5. Parent - Home and Family
 - E. Discuss and analyze what the reports say about the child and the child's needs
 - F. Recommend placement in an appropriate program. NOTE: If special education is recommended, develop an Individualized Education Program (IEP). Attention should be paid to the continuum of services and the appropriate option for the student (See Appendix B).

SCHOOL INTERVENTION CHECKLIST

Student _____

School _____

D.O.B. _____

Teacher _____

Date _____

Please check and comment on what has been tried with this student:

TECHNIQUE	DATES	STAFF	RESULT
1. Environmental management			
2. Contingency reinforcement			
3. Define student's limits			
4. Schedule modification			
5. Modify instructional techniques			
6. Instructor(s) change			
7. Contracting			
8. Reduce teacher-student ratio			
9. Parent conferences			
10. Teacher consultation with: a. Psychologist b. EH teacher c. Social worker d. Counselor e. Principal			
11. Direct student involvement with: a. Psychologist b. EH teacher c. Social worker d. Counselor e. Principal			
12. Isolation/time-out			
Other			
1.			
2.			
3.			
4.			

Sample - Pertinent Data

BACKGROUND--William Johnson

William is an 11-year-old male from a family of four. His father, a businessman, and his mother, a housewife, adopted him when he was 4 weeks old.

When he was 5 years old, William's parents enrolled him in kindergarten at an academically competitive private school. He was described as not only aggressive, hyperactive, inattentive, and less capable than his peers, but as having poor relationships with his peers, an antagonistic attitude toward his teachers, and academic problems (especially in math and handwriting). During the fifth grade, his parents transferred him to a public school. William liked the school better, but problems persisted.

BEHAVIOR IN SCHOOL

William is at least two years behind his peer group in mathematics. His teacher reports a very short attention span and poor memory.

William cannot tell time, and when his teacher tries to help him with questions such as "Where is the hour hand?" and "Where is the minute hand?" he typically answers, "Oh, I don't know, and I don't care!" She says he seems quite content with C's and D's.

With respect to peer relationships, both William and his teacher see him as alienated. She sees him as immature and as inadvertently inviting his difficulties. On several occasions, he has hit or pushed children who teased him. William says none of the children like him because he does not do well in school. He seems to get along better with adults, although he has had some difficulties.

BEHAVIOR AT HOME AND IN THE COMMUNITY

Mrs. Johnson believes that much of William's difficulty with speech stems from laziness. His behavior annoys her to the point that she screams at him and criticizes him. She says "he acts like he doesn't hear me, but I know he does. We've had his hearing checked."

The Johnson's see William as irresponsible and sloppy; Mr. Johnson says he has to correct William three or four times during each meal.

The Johnson's have infrequent family activities. William has one friend in the neighborhood, a child who is several years younger than he. Most of the time, however, he plays with the family cat.

NATURE OF THE REFERRAL

The Johnson's have resisted seeing William's problem as anything other than laziness and meanness. They do not want to go to a mental health clinic. At a parent-teacher conference held early in the year, it was decided that William's sixth grade teacher should refer him for an evaluation to determine eligibility for special education programming.

LEARNER PROFILE

1. Strengths
2. Weaknesses
3. Learning modalities
4. Structure required (time, space, activity)
5. Interests/motivators/reinforcers
6. What behaviors interfere with learning?
7. Social-emotional needs
8. Physical/health limitation.
9. Parent/community involvement

STRATEGIES:

Classroom

Curriculum

Behavior Management

Support Services (include school, family, community)

CHAPTER II

Individualized Education Program
(I.E.P.)

THE INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Appropriate educational services cannot be provided without identifying the needs of individual students. Recognizing this, P.L. 94-142 has required that each student placed in a special education program has an Individualized Education Program. The IEP ensures an appropriate program for students with emotional handicaps.

An IEP includes long term goals and short term objectives. Long range goals are that part of an IEP that specifies academic or behavioral goals to be achieved during the school year. Short term objectives are detailed and measurable steps leading toward mastery of an annual goal.

CONTENT OF THE IEP

The IEP must contain the following components:

1. Current level of performance.
2. Annual goals and objectives.
3. Related services to be provided.
4. Extent the child will participate in regular education.
5. Evaluation criterion.
6. Projected date for initiation and anticipated duration of services.
7. Placement and placement options, including reason for selected placement.
8. Persons involved in the implementation of the IEP.
9. Case Conference team members.

REVIEWING AND REVISING THE IEP

A Case Conference may be conducted at any time when revisions in a child's program seem warranted. The case conference must be conducted at least once each year to review and, if necessary, revise each handicapped child's IEP. The meetings may be held anytime during the school year including (1) at the end of the school year, (2) during the summer, before the new school year begins, or (3) on the anniversary date of the last IEP meeting on the student.

IMPLEMENTING THE IEP

The teacher will translate the IEP goals and objectives to daily instructional activities. Written goals and objectives help educators:

- Motivate students. If students know their goals they have a greater chance of achieving them.
- Make lesson plans relevant to the student's targeted needs.
- Document that the student is making progress.
- Facilitate teacher-parent communication. The goals and objectives serve as a basis for conferences on the student's progress.

THE COUNSELOR'S ROLE IN IMPLEMENTING THE IEP

An integrated service delivery system is essential in meeting the objectives of the IEP. Sharing information across all disciplines on classroom goals and strategies is necessary. It is important that the counselor engage in cooperative efforts to integrate his/her services into the overall program for the student.

A sample IEP is presented on the following pages.

Name:
I.E.P.. Continued
Date:
Page:

SPECIAL EDUCATION RELATED SERVICES:

EXTENT OF PARTICIPATION IN SPECIAL EDUCATION:

EXTENT OF PARTICIPATION IN REGULAR CLASS:

The student shall spend the remainder of the day in the regular education program.

DATE OF INITIATION AND ALTERATION OF SERVICES:

The program will begin _____, _____, and continue through _____
Any member of the committee may reconvene the case conference committee prior to that date.

PERSONS INVOLVED IN IMPLEMENTATION OF I.E.P.:

NOTICE OF PARENT RIGHTS:

The parents were informed of and received a copy of the notice of parent rights.

Chapter III
Behavior Management

WHAT IS BEHAVIOR MANAGEMENT?

Behavior management is the process of maintaining appropriate student behaviors through a variety of approaches. It is assumed that all approaches will be used fairly and ethically. All students must be treated with the same respect demanded of them. The primary responsibility of the professional working with the student who has emotional handicaps is to provide a structured, organized, positive environment conducive to teaching appropriate behaviors and replacing existing inappropriate ones. It is important to use the same strategies consistent with the overall behavior management plan. Lack of consistency increases the probability that the student will continue to exhibit the problematic behaviors.

The following wide range of behaviors frequently observed in students indicate those for which the counselor may need to respond:

NON-COMPLIANCE -- Refusing to:

- follow directions
- remain in assigned seat
- stay on task
- accept authority

PHYSICAL AGGRESSION

- kicking
- hitting
- biting
- spitting
- throwing things
- destruction of property
- self-abusive behaviors

VERBAL AGGRESSION

- swearing
- verbal threats
- name calling

ATTENTION SEEKING BEHAVIORS

- excessive talking out
- obscene gestures
- inappropriate facial expressions
- unnecessary questions
- inappropriate noises
- power struggles (peers/adults)

REFUSING TO ACCEPT RESPONSIBILITY

- lying
- cheating
- denial
- shifting blame

INADEQUATE SOCIAL SKILLS

- stealing
- inability to cope with conflict
- manipulation
- hostility
- insecure relationship with others

POOR SELF-CONCEPT

- withdrawal
- depression
- mood swings
- poor eye contact
- overestimation of self-importance

POOR DECISION MAKING SKILLS

- easily led into trouble by others
- unable to consider or predict options/consequences

STRATEGIES AND INTERVENTIONS USED TO MANAGE BEHAVIOR

It is important to work closely with the student's teachers and follow the behavior management plan in the student's IEP. The techniques most frequently used with students who have emotional handicaps are behavior modification, contingency contracting, and reinforcers. These would be appropriate for counselors to use when interacting with these students. Consistency and planning are critical to the success of any of these techniques.

Behavior Modification plans should be based on the principle that behavior which is positively reinforced increases in frequency. Delivering positive consequences for appropriate behavior and ignoring inappropriate behavior is the basic technique. It must be used properly to insure effectiveness. Below are a few rules:

1. Be consistent! Give the system a fair try. Behaviors which have developed over years cannot be changed overnight.
2. Reinforce only appropriate behavior - attention for inappropriate behavior is reinforcing!
3. "Shape" behavior by reinforcing improvements in behavior. Reward successive approximations. Lower expectations if necessary so that the child may experience success and reward.
4. Withdraw privileges only when absolutely necessary. When a privilege is withdrawn, be sure to specify a way to earn it back.

In Contingency Contracting, the teacher and/or student write an agreement which states consequences that will occur given the performance of specified appropriate behaviors. (Kelly et. al., 1985). It is important to discuss with the student what behavior is expected and how that behavior will be rewarded. When putting the agreement in written form (contingency contract) it must be written clearly and concisely. The contract should state desired behavior, reinforcer to be earned, and time of reward. The contract should be discussed between student and teacher and then signed by both parties. Both teacher and student should keep a copy of the contract.

Reinforcers follow a stimulus and strengthen or increase the future occurrence of the response. Three groups of reinforcers important to the teachers are social reinforcers, token reinforcers, and activity reinforcers. (Becker, 1975)

Counselor's Role: The counselor should be aware of the type of behavioral management plan the teacher has developed. It is the counselor's responsibility to be supportive and consistent with students in regard to following the steps developed within the behavioral management plan. When requested, the counselor may aid in developing crisis intervention plans.

Suggestions:

1. Observe the behavioral management plan in action by visiting a classroom.
2. Review the behavioral management plan with the teacher.
3. Provide the teacher the opportunity to use your services as a support system in working with individual students.
4. Try to keep the counselor's role in the behavior management plan as a positive reinforcer.

Ex: ples:

- a. Teacher sends student to counselor for a pat on the back for having a good day or successfully completing assignments.
 - b. Counselor periodically comes to the classroom to observe student. Positive comments made at this time on appropriate behavior.
 - c. Counselor provides special treat or recognition for students who successfully have a good week.
 - d. Counselor provides encouragement for student who is not completing all tasks. However, the counselor should never become involved in any negative or punishment aspect of a behavioral management plan.
5. Establish guidelines with the EH teacher regarding situations in which individual counseling may be necessary to address specific concerns.

It is understood that the needs of the emotionally handicapped student can be very demanding on the counselor's time which must be shared with other students. It is essential that the EH teacher and counselor plan ahead to determine when counseling services would be most beneficial.

Counselor Crisis Intervention

Teachers and other professionals of students with emotional handicaps must be prepared for the possibility of physical aggression in the classroom or other areas. Aggression appears in a variety of forms ranging from verbal abuse to physical violence. The goal is to stop the aggression before it reaches the physical level. In most cases, if verbal interventions are implemented properly, physical violence in the classroom will be prevented.

In the rare instances that it does occur, physical interventions may be necessary. In a crisis situation, the teacher's primary concern is care and personal safety for students and self. In order to provide this security, a teacher must, at all times, preserve the dignity of the student.

Remember, Crisis Intervention techniques are applied in this sequence: non-verbally, verbally, and then, as a last resort, physically.

Counselor Role

The teacher should have a crisis intervention plan in effect; the counselor should be aware of the procedures and his/her role in the plan. The counselor's role may be:

- to talk to the student before, during, or after crisis to help maintain appropriate behavior and help the student internalize appropriate behavior;
- to serve as a member of the crisis intervention team (the counselor must become familiar with physical restraint techniques);
- to assist in crisis intervention planning;
- to contact outside agencies, if necessary.

The following pages are examples of the types of behavioral logs, charts, and checklists used by EH teachers in implementing and monitoring a behavioral management plan.

DAILY PROGRESS REPORT FORM

Student _____ Teacher _____

Week Beginning _____

A check indicates satisfactory performance
 A zero indicates unsatisfactory performance
 NA indicates that the item does not apply

✓
 0
 NA

	Mon.	Tues.	Wed.	Thurs.	Fri.
1. Homework turned in					
2. Follows directions					
3. Gets right down to work					
4. Pays attention to teacher					
5. Tries hard to do assignments (effort)					
6. Respects the rights of others					
7. Follows class and school rules					
8. Talks at proper time					
9. Acceptable behavior in special classes (art, music, physical ed., etc.)					
10. Other:					
Teacher's Initials					

COMMENTS FROM TEACHER

PARENTS' SIGNATURE

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

1. Child takes home chart daily.
2. Parent signs chart daily.
3. Child returns child to school daily

BEHAVIOR CHECKLIST

NAME: _____

DATE: _____

		8:30- 9:15	9:15-10:00	10:00-10:45	10:45-11:30	11:30-12:15	12:15- 1:00	1:00- 1:45	1:45- 2:30	2:30- 3:15	TOTAL	
CLASS RULES	1. Do your work.											
	2. Keep hands, feet, and objects to yourself.											
	3. Stay in assigned area.											
	4. Speak appropriately with permission.											
	5. Take care of equipment.											
INDIVIDUAL GOALS	6. _____ will comply with adult requests the first time.											
	7. _____ will make positive statements about others.											
	8. _____ will maintain eye contact when speaking or being spoken to.											
	9. _____ will use appropriate language to express anger or frustration.											
	10. _____ will respond to teasing or name calling by ignoring, changing the subject, or some other constructive means.											
TOTAL												+ Bus Points

SCHEDULES

Scheduling is a crucial part of a structured behavior management system. Students need systematic planning to accomplish their goals. Each student is given an individual daily schedule. The schedule is posted near the students to encourage independence. Students know the activities for the entire day, eliminating any "surprises." Each day begins with a class meeting involving all members of the class, teacher, and aide. During this class meeting, class rules are reviewed, individual goals are recited, and all students have an opportunity to discuss any problems they are experiencing or talk about generally anything that is of interest. This is not a period of idle conversation but an exchange of information which enhances social skills. All students are expected to follow group rules. The culminating activity for the day is the afternoon class meeting. At this time, a student's behavior check list is reviewed to compute the points he/she earned into percentages. The percentages are sent home with students to inform parents of their child's performance for the day. Before leaving the class meeting, each child is required to compliment him/herself on something he/she did well during the day. After complimenting him/herself, he/she praises each of his/her peers for exhibiting a specific appropriate behavior.

<u>STUDENT SCHEDULE</u>	
NAME: _____	
DATE: _____	
TIME	
9:00-9:30	CLASS MEETING
9:30-10:15	READING COMPREHENSION #11
10:15-11:00	READING COMPREHENSION WORKSHEET #11
11:00-12:00	COUNSELING
12:00-12:30	LUNCH
12:30- 1:00	MATH - P. 108-110
1:00- 2:00	SPELLING - UNIT 16 TEST & P. 89
2:00- 2:45	LANGUAGE - Brown Card 8 #2, 3 & 4
2:45- 3:15	CLASS MEETING

BEHAVIOR LOG

Date/Time	ANTECEDENT	BEHAVIOR	CONSEQUENCE

BUS REPORT

Because emotionally handicapped students frequently exhibit behavior problems while on the bus, it is necessary to monitor their behavior coming to school and going home each day. The bus drivers are responsible for filling out the daily bus reports informing the teacher of appropriate and inappropriate behaviors. The points earned each day on the bus are added to points earned in classroom to determine the daily percentage. To encourage greater independence in older, more responsible students, the teacher should allow him/her to bring the report in from the bus driver each day. If he/she fails to get it to the teacher, the bus points earned for that day do not count.

BUS REPORT

NAME: _____ DATE: _____

RULES	MON. -A.M.	TUES. -A.M.	WED. -A.M.	THURS. -A.M.	FRI. -A.M.
1. Stay in seat at all times.					
2. Speak quietly.					
3. Keep hands, feet, objects to yourself.					
4. Use appropriate language.					
5. Follow directions given by bus driver.					
TOTAL:					
	MON. -P.M.	TUES. -P.M.	WED. -P.M.	THURS. -P.M.	FRI. -P.M.
1. Stay in seat at all times.					
2. Speak quietly.					
3. Keep hands, feet, objects to yourself.					
4. Use appropriate language.					
5. Follow directions given by bus driver.					
TOTAL:					
DAY'S TOTAL: _____					
WEEK'S TOTAL _____					

Chapter IV
Affective Education

Affective Education

Affective education is "systematic instruction to help students acquire information, attitudes, and skills which will encourage appropriate behavior and mental health" (Colorado Department of Education, 1980). The goal of affective education is to provide instruction in specific skills, attitudes, and techniques to meet the social/emotional instructional needs of the student with emotional handicaps.

Affective education is based on three assumptions:

- (1) students with emotional handicaps need instruction in the affective as well as cognitive and psychomotor domains;
- (2) because of their handicaps, students who are emotionally handicapped either don't acquire or don't use information about appropriate ways of behaving; and
- (3) most students are able to utilize information and skill instruction when provided the opportunity.

To be most effective, affective education should be specific to students' needs, planned, and used concurrently with behavioral management techniques, classroom management techniques, and academic instruction.

Typical affective education programs which are appropriate for EH students include cognitive - behavioral interventions and social skills training. Cognitive - behavioral techniques are generally appropriate in helping students develop greater self-control, decrease impulsivity, and increase attention. The main strategies are self-instructional training, verbal mediation, behavioral self-control, and problem solving.

Social skills training is designed to help students develop social and interpersonal skills which are necessary for developing positive relationships in school, home, and the community. These are crucial because many of the emotionally handicapped students' IEP goals and objectives are related to improved behavior.

A bibliography of materials which may be used in these areas is listed on the next page.

What is the counselor's role in affective education?

1. The counselor may serve as a consultant to the EH teacher in regard to the following areas:
 - a. available affective education materials;
 - b. information concerning group composition;
 - c. techniques for conducting groups;
 - d. group behavior management techniques.
2. The counselor may arrange individual counseling services for students in the program.
3. The counselor may include EH students in ongoing counseling groups.
4. The counselor may co-lead activities such as social skills training with the EH teacher.
5. The counselor may provide crisis intervention for emotionally handicapped students.

Materials

- Camp, B. W. and Bash, M. (1981) Think Aloud. Increasing Social and Cognitive Skills: A problem-Solving Program for Children (Primary Level). Champaign, IL: Research Press.
- Coloroso, B. (1983) Discipline: Creating a Positive School Climate. Colorado: Media for Kids.
- Goldstein, A. P., Sprafkin, R. P., Gershaw, N.J., and Klein, P. (1980) Skillstreaming the Adolescent. Champaign, IL: Research Press. (Book & Tapes)
- Hazel, J. S., Schumaker, J. B., Sherman, J.A., and Sheldon-Wildgen, J. (1982) ASSET: A Social Skills Program for Adolescents. Champaign, IL: Research Press.
- Herzfeld, G. and Powell, R. (1986) Coping for Kids. West Nyack, NY: Center for Applied Research in Ed., Inc.
- Jackson, N., Jackson, D., and Monroe, C. (1983) Getting Along with Others: Teaching Social Effectiveness to Children. Champaign, IL: Research Press.
- Kendall, P. and Braswell, L. (1985) Cognitive Behavioral Therapy for Impulsive Children, New York; Guilford Press.
- McGinnis, E. and Goldstein, A. P. (1984) Skillstreaming the Elementary School Child. Champaign, IL: Research Press.
- Stephens, T. (1978) Social Skills in the Classroom. Columbus, OH: Cedars Press, Inc.
- Walker, H., McConnell, S., and Holmes, D. (1983) The Walker Social Skills Curriculum: THE ACCEPT PROGRAM. Austin, TX: Pro-Ed.
- Wells, R. H. (1986) Personal Power: Succeeding in School. Portland, OR: ASIEP.
- Workman, E. A. (1982) Teaching Behavioral Self-Control to Students. Austin, TX: Pro-Ed.

Chapter V
Communication

A counselor must use many skills in working effectively with various groups and individuals in order to provide educational services to emotionally handicapped students. The following suggestions are provided to help counselors define their role within the EH program.

Communication in the Emotionally Handicapped Program

It is essential that the guidance counselor support the teacher and program for emotionally handicapped students, realizing that a cooperative effort and advanced planning by all staff members involved in the program will eliminate unnecessary conflict and misunderstandings.

A. Competencies - Interpersonal Skills

1. Ability to function effectively within a multidisciplinary team.
2. Ability to establish and facilitate open communication and problem solving with students, parents, teachers, administrators, other professionals, paraprofessionals, and outside agencies while respecting the confidential nature of student needs.
3. Ability to function as an appropriate role model.

B. Competencies - Consultation/Counseling

1. Knowledge of resources that provide services to emotionally handicapped students and recognition of when to utilize them.
2. Ability to use basic counseling skills regarding interviewing, listening, etc.
3. Ability to serve as a resource for regular classroom teachers, EH teachers, administrators, paraprofessionals, parents, and other professionals.

C. Communicating with the Teacher

1. Make arrangements for meeting students as they arrive.
2. Review line of communication for requesting assistance for disruptive behavior.
3. Determine who will contact parent when student is absent.
4. Determine where special education records should be located.
5. Review general guidance office procedures that will affect teachers of emotionally handicapped students. Includes names of secretaries, record keepers, and other important people associated with the guidance counselor.

D. Communicating with Parents

Parents should be as actively involved in the program as possible. Some tips for working with them in a positive fashion are:

1. Keep them informed by notes home, periodic conferences, and program visits.

2. Send positive notes as frequently as possible so that if negative news needs to be conveyed, you have had other positive communications.
3. Listen to any concerns or questions parents may have concerning school activities or educational opportunities for their child.
4. Communication with parents must be mutually respectful.
5. Keep in mind verbal and nonverbal communication. Listen for feelings.
6. Remember that sometimes parents are not involved. This should not be viewed as parent's lack of interest in their child.

E. Communicating with the Students

1. Be sure students are familiar with guidance office and personnel (secretaries, etc.).
2. Make sure students understand their schedules (classes, study hall, lunch time, etc.)
3. Listen to any career/vocational interests or concerns of the student.
4. Give any appropriate career or vocational advice and/or make recommendations if needed.
5. Acquaint the students with special interest groups or activities associated with the school.

Scheduling

Appropriate scheduling of EH students in mainstream classes is a critical factor in insuring their success. Selectively scheduling these students into mainstream classes (hand or computer) may minimize problems in terms of the following:

1. Course requirements -- What is required for each student?
2. Selection of teachers -- Not every teacher in the mainstream works effectively with the emotionally handicapped. Recognize that traditional mainstream classes for handicapped may not apply to emotionally handicapped students. Look for teachers whose classrooms are highly structured, well-organized, and, therefore, well-managed.
3. Time of day -- Recognize that certain activities during the school day may require more supervision. Work with the teacher of the emotionally handicapped to insure adequate supervision.
4. Individualized Education Programs -- Each student has an IEP and a program recommendation. If that does not work, the case conference committee should reconvene to adapt the program. Any changes should be written into the IEP.

5. Maintaining behavior -- A strategy such as mainstreaming should be contingent upon appropriate behavior. The regular and special education teachers can work together to maintain the student in the mainstream.
6. Unstructured settings -- Emotionally handicapped students frequently have difficulties in unstructured settings such as passing time, lunch, before and after school, and recess. Techniques such as escorting students, supervised lunch, early or late arrival, and early or late departure should be considered.

Grading

Grading is a controversial issue in special education. No one seems to have the answers. Grading policies are inconsistent within schools and school systems. There are several options for grading.

- A. Follow the traditional system. If a student doesn't pass, he doesn't pass. Count up the percentage points, find the average, and assign a grade per usual.
- B. Give two grades: one for effort and one in comparison to grade peers.
- C. Design an individual report card or system for each child.
- D. Use criterion referenced checksheets.
- E. Use the annual evaluation of the IEP as the report card for the student.
- F. Contract for grades with the student.

Work together with regular and special education teachers to determine grades. Remember, emotionally handicapped students' motivation and efforts are often related to the emotional disability.

Also remember "handicapped children enrolled in special education programs or classes in regular public school programs should receive the same credit and diploma as other children, provided they meet the requirements of the Commission on General Education" (Rule S-1).

Any student whose IEP calls for modifications of the regular education curriculum must be graded with such modifications taken into account. A teacher with no training in special education may feel that he must deduct from a grade for "concessions" called for by the IEP, or he may forego such modifications based upon a conviction that all students should be treated alike. Such practices violate the handicapped student's IEP and make the delivery of educational services inappropriate. To be appropriate, a placement must include all services as described in the IEP. The measure of an appropriate placement is not only what is on paper, but how the "promises" made in the IEP actually are fulfilled.

Credit, Graduation, Diplomas

Any handicapped student who is enrolled in a class which leads to credit toward graduation under the rules of the state board of education should be treated the same as any other student for the purpose of determining class

rank, valedictorian, honor roll, etc. However, if a school normally indicates on a student's record the level of classes he has taken (basic English, advanced English, gifted English, etc.), it may indicate whether such classes were special education classes. In fact, such a notation may be in the student's best interest because it will alert a school to which the student may transfer that he is eligible for special education services.

It is assumed that all students enrolled in programs for the emotionally handicapped will complete the graduation requirements of the state board of education. Because most school corporations in Indiana issue a single standard diploma, placing some kind of special education designation on the diplomas of handicapped students serves no educational purpose and could open the school to a charge of discrimination on the basis of handicap. In those rare instances that an emotionally disturbed student is not in a program pursuing a high school diploma, the Director of Special Education should be contacted regarding the procedures to be followed.

CHAPTER VI

Administration

Administration

1. What legal aspects must the school counselor be aware of in working with EH students?

Familiarity with Public Law 94-142 and Rule S-1 of the State Board of Education is essential for the public school counselor working with special education students.

Specifically covered by the S-1 Rule -- and of primary concern to counselors -- are matters of confidentiality, placement in the least restrictive environment, and parental notice and consent. The counselor must follow procedural requirements as they relate to these areas in carrying out his/her duties.

2. What legal procedures must be followed by the counselor during the referral and placement process?

- a. Inform the parent of the assessment procedures (Appendix C).
- b. Inform the parent of his/her parental rights (Appendix A) including procedural safeguards such as protection in evaluation procedures, least restrictive environment, confidentiality of information, and all other due process procedures. Document that this was done.
- c. Obtain written permission from the parent for evaluation of the child.
- d. After the school psychologist has completed the evaluation, schedule a Case Conference Committee meeting with the parent at a mutually agreeable date, time, and location. The notice of the Case Conference Committee meeting should also include the purpose of the meeting, a list of expected participants, and a listing of the data to be discussed.
- e. If the committee determines that the child qualifies for and would benefit from special services, an Individualized Education Program is developed by the Case Conference Committee. Written parental consent for placement in the special education program must be obtained prior to enrolling the student in the program.

Be sure that the "parent" is the child's legal guardian. When the child's parents are unknown or unavailable, or if a child is a ward of the State, a person appointed by the local education agency may act as a surrogate parent.

3. What are the counselor's responsibilities for keeping records on EH students?

- a. The counselor will keep the student's cumulative folder up-to-date. This would include information on attendance, achievement test scores, grades, etc.
- b. The counselor will keep a confidential file separate from the student's cumulative folder which would include information related to the referral, evaluation, and IEP of the student. The counselor is obligated to protect the confidentiality of these records and as a general rule cannot release information to persons or organizations without the parent's written consent.

c. The counselor should also keep written documentation which would be relevant in assisting the social/emotional/educational development of the child (e.g., anecdotal records, observations, interventions, etc.).

4. What does the counselor need to know about suspension and expulsion of an EH student?

In almost every situation, the building administrators will be the school personnel involved in matters of suspension or expulsion of an EH student. However, the school counselor should be aware that because expulsion is a change in placement, the school must hold a case conference in order to determine whether there is a causal relationship between the student's behavior and his handicapping condition. This conference must be chaired by the Director of Special Education or his/her designee. Since a handicapped student cannot be discriminated against on the basis of his handicap, he cannot be deprived of education for misbehavior which is the result of this handicap.

Although suspension is not a change in placement and does not require a prior case conference, a series of suspensions should alert the school to a need to reconvene the case conference committee in order to examine the student's behavior and decide whether the behavioral program in the IEP is appropriate or needs revision.

5. What should a counselor do if he/she doesn't know the answer to a specific question or situation involving an EH student?

Do not hesitate to contact the special education professionals (i.e., teachers, Director of Special Education, and the State Division of Special Education).

As a final thought, continue to care about the handicapped students in your building as individuals. That caring will cause you to make decisions which are not just legally correct, but which are in the best educational interest of each handicapped student entrusted to your care.

Chapter VII

Tip Sheet

Tip Sheet for Counselors

1. An EH program will only work if you support the program. Accept the program, and find ways to make it work.
2. Establish rapport with the teacher and students. Introduce yourself early. Spend time working with and watching the students. Be visible and maintain continuous contact throughout the year.
3. Remember, listening is important.
4. Remember that you have seen and worked with these students in the past. They just weren't labeled at that time. Actually, by identifying them you have a better handle on their behavior and their individual progress.
5. Be sure teachers have updated release of information forms. You cannot share data with agencies unless parents give written consent.
6. Try to maintain contact with parents at times other than for negative reasons. Positive calls may build rapport.
7. In a situation where a child is potentially dangerous to self or others, you may want to consider shortened school days, which must be a result of a case conference.
8. Do not back EH students into a corner. Give them options and choices. Avoid power struggles.
9. Don't argue with EH students it is a no-win situation.
10. The counselor could become a positive reinforcer to the EH student.
11. Maintain your sense of humor. Smiling or laughing may diffuse a potentially explosive situation.
12. Don't hesitate to ask for help. Call the director.
13. Don't assume anything.
14. Find common ground with parents. Emphasize the needs of the students.
15. Be sensitive to the needs of the teachers. Just because you haven't heard from them doesn't mean all is well.
16. Don't put yourself into a corner. Be flexible. Use words such as may as opposed to will.
17. Pre-plan as much as possible so that if a problem occurs, a plan goes into effect.
18. Be consistent. This eliminates the possibility of students "begging for special favors."

19. Don't take negative comments personally.
20. Maintain contact with faculty and support staff who have both direct (mainstream classes and supervised free time) and indirect (passing periods and general observations) contact with EH students.
21. Maintain positive reinforcement for regular teachers who need to be supported for their work with the emotionally handicapped students in the mainstream.
22. Project an air of acceptance. The rest of the staff will notice and hopefully follow your example.
23. Encourage EH teachers to become involved in extra-curricular activities so that there is a feeling of kinship in other aspects of the school program.
24. Maintain a diplomatic approach when dealing with all professionals involved in the program. All have frustrations.
25. ACT rather than REACT.
26. Know your support systems in emergency situations -- behavioral consultant, police liaison, etc.
27. Be patient.
28. Don't hold a grudge. Remember THEY are emotionally handicapped.
29. Don't criticize or embarrass students in front of others.
30. Talk with other counselors in the district or contiguous school settings who may have experienced this program in the past or are doing so now.
31. Keep contact with agencies involved with EH students and share positives about students whenever possible.
32. Be prepared to offer suggestions and assistance when contacting outside agencies.
33. Document important contacts with EH students and with agencies regarding student.
34. Advise EH students regarding their rights of confidentiality and what as a counselor you must report. It is important to do this during initial contacts in order to build and keep child's trust.
35. At the end of the year, meet with the teacher to review your year's progress.

APPENDICES

Appendix A: Parental Rights 44
Appendix B: Continuum of Services 45
Appendix C: Placement Process Flow Chart 47

Appendix A

Summary of Parent's Rights

Parents are to receive a complete written copy of their rights prior to evaluation, prior to placement, and prior to a change in placement.

Protection in Evaluation

1. The right to have the evaluation done in a way that is not biased, and conducted in such a manner that safeguards are observed.

Additional Evaluation

2. The right to have the student tested by professional persons outside the school system at the parent's expense and to have that evaluation considered by the school. The right to request an independent evaluation at the school's expense if the parents disagree with the school's evaluation.

Individualized Educational Program

3. The right to have a Case Conference Committee determine eligibility for special education and prepare an Individual Educational Program (IEP).
4. The right to an Annual Case Review Conference to revise or review the individualized educational program.

Hearing Rights

5. The right to request a hearing before an independent hearing officer if the parents object to the planned evaluation.
6. The right to request a hearing if the parents oppose the proposed program.
7. The right to appeal to the Commission of General Education after hearing procedures have been followed.

Least Restrictive Environment

8. The right to have the student educated in the least restrictive environment which is appropriate to meet the student's needs.

Confidentiality

9. The right to examine and copy all of the student's school records.
10. The right to have the student's education records treated in a confidential manner, including the right to amend the records.

Complaint Procedure

11. The right to initiate a complaint with the local Director of Special Education concerning the implementation of Rule S-1.

CONTINUUM

A Continuum of Services for Emotionally Handicapped Students

The state and federal regulations, which provide the basis for program structure in special education, assume handicaps categorically range from mild to severe. Programs for the emotionally handicapped are not an exception. The continuum of services required range from prevention/early intervention to hospitalization.

Figure 1 represents a simplified overview of a continuum of services for emotionally handicapped students. It identifies five levels of placement or program alternatives, indicating an increasing restrictiveness in the options as one would move from Level I to Level V. It also indicates a change in emphasis from treatment to instruction.

Generally, a direct correlation exists between placement restrictiveness and severity of the emotional handicap. However, the management of some behavioral characteristics is independent of this correlation. That is, because of instruction and treatment management requirements, occasionally pupils with clinically more severe emotional handicaps may be placed in less restrictive environments. Similarly, pupils with clinically less severe handicaps might require more restrictive placements in order to meet their needs.

A complex relationship exists among treatment, instruction, and placement restrictiveness. Emphasis on treatment usually increases with the restrictiveness of placement, whereas emphasis on instruction usually decreases as placement restrictiveness increases. With respect to program planning, treatment, and instruction, components are of equal importance, regardless of the emphasis on one or the other indicated by the IEP for a particular child. Restrictiveness of placement then is determined based upon the child's need for special instruction and/or treatment.

Figure 1
PROGRAMMING CONTINUUM FOR
INDIANA'S EMOTIONALLY HANDICAPPED STUDENTS

Least		(Severity of Handicap)			Most
<u>Level I</u>	<u>Level II</u>	<u>Level III</u>	<u>Level IV</u>	<u>Level V</u>	
Regular Class	Regular Class + Specialized	Special Class	Special School	Other Environments	
Full Time Regular Class	Part Time Regular Class	All or most instruction separate from Regular Classes	No Regular Classes All Special Education	Emphasis on Treatment & Therapies	
Support Personnel	Support Personnel	Support Personnel	Support Personnel		
Not Enrolled in Special Education for Instruction or Therapy					
Least		(Treatment Emphasis)			Most
Most		(Instructional Emphasis)			Least

Appendix C
Placement Process Flow Chart

PRE-REFERRAL

- a) Student experiences difficulty with learning or behavior
- b) Teacher makes attempts to help the student overcome difficulty
- c) Attempts are unsuccessful
- d) Student is referred to counselor
- e) Counselor intervenes in classroom, sets up home/school interventions, refers to outside agencies, etc.
- f) Interventions are unsuccessful

OBTAIN PARENTAL PERMISSION
FOR EVALUATION

- a) Personal interview is conducted with parents, accompanied by written notice in native language or other mode of communication
- b) Written parental consent is obtained

DEVELOP ASSESSMENT PLAN
AND CONDUCT EVALUATION

- a) Evaluation conducted in student's native language or other mode of communication
- b) Tools are administered to assess the education needs of the student
- c) All relevant data and reports are assembled (multidisciplinary)
- d) Counselor provides data from cumulative records, past interventions with students, classroom observations, etc.

CONVENE CASE CONFERENCE
COMMITTEE MEETING

- a) Adequate notice to parents is given
- b) Evaluation data and results interpreted
- c) Individualized educational program, objectives, and services are discussed
- d) Appropriate placement options which provide for the least restrictive environment are determined

OBTAIN PARENTAL PERMISSION
FOR PLACEMENT

- a) Written copy of Case Conference Committee meeting. Summary/IEP are given to parents in native language
- b) Parents give consent for Placement in the program

Glossary

Annual Case Review - conducted annually by the case conference committee to review, monitor, and review the IEP, if necessary.

Case Conference Committee - a team responsible for making all decisions necessary for developing and implementing an appropriate IEP. This team must include a LEA representative other than the child's teacher; the parent, surrogate parent, or guardian; and the student's teacher. It may include referring teacher(s), principal, counselor, school psychologist, superintendent's designee, and other specialists to provide additional information and expertise relating to the student. The student, if appropriate, may also be included.

Confidentiality - the obligation of persons with knowledge about a child's educational history or characteristics to share that information only with others directly involved with that child and only when it is potentially helpful to him/her.

Consent - written parental permission obtained before a school can conduct a preplacement evaluation or place a child in a special education program.

Due Process - a system of procedures designed to ensure that individuals are treated fairly and have an opportunity to contest decisions made about them.

Educational Disability - a specific cognitive physical or emotional problem that impedes the learning process to the extent that a specially designed instruction is necessary for the person to learn effectively.

Family Education Rights & Privacy Act of 1974 - "Buckley Amendment" - The federal "right to know" that entitles parents access to their children's school records, restricts the release of records to other people, and provides a mechanism through which parents can challenge information contained in the records.

Individualized Educational Program (IEP) - a statement of educational goals objectives and services for the handicapped child, which has been formulated after relevant information and data have been gathered from standardized tests and developmental scales, from observations, interviews, and work samples, and from consultants - by a special team or committee which interprets the data for special education program planning.

Least Restrictive Environment (LRE) - a standard established by Public Law 94-142 for special education placement. A child who has an educational disability must be allowed to participate in as much of the regular education program as is appropriate in view of his or her educational needs. The law holds that children with special needs must not be separated from students who do not have disabilities any more than necessary.

Notice - Informing parents in writing before the school initiates or changes "the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child."

Surrogate Parent - a knowledgeable individual assigned to represent the educational interests of a child in the absence of the parents.

Bibliography

Becker, W. C., Engleman, S., Thomas, D. R. (1975). Teaching 1: Classroom Management. Chicago: Science Research Associates, Inc.

Colorado Department of Education (1980) Guideline Handbook for Educational and Related Services for SIEBD Students. Denver, CO.

Kelly, E. J., Miley, A., Morehead, M. O., Sylvester, B., and Ventura, E. (Eds.) (1985). Application: A Handbook of Teaching Emotionally Disturbed Children. Nevada State Department of Education.

Rule S-1 of the state Board of Education, 511 I.A.C. 7-1.

Shore, Kenneth, The Special Education Handbook: A Comprehensive Guide for Parents and Educators (1986) Teachers College Press, New York, NY.

Strategies for Improving Indiana's Programs for Seriously Emotionally Handicapped Students (January 1986). Division of Special Education, Indiana Department of Education, Indiana Committee on the Emotionally Handicapped, Shirley J. Amond, Chairperson.