

**The Vista Schools
Local Education Agency Program
(LEAP) Classroom
Administrative Handbook**

**Conewago Elementary School Site
Lower Dauphin School District
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I. Overview and Purpose of LEAP

Historically, The Vista School has run classrooms from a self-contained center based model. The Local Education Agency Partnership (LEAP) Classroom allows for school districts and The Vista School to join in a partnership to provide Vista's comprehensive intensive Autism Support model within a public school setting as a means of promoting inclusion opportunities and interaction between the school district students and students enrolled in the Vista School classroom. By working together, the school district and Vista implement a Vista-styled, in-district classroom option that meets the needs of identified students with autism in the least restrictive environment appropriate to their individual needs.

The Vista Local Education Agency Partnership (LEAP) Classroom offers the highly intensive full time autism support programming through Vista staff while accessing all of the opportunities and experiences available within the public school setting. Students most often start in a full time status within the classroom and are considered for inclusive opportunities as they progress with academic and behavioral skills (e.g. increase in attention to task and/or decreases in disruptive behaviors). The district and Vista staff work throughout this process to determine next steps for students, analyzing student data and making determinations of environments within the building that may be of benefit for further skill development.

Students eligible for this classroom might be current Vista School students that are showing readiness or could benefit from a less restrictive setting or current school district students that need an intensive program but not a center based model. The goal for students in this program is to gradually, based on student success, integrate them more fully into less restrictive settings. This may be in other small group settings in the building or within the larger general education settings. A result of such planned integration should be a student that is ready to transition back to a less restrictive level of educational care, most often transitioning back to their home school district via a comparable program that compliments current skills and environments.

LEAP is designed for students with complex learning and behavioral needs related to their Autism diagnoses. The classroom is supported by a Vista full time special education teacher and teacher assistant (who is also a certified teacher), a Behavior Consultant, Speech and Language Therapist, and an Occupational Therapist. In addition, the classroom is staffed with Behavioral Technicians from our EIBS funding as opposed to school district tuition, hence the need to be medical assistance eligible. All of the staff are highly trained in Applied Behavior Analysis, the Competent Learner Model, and other Evidence Based Practices for Autism. In addition, the classroom has access to all of Vista's training resources and doctoral level consultants.

Vista's services conform to the seven defining characteristics of Applied Behavior Analysis (ABA). Vista also utilizes Precision Teaching to support student programs, data collection, analysis and the ultimate progress of the students we serve. Further, staff training and student services are supported by the Competent Learner Model curriculum, which enhances our ability to meet student needs across school, community, and home

environments.

II. APS Status and Vista History

A group of highly committed parents and professionals, seeking to create an alternative educational and therapeutic program in Central Pennsylvania, established The Vista School® to prepare children with Autism Spectrum Disorder (ASD) to function in the community with increasing independence. Vista uses the principles and techniques of Applied Behavior Analysis (ABA), Precision Teaching (PT), and Direct Instruction (DI) to design, implement, monitor, and evaluate instruction and therapy for its students.

The Vista School® opened its doors to 4 children on February 4, 2002, and since that day has been committed to preparing its students for meaningful involvement in public school programs, community activities, or eventual productive work. Vista currently serves 98 children with ASD ranging in age from pre-kindergarten to secondary school age from Berks, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Perry, and York Counties. Vista serves children who are functioning on the moderate to severe end of the autism spectrum. These children often display severe delays in communication skills, engage in higher rates of problematic or challenging behaviors, require assistance for activities of daily living, have little or limited ability to appropriately occupy their leisure time, and need intensive instructional supports for learning new skills.

In 2002, The Vista School® formed a unique partnership with a local behavioral health provider in a demonstration project to join educational and therapeutic aspects of the treatments that are primarily used for the remediation of ASD. This partnership allowed therapeutic personnel to serve in behavioral health supervised classrooms and home components of The Vista School's® program and for those personnel to receive high-quality training from the professional staff of The Vista School® and, periodically, from the school's Ph.D.-level consultants. Additionally, professional behavioral health supervisors collaborated with the school's educational staff to develop behavior treatment plans consistent with each child's Individualized Education Plan.

With these practices in place, families were assured that their child's therapist received high-quality training and guidance while working in the school and would bring that training into the family's home. The "home component" of Vista's program is designed to enable a child to transfer skills gained in the classroom to the home and to provide parents with needed training and support. The Vista Foundation further improved this model by obtaining a Mental Health Partial Hospitalization certificate from the Pennsylvania Department of Public Welfare to operate its Educationally-Integrated Behavioral Support (EIBS) Program. This enabled The Vista Foundation to assume the behavioral health responsibilities and adopt a new service description that significantly improved its ability to recruit and retain high-quality staff and foster a greater sense of teamwork.

III. Referral and Intake Process

The Vista School welcomes student referrals from nearby school districts any time of year. Typically, new students are enrolled for the fall semester, but there are periodic openings as current students transition to the home School Districts. Vista aims to fill vacancies as quickly as possible. The referral form can be found in Appendix A of this document.

Parents and School Districts working together during the IEP process may contact the Student Services Manager to discuss admission details. Not all students with Autism are appropriate matches for Vista's program. Our admissions team works closely with parents and school districts to determine the appropriateness of a given referral. Serving as a tool for Parents and School Districts to consider the continuum of appropriate placement options, referrals are non-binding to Vista and School Districts.

Students referred to The Vista School, both the center based school and the Local Education Agency Partnership (LEAP) Classroom are prescreened against admission criteria, generally within 14 school days of receiving the referral packet. Following pre-screening, Vista conducts a phone interview with the parent and school district to obtain additional information and to assess the IEP team's consideration of a Vista placement. Information gathered from the referrals and interviews is used to score each potential student. Following this initial pre-screening, if deemed appropriate to move forward, an onsite screening at The Vista Schools center based campus is scheduled. Both the student and family attend this screening. Instructional staff assesses the student through various activities to deem appropriateness for placement at The Vista School campus or LEAP.

While staff interacts with the student, an administrator interviews the family to determine the depth and complexity of needs in the home, community and school. Should the student be deemed appropriate following this on-site screening, The Vista School contacts the LEA and family to communicate appropriate fit and availability of an opening at the school. If no opening exists, the student is placed on a waiting list for when a spot opens. Should a spot be open, the LEA and family then work to schedule a psychological evaluation and work to coordinate with The Vista School for an IEP and treatment plan meeting.

Specific to the Local Education Agency Partnership (LEAP) Classroom, LEA's may refer a student with the intent of participation in this specific public school based classroom. Criteria for attendance in the LEAP are designed for students who demonstrate readiness or skill sets more appropriate in a public school environment compared to criteria for the center based Vista School. The following characteristics on the next page are general guidelines to support consideration of the type of student that would be a good match for the LEAP.

Challenging and/or Problematic behaviors

- Demonstrates moderate frequency of aggressive or self-injurious and disruptive behaviors that can be managed in a highly supported self contained Autism Support classroom

- Programming in place is intricate but can be implemented in a public school setting with higher levels of staff training and high staffing ratios
- Behavioral programming, at times, can be managed in group contexts (i.e. 1:2 or greater)

Classroom and Self care routines

- Semi-independent with accessing the bathroom, feeding, general self-care. May require assistance with cleanliness (i.e. wiping, feminine hygiene). Greater needs in this area may warrant consideration of additional supports from sending LEA.
- Requires initial self-contained model of classroom programming programming rooted in Applied Behavior Analysis and Evidence Based Practices specific to the field of Autism

Communication and Social skill Development

- Emerging awareness or interest in peers
- Minimal access to appropriate peers models in current instructional location
- Requires intensive speech and language programming practiced throughout their school day in order to make progress

Identification Status

- Must have a primary diagnosis of Autism
- Secondary diagnosis of intellectual disability likely. Less often a consideration of student with a learning disability as a secondary disability category. Intensive mental health diagnosis that would complicate treatment from an Autism treatment approach would be disqualified.
- Current elementary age range (Ages 5-9)
- Must be medical assistance eligible

IV. Core Behavioral Interventions and Curriculum

Applied Behavior Analysis:

The Vista school utilizes the scientific approach of Applied Behavior Analysis (ABA) as its guiding force. The empirically validated methodology of ABA can be applied across a variety of different facets of society (business, animal training, marriage counseling, intervening with complex behavioral challenges, etc). In the educational sector ABA is beneficial for assessing and arranging productive learning environments and addressing learner progress and skill development.

In practice, ABA seeks to assess the interaction between the environment and behavior. Specifically, therapists analyze that which sets the occasion for behavior to occur and the consequences that punish or maintain the behavior. In the school setting variables such as the delivery of instruction, the instructional arrangement, noise level in the classroom, or materials used, etc. may be assessed and adjusted. In regards to consequences, the response from the teacher, peers, or the value of the completion of the task are variables that may be monitored.

As part of the scientific inquiry, socially significant behaviors of concern (whether difficulty acquiring math facts or out of seat behavior) are clearly defined and measured. All objective information is analyzed to determine trends and maintaining variables prior to intervention. Treatment packages developed are based on behavioral principles and are clearly defined to aide in the consistent application by interveners.

One of the most valuable aspects of the scientific approach of ABA is the evaluation of the effects of treatment variables. Following the initial observation and data collection as well as the prescription and application of treatment the impact on the behavior is assessed and analyzed. When interventions do not produce meaningful outcomes for the individual, the assessment and intervention selection process begins again. Specifically, interventions that do not produce the desired result are removed. The science of ABA seeks to make meaningful changes in behavior that last over time and that occur across environments.

As noted earlier in the overview, Vista's services conform to the seven defining characteristics of Applied Behavior Analysis (ABA). All Vista program services are:

- (1) Applied, targeting problems that are important to the child, directly impact his/her level of functioning, or are socially significant
- (2) Behaviors selected for instruction are described in observable and measurable terms. Instructor behavior is a critical component to behavior change plans
- (3) Interventions are analytic, seeking to define and use functional relations to modify behavior and teach skills
- (4) Procedures are technological, precisely defined, and replicable
- (5) Techniques are conceptually systematic, founded on the basic principles of behavior and learning
- (6) Techniques are effective in that they must produce clinical/socially significant changes
- (7) Behavior change must be general, lasting over time and appearing in other environments

Competent Learner Model:

At the Vista School we use the Competent Learner Model. The Competent Learner Model has many components for addressing the individual learning needs of children who have difficulty participating in typical learning environments.

The basis for CLM is:

- Applied Behavior Analysis (ABA)
- Direct Instruction
- Precision Teaching
- Analysis of Verbal Behavior

By using the principles of ABA, educational teams can provide strategies for managing the environment prior to a behavior. They can reinforce appropriate behaviors and reduce inappropriate behaviors, teach new skills and change instruction and student tasks.

The components of CLM are:

- Curriculum for students
- Student assessments
- Effective teaching strategies
- Staff training
- Coaching

CLM provides the tools to guide goal selection, strategies for teaching skills and progress monitoring. The steps to implement CLM are to train staff, identify needs of learners, engineer the environment, and do on-site coaching.

The curriculum is divided into levels. Level Pre-1 has lessons up to 16 and Level 1 includes lessons up to 36. In Level Pre-1 the goal is just to have the child engage in some basic interactions with an adult such as engaging in relaxed play and following simple directions. Pre-1 is often appropriate for those learners who have not had any opportunities to participate in formal teaching. As you go through the lessons more repertoires are beginning to be added.

CLM uses the arrangement of parts of instructional conditions to develop CLM repertoires.

The instructional Conditions are:

- Teacher Directed: The learner performs the actions consistently as prescribed by the teacher.
- Semi-Directed: The learner completes the assignments and uses “free time” productively while waiting for assistance from the teacher.
- Non-Directed: The learner engages in preferred activities and follows the classroom rules in the absence of the teacher.
- Peer Directed: The learner complies with requests of peers in charge of the condition, completes the assignment and avoids wrongdoings when encouraged by peers.

The focus of CLM is the development of Competent Learner Repertoires. Repertoires are a dynamic set of skills that work together to produce complex behavior.

The repertoires are:

- Listener
The listener follows directions or adheres to advice for the given situations as imparted by a talker.
- Writer
The writer produces written materials to convey clear ideas.
- Reader
The reader reads material fluently, answers questions about the material and/or performs the actions as directed by the material.
- Participator
The participator consistently participates in a variety of settings. Continues to work hard even though he is exposed to novel and/or difficult contingencies. He persists with a task until he gets it to come out right.
- Problem Solver
When faced with a problem, the problem solver learns to behave in ways that maximize the likelihood that he will generate a solution.
- Talker
The talker speaks in acceptable manner for the given audience. The talker answers questions on topic in an acceptable manner.
- Observer
The observer performs careful and direct observations to produce factual information. The observer also matches to sample and sorts objects or pictures. The observer imitates others actions or sequence of actions to learn how to perform a new task.

V. Core Academic Curriculum

The Vista School, both at the school campus and at the Local Education Agency Partnership (LEAP) Classroom, utilize a core set of academic curriculum known as our Tier 1 level of curricula that most students access. Beyond Tier II, students with more specific and individualized learning needs may travel to a Tier II of curriculum. The Tier III level of curriculum are curriculum specific to the student that is so individualized it is purchased and arranged with the LEA so as to best meet the students learning needs and/or possible transition needs back to the school district.

Curriculum utilized by The Vista School has been reviewed to determine effectiveness with individuals with autism and particularly those with more moderate to severe cognitive impairments. This review incorporates the determination of curriculum to be evidence based, has gone through pilot trials with students on campus with the support of doctoral level consultants, and is vetted with administrators and consultants for final selection.

Vista provides a Curriculum Coordinator that helps teachers navigate the curriculum process with students and the integration of technology within instruction. This process supports the assessment of students to determines needs and fit, ongoing collaboration for continued movement and problem solving through curriculum, and supports for differentiation of curriculum and essentialization of the common core standards.

Please reference the chart below for Curricular Resources utilized with students that attend The Vista School.

	Tier One Curriculum	Tier Two Curriculum
Math	Engage New York, Common Core	<ul style="list-style-type: none"> • Singapore Math • Saxon Math • Touch Math
Language Arts	Engage New York, Common Core	<ul style="list-style-type: none"> • Early Literacy Skill Builders • Edmark • Language For Learning • Reading Mastery
Life Skills	Vista Comprehensive Life Skills Curriculum, k-12	

Supplemental Curricular Resources:

- Unique Learning Systems
- Headsprout
- Vizzle
- Matholia
- Reading A-Z

VI. Classroom Staffing Model

The basic compliment of the Vista classroom staff include:

- Full time Special education teacher
- Full time Educational aide (also certified as a substitute)
- Levels of related service personnel appropriate to the needs of enrolled students (Speech and Occupational Therapists)
- Part time Board Certified Behavior Analyst
- Several full time Behavior Technicians
- No more than 8 students in the classroom at the elementary age ranges (the number per classroom will be mutually agreed upon annually)

Additional services to students and support to school personnel include:

- Bi-annual evaluations conducted by Vista school psychologist
- Associated testing and recommendations generated by Vista personnel
- Initial training, ongoing professional development conducted by Vista trainers
- Program monitoring and oversight by Vista management

Classroom personnel receive daily direction from the building principal. The classroom personnel are expected to comport themselves in accordance with school district policies and practices. The teacher attends staff meetings and appropriate professional development opportunities in order to integrate with the building culture, schedule, and activities. Classroom personnel receive supervision and performance management from Vista. Vista management provides clinical oversight and programmatic monitoring to ensure a quality program is provided to each student. Vista Supervisors communicate and collaborate with the Building Principal to address any staff performance concerns.

Regular meetings are established between the school district and Vista management to review project status, develop or amend systems to support successful implementation.

VII. Staff Development and Support

Our Staff participate in both initial and continuous professional development. There are a variety of trainings that occur upon hire as well as trainings that occur as part of our in-services following our strategic planning related to staff development. Staff participate in trainings both in all inclusive forums as well as in specific venues specific to their position and role in the organization.

The Vista School has an integrated training approach that involves the training department as well as Department Supervisors. The Classroom Coordinators, Coaches, and Staff Training Associates support the development of staff as related to effective instruction, lesson planning, assessment, and CLM/ABA practices. This training occurs via on-line training modules, individual and group didactic forums, and in classroom coaching, practice, and application sessions. In addition, supervisors of each department work with staff in a 'Model, Lead, Test' format for position specific requirements such as writing IEP present levels and goals, participating in an IEP meeting, writing treatment plan goals, etc. New MDT and Behavioral Technician staff also have on-going check-in's with supervisors to review performance, learn more in depth processes related to their role, and problem solve current tasks that require assistance.

The Vista School also incorporates ongoing professional development via monthly in-service days embedded into the school calendar. In addition to these monthly opportunities, staff have two dedicated training days at the beginning of August and three dedicated training days near the end of August. New staff have a week and a half of training prior to the start of the Regular School Year in August, similar to school districts induction training weeks.

Teachers and SLP's also participate in a PDE approved induction process. Each new teacher and SLP is assigned a mentor. The mentor and inductee meet continually throughout the year, participating in guided discussions via the induction packet. The mentor also supports the personal development of the new teacher/SLP by helping to support getting acquainted to the Vista culture, managing time and stress, and navigating the hidden social rules of the workplace.

As part of this collaborative program, Vista can support professional development of staff that are connected to the classroom. This can be individualized based on the school districts needs and can include trainings at the school district, presentations at faculty meetings, and even inclusion in trainings at The Vista School.

The table below represents both initial trainings of staff. Monthly topics via Vista in-service agendas can be shared with the school district for further collaboration.

Initial Staff Trainings

	All Staff
Immediate Upon Hire	<ul style="list-style-type: none">• Mandated Reporter• Autism 101• HIPAA

	<ul style="list-style-type: none"> • Medical Services • Professionalism • Verbal Interactions • Water Watchers (Pool Safety) • EIBS Overview • Pre-CLM Guide
Within 3 months of hire	<ul style="list-style-type: none"> • CLM units every 2 weeks • SAPA Safety Techniques and PEI • Vista Van Training
Cyclical Trainings Annually	<ul style="list-style-type: none"> • EpiPen • Inhaler • Heimlich • Seizure Response
Cyclical Training Refreshers	<ul style="list-style-type: none"> • SAPA Refresher Practice and Check-Outs (6 times per year)

VIII. Administrative Support

To the greatest extent possible and to support the effective integration of the classroom into the public school environment, Vista staff interact with and communicate with school district personnel. Identified Vista staff attend faculty meetings and take lead with coordinated communication regarding absences, classroom and student schedules, as well as classroom facility needs.

Administrative support in terms of supervision, evaluation and monitoring of staff performance, addressing performance concerns, and ongoing trainings are provided by Vista Department Supervisors. This structure remains a constant in the LEAP classroom as well as The Vista School. Supervisors may intermittently come into the LEAP classroom for check-in's with staff, observations, etc. To accomplish this, Vista administrators will coordinate on-site and main campus opportunities for Vista staff working in the public school setting with the necessary LEA building staff. Each department has a highly qualified supervisor as indicated below, in no specific order:

Department	Supervisor Title
Behavior Technicians	Behavior Technician Supervisor (3 on staff organized by grade ranges of classrooms staff serve in)
Personal Care Assistants	Student Services Manager
Nurses	Student Services Manager
Occupational Therapists	Occupational Therapist Supervisor
Speech and Language Therapists	Speech and Language Supervisor
Teachers	Education Director, Special Education Supervisor
Behavior Consultants	Director of Behavioral Services
Psychology	Education Director, Special Education Supervisor
Transition and Vocation	Education Director, Special Education Supervisor
Classroom Coordinators, Coaches, and Staff Training Associates	Professional Development and Learning Supervisor
Department Supervisors	Chief Clinical Officer

Should performance discrepancies be identified or witnessed by school district personnel, both the building principal and a Vista administrator should be informed. The building administrator may notify the administrator they work closest with in the LEAP classroom and that Vista administrator communicates to the appropriate assigned supervisor. To the fullest extent possible, Vista school personnel will keep the building principal abreast of any staffing and/or student variables that are being monitored or addressed.

X. EIBS Explanation

The Vista school is both an approved Private School as well as an approved Behavioral Health Facility (Partial program) and is based on an Educationally Integrated Behavioral Support (EIBS) structure. With this model the educational and behavioral health systems are braided together. This collaborative system is designed to provide the intensive support structure for individuals who are not succeeding in current instructional locations with traditional educational and behavioral supports (e.g. BHRS).

All students accepted into Vista's EIBS program present with significant challenges to accessing education and instruction, which is one of the main purposes of having the behavioral health resources embedded into the program. The staff that comprise the behavioral health side of the Vista school program are Behavior Consultants (BC) and Behavior Technicians (BT) who are the direct care staff. The services of these staff are reimbursed through Private health insurance and managed care organizations. The services are approved and prescribed on a yearly basis that coincides with the student's IEP.

When evaluating the prescribed level of services and student appropriateness for the EIBS model, administrators and Behavioral Consultants (BC) utilize The Medical Necessity Criteria form (see appendix B). This assessment tool is a Vista developed document and is approved by our payers for use in evaluating student programming and staffing needs.

The Medical Necessity Criteria (MNC) assesses student performance and needs across 4 different sections;

1. Challenging/problematic behaviors (types of challenging behaviors demonstrated, rate/duration, intensity, level of support needed to implement behavioral interventions, pervasiveness of problem behaviors across environments, and behavior change as a result of programmed intervention)
2. Independent participation (level of support and reinforcement needed to maintain attention to task when performing independent work and self care tasks)
3. Group participation (level of support and reinforcement needed to perform as designated in group settings as well as demonstrated abilities to imitate and follow teacher instructions)
4. Manipulation/mediation of interactions with others (form of communication, self-advocacy and clarification or requesting, response to social bids and activities)

When evaluating the student performance, administrators and BC staff review objective information collected through data collection, observations, and/or interviews with caregivers. Once all sections are complete the information is scored and a level of need (1-3) is assigned to a student. A student rated as a level 1 has the availability of 1:1 support throughout the entire school day and 15 hours of BT home services during break weeks. A student rated as a level 2 has the availability of 1:1 support throughout 75% of the school day and receives 10 hours of BT home services during break weeks. A student rated as a level 3 student has the availability 1:1 support throughout 50% of the school day and receives 6 hours of BT home services during break weeks.

Each student must be MA eligible as well as have a yearly psychological evaluation prescribing the Vista program and services based on identified level of need, to be approved and enrolled in the Vista program. Reason being is without these two important variables students will not be able to access the behavioral health program. In addition to the yearly psychological evaluation, the BC and BT must complete regular documentation of their practices. Progress notes are completed on a weekly, biweekly, and quarterly basis as a review and record of treatment and progress towards identified goals. Along with progress notes, the team must also perform a treatment plan review every 20-service days to evaluate student progress towards goals and any recommended changes.

In regards to the treatment plan, goals are developed to specifically address the barriers presented by the student that impede their development and access to their educational goals, community access, interaction with others (peers, siblings, instructors), and overall access to less intensive settings. The braided system provides a structure for the team address both the development of educational goals while also increasing an individual's ability to perform across a variety of different conditions and environments.

XI. Home Program

Parents accessing the Vista Local Education Agency Partnership (LEAP) Classroom have access to the home-based services and other training opportunities for parents of The Vista School. Vista families are provided the option of receiving Behavior Technician (BT) and Behavior Consultant (BC) home services. These services can be provided in three different ways:

- 1) In-home services from a BT for up to two hours each week;
- 2) In-home consultation from a BC with or without BT home services; or
- 3) Consultation from a BC via telephone or e-mail contact.

This component of Vista's program promotes a consistent line of communication between school and home with Behavior Technicians available to go to the home outside of school hours in order to transfer skills and/or address goals specific to the home environment. Knowledge of what is occurring in all environments is essential to developing effective programming to support ongoing skill development. The home component enables the team to address behaviors that may be home specific and assists parents in gaining the skills needed to address such behaviors effectively. Parents are trained in procedures successfully implemented in the classroom for independence in leisure activity, adaptive communication, and behavior management systems. Most importantly, the home component aims to reduce the severity of the student's symptoms in the home and, in doing so, improve the home life of both the student and his or her family.

When BT services are implemented, they can be utilized across a variety of settings including in the home, in the community, during participation in extracurricular activities, or for appointments that historically evoke challenging behaviors. During home visits, parents/responsible adult are to participate with the BT on home program goal(s) implementation. The BT role during these times is to model procedures for programs (i.e., both for increasing and decreasing behaviors), provide prompting and reinforcement to the parent(s)/responsible adult or child during the implementation of a lesson, and provide training on behavioral principles (e.g. shaping, chaining, prompting) as requested by the parents.

When initiating the use of BT home services or when updating home goals, the following will occur, with the assistance of the assigned BC:

- **Development** of identified goals and programming with input from the parent(s)/responsible adult, which the BT and parent(s)/responsible adult will then address with the child;
- **Training** of the parent(s)/responsible adult by the BT on the implementation of the specifics of programming to transfer the instructional procedures/practices and the data collection methods;
- **Support** of the child from the BT, as necessary, during these home visits. Eventually, the BT support is faded and transferred to the parent(s)/responsible adult based on the child's progress [as indicated by the data] on identified goals.

The ultimate goal of the home program is to provide ongoing support to the child and family and to train parent(s)/responsible adult on effective strategies aimed at developing new skills and behaviors while weakening those that are undesirable or challenging. In

addition, home services can be provided in tandem with traditional TSS services. In these cases the Vista staff work collaboratively with additional agencies to ensure consistency and continuity of care as well as recommendations across providers, locations, and visits.

XII. Assessment and Individualized Programming

Students at The Vista School and the Local Education Agency Partnership (LEAP) Classroom go through formative, summative, and state mandated assessments in order to provide data related to strengths, needs and progress within the program. Each student is assessed on their individual programs that are directly linked to their IEP and Treatment Plan goals. The frequency of this assessment is most often daily but can be weekly or monthly dependent on the frequency of data collection selected for the goal. MDT staff are trained on The Vista School's "Measurement Standards" (see appendix C) to ensure that the skills selected for improvement are precise, are measured correctly, and are reviewed to determine next steps.

Each student has a program book that embeds these IEP and Treatment Plan goals via a lesson plan and data collection sheet. All staff in the classroom are trained on the lesson plans so that the programs can be run consistently and pervasively throughout the students day. The result is a student that is practicing speech, fine motor, academic, and behavioral skills throughout the day regardless of the therapists scheduled attendance in the classroom. MDT are required to check student program books and/or celeration charts every 10 school days (maximum) and every 3 days (preferred) to make decisions on student programs. Each program should be noted with an MDT members initials that the lesson plan and data sheet were reviewed and will often note an update or adjustment to the plan in response to the data reviewed.

Data from student programs is also transferred onto celeration charts so that MDT staff can easily look at a chart for a visual display of data. This visual display helps to quickly indicate patterns of progress so that staff are as responsive as possible to the data that is collected. The Vista School utilizes an on-line data collection system that allows staff to enter data from data sheets specific to student programs. The system will then create celeration charts for not only for review by the MDT but also for supervisor review when checking on student progress.

Prior to an annual IEP, the MDT plans out a thorough assessment that incorporates all MDT domains, CLM repertoires, and critical transition needs for the student. This 'MDT group assessment' then occurs with the MDT carefully implementing, observing and collecting data on the performance of the student throughout the assessment activities. The results of this MDT assessment, along with specific separate assessment measures performed, are documented and then discussed as a planning team. This team uses the results of the assessments to determine drafted IEP and Treatment Plan goals for the upcoming IEP. A critical component of this assessment and planning is the coordination between MDT members. Teams ensure that skills selected to improve in the upcoming IEP and Treatment Plan are complimentary in nature and work in tandem, not in isolation.

The Vista School also participates in yearly Annual Progress Monitoring (APM) in which every student on campus is assessed. This APM is a replacement to similar school district local assessments and includes academic, communication, behavior, and functional skill assessment measures. These assessments occur over the course of ESY and are shared with parents and staff as well as are included in students Re-evaluation Reports. The Vista

School also analysis the data from each of the assessments and reports on overall student progress across the school as an indicator of success of The Vista School as a whole. APM assessments are listed below and are given to students depending on appropriateness to student skill levels and needs.

Annual Progress Monitoring Assessment Measures:

- Vineland Adaptive Behavior Scale- Second Edition
- Woodcock Johnson- Third Edition
- Peabody Picture Vocabulary Test-Fourth Edition
- Gilliam Autism Rating Scale-Third Edition
- Medical Necessity Criteria
- Community Participation Measure
- Real Life Abilities Evaluation

Students also participate in State Assessments at the required grade levels. All of the students at The Vista School, due to severity of their disabilities, take the PASA rather than PSSA or Keystone Exams. Teachers are trained on effective administration of the PASA and our Curriculum Coordinator ensures curriculum is linked to the Common Core so that academic skills taught on a daily basis compliment the content on the PASA.

In addition to the assessments and programming above, Behavioral Consultants at The Vista School are highly trained on the ongoing assessment of students for behavioral programming. The functional behavior assessment (FBA) process is a systematic method for gathering and analyzing information regarding a problem behavior to both guide the formulation of a functional hypothesis and the assignment of interventions to increase desirable and decrease undesirable behaviors.

The FBA process is initiated upon the demonstration of a pervasive behavioral concern. From the outset the behavior is objectively defined, measured, and information is gathered from relevant sources (interviews with those familiar with the individual, observations of the student, and historical documentation). Following an analysis of all gathered and summarized information a functional hypothesis is developed (i.e. what reinforcement is maintaining the behavior) and interventions aimed at developing more effective and appropriate means of gaining the reinforcement are developed and implemented.

XIII. Long Term Outcomes

The Vista School focuses on the remediation of the symptoms of autism in each of our students. This effective remediation of skills leads to positive long term outcomes for the students under our care. Our staff are highly trained to be assessing for long term goals and outcomes from the very start of a students tenure with the school. This may look like interviewing parents on the child's long term housing needs, assessing the students interests and abilities for vocational tasks starting at the age of 12, and incorporating participation out in the community into every grade level of the school.

The Vista School embeds generalization practices into every students programming. This generalization takes into account the variety of staff a student can perform a skill with, the different types of environmental locations a skill can be performed, as well as the different types of mediums a student will interact with to complete a given task. Each of these generalization practices are purposefully planned in student programming so that the child is practicing the skill across a wide range of environments and people, including the home.

The Vista School incorporates Community Based Instruction (CBI) into students Treatment Plans and IEPs in order to practice generalization of skills. Students go into the community to practice things such as purchasing, tolerating denied access, travel training, and leisure skills. The Vista School also incorporates functional daily life skills into student programming. Students participate in tasks such as making lunch, doing laundry, cleaning, and practicing good hygiene on a routine basis. These skills are also practiced in the home to ensure there is a transfer of skills for further independence. Transportation for these CBI's in the LEAP classroom is most often coordinated via The Vista School and internal processes and vans.

The Vista School also supports the vocational needs of students via many different job related opportunities. Staff are trained on the range of vocational services for students such as work tasks completed in the classroom for interest and ability assessment, work based learning trials in the community, volunteering at community businesses, and supported paid employment at a community job site. The goal is for all of our students to be gainfully employed upon graduation. Transportation for any vocational opportunities may initially be supported with The Vista Schools vans but may, if routine and IEP required as part of transition planning, be shifted to the LEA.

XIV. SAPA

The Vista school utilizes the crisis management approach Safe and Positive Approaches (SAPA) developed by the Devereux Foundation. The procedures delineated in the program are arranged in a continuum of least to most restrictive strategies. Vista staff are trained on instructional practices to minimize the likelihood of crises by rearranging the instructional condition(s) in response to demonstrated precursor behaviors, as the least restrictive and initial step for intervention. Vista staff are also trained on evasive techniques (Safety Techniques) through restrictive restraint procedures (Personal Emergency Interventions).

Following the use of any Safety Techniques (ST) or Personal Emergency Interventions (PEI), Vista staff complete the necessary documentation (see appendix D) and submit to the appropriate personnel (parents, student school district, and managed care organizations) at the close of the school day. Within 5 days of the use of PEI the classroom team must complete a debriefing meeting, regardless of a parent request for an IEP meeting. During the debriefing meeting the team reviews current levels of the target behavior, functional hypothesis, prescribed programming, and any revisions needed to programming to minimize the likelihood of crisis and further development of replacement skills.

XV. Current Staffing List and Contact Information

Position	Name	Vista Email	Vista Phone Number
Teacher	Tara Jordan, MEd	tjordan@thevistaschool.org	NA
Behavior Consultant	Christina Reisch, MA, BCBA	creisch@thevistaschool.org	717-839-4858
Speech Therapist	Diana Govender, SLP	dgovender@thevistaschool.org	717-583-5102 x1258
Occupational Therapist	Lauren Frankhouser, OTR	lfrankhouser@thevistaschool.org	717-583-5102 x1247
Classroom Aide/Lead Behavior Technician	Jaime Hoshauer	jhoshauer@thevistaschool.org	NA
Behavior Technician			NA
Behavior Technician			NA
Classroom Coordinator	Jenifer Laurito, MEd	jlaurito@thevistaschool.org	717-583-5102
Curriculum Coordinator	Melissa Grumbein, MEd	mgrumbein@thevistaschool.org	717-583-5102 x1261
School Psychologist	Emily Strausbaugh, MEd	estrausbaugh@thevistaschool.org	717-583-5102 x1112
Vista School Secretary	Lisa Young	lyoung@thevistaschool.org	717-583-5102 x1190
Vista Receptionist	Rebecca Chernich	rchernich@thevistaschool.org	717-583-5102 x1100
Student Services Manager	Violet Rush, LSW	vrush@thevistaschool.org	717-583-5102 x2011
Administrative	Judi Hummel	jhummel@thevistaschool.org	717-583-

Assistant to School Directors			5102 x2022
Director of Behavioral Services	Alicia Burger, MA, BCBA, LBS	aburger@thevistaschool.org	717-583-5102 x2009
Education Director	Candis Chubb, MEd, Sup. Spec Ed Cert.	cchubb@thevistaschool.org	717-583-5102 x2010

Appendix A
The Vista School
Referral Form

School District Referral Information Form

Instructions: Please complete this document to the best of your ability. Include copies of relevant information, where noted. **Incomplete referrals will NOT be processed until all requested information is received.**

Documentation of Diagnosis:

1. Most recent *School Evaluation Report, Psychological and Psychiatric reports within the last two years.*
2. Child's last two *IEPs, Behavior Plans (FBAs), and Graphs* as well as any other relevant information to ascertain student's progress over the last year.
3. Most recent *IEP Progress Report with at least two quarters of progress.*
4. Child's last two *Treatment Plans.*
5. Information from outside sources such as *Speech-Language Pathologist (SLP), Occupational Therapist (OT), Psychologist, etc.*
6. Attendance records *for the last two years.*
7. School District information and approving signature with contact information.

PLEASE NOTE: If you are submitting the packet as a parent referral (i.e. no district involvement), please include a completed scholarship application with tax information attached. This information is required for private pay cases as well.

Incomplete referrals will NOT be processed until all requested information is received.

School District Referral Information Form

Date: _____ Student's Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____ Sex: _____

Student's Medical Assistance Number (10-digit): _____ Race: _____

Please attach a copy of child's Medical Assistance Card and Private Insurance Card to referral packet.

Please Select One of the Below:

**Referral To: The Vista School Campus The Local Education Agency Partnership (LEAP) Classroom
(current LEAP classroom age ranges available: 5-9 yrs old)**

Family Contact Person(s): (1) _____ (2) _____

Relationship: _____ Relationship: _____

Day Phone: _____ Day Phone: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Fax: _____ Fax: _____

Number of adults in household: _____ Names: _____

Number of children in household: _____ Names: _____

School District: _____ IU: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Mailing Address: _____

Email Address: _____

Clinical Diagnosis: _____ Date of diagnosis: _____

Child's Age at Diagnosis: _____ Performed by: _____

Does the student have a secondary diagnosis and/or other medical conditions? Yes No Unknown

If yes, please list: _____

Is the student currently enrolled in a school/program? Yes No

If yes, please list:

Name of school/program: _____

School district: _____

Special Education Director: _____

Program Description: _____

Does the student qualify for free or reduced lunch? Yes No

If yes, please provide copy of their school meal application.

School District Referral Information Form

Is the student on medication? Yes No Unknown

If yes, list medication, dosage, administration times, and purpose.

Name of Medication	Dosage	Administration Times	Purpose

Has the student ever been admitted to a hospital/treatment center for a psychiatric, behavioral or crisis situation? Yes No

If yes, please explain: _____

Please summarize the hospital/treatment facility's observations and treatment(s): _____

Was this treatment effective? Yes No

Please explain:

Additional comments: _____

Signature _____

(School District Representative)

Completion and submission of the Referral Form to The Vista School admissions team begins The Vista School screening process. Furthermore, it provides a forum for parent and school district consideration of The Vista School as part of a continuum of appropriate placement options. Referrals are non-binding to The Vista School and school districts. The submission of a Referral Form does not guarantee acceptance or enrollment into Vista's programs.

Appendix B

THE VISTA FOUNDATION MEDICAL NECESSITY CRITERIA IEP – Tx Plan Discharge Goal Review Form

Student Name: _____

Date of Review: _____

Level that best represents student's behavior: Level 1 Level 2 Level 3

This review of client's treatment plan and medical necessity indicate that the client requires _____ of EIBS service. This level resulted in /did not result in a review of discharge criteria. Scores indicate / did not indicate client showing readiness for after-care planning. At this time team begins to discuss inclusion opportunities in the home district OR ensures that treatment plan includes goals to address areas of continued need.

Behavioral Indicator / Skill Area		Data	Identified Goals
I. Challenging and/or Problematic Behaviors: <ul style="list-style-type: none"> ○ Aggressive Behavior including property destruction ○ Self Injurious Behavior ○ Self-stimulatory behavior ○ Off task/disruptive behaviors in structured/unstructured settings 			
Topography			
A	1	Students exhibit behaviors in four of these sub-categories	
	2	Students exhibit behaviors in three of these sub-categories	
	3	Students exhibit behaviors in two of these sub-categories	
Rate/Duration			
B	1	One or more of these Behaviors occur across the day at predictable rates or durations that pose significant risk to self or others and interfere with the students' (or others') ability to engage and participate with ongoing activities	
	2	One or more of these Behaviors occur across the day at predictable rates or durations that pose potential risk to self or others or interfere with the students' (or others') ability to engage and participate with ongoing activities	
	3	One or more of these Behaviors may occur across the day at predictable rates and/or durations that rarely pose potential risk to self or others or interfere minimally with the students (or others') ability to engage and participate with ongoing activities	
Intensity			

C	1	The intensity of these behaviors, regardless of rate or duration, pose a significant risk to self or others and interfere with the students' (or others') ability to engage and participate with ongoing activities		
	2	The intensity of these behaviors, regardless of rate or duration, pose a potential risk to self or others or interfere with the students' (or others') ability to engage and participate with ongoing activities		
	3	The intensity of these behaviors, regardless of rate or duration, interferes with the students (or others') ability to engage and participate with ongoing activities		

Resistance to Intervention

D	1	History of little to no behavior change as a result of behavioral interventions		
	2	History of behavior change is minimal and/or temporarily a result of behavioral interventions.		
	3	History of behavior change shows variable and/or slow progress.		

Intensity of Intervention and Supports

E	1	Behavior must be managed by external and/or a sophisticated system requiring one to one staff support between 75-100% of the school day		
	2	Behavior can be managed by external and/or sophisticated system requiring one to one staff support between 50-75% of the school day		
	3	Behavior is managed by external and/or sophisticated system requiring 1:1 staff support up to 50% of the school day		

Distribution of Behaviors

F	1	These behaviors occur across all environments (home, school, community) frequently.		
	2	These behaviors may occur across two environments		
	3	These behaviors may occur across one environments.		

Reinforcement

G	1	Student has limited repertoire of reinforcers or the reinforcing value fluctuates or is unpredictable		
	2	Student has variety of reinforcers that have constant values and are predictable		
	3	Students has a sufficient number of predictable potential reinforcers as to allow effective behavior management and skill acquisition		

Behavioral Indicator / Skill Area	Data	Identified Goals
--	-------------	-------------------------

II. Independent participation in age/context appropriate routines:

- Ability to independently follow simple/complex routines/directions
- Ability to independently engage in play/leisure skills
- Ability to independently comply to routine activities of daily living (related to functioning and access to school, home and community settings)

Compliance

A	1	Responds to high rates and/or immediate reinforcement for low or moderate demand tasks		
	2	Responds to variable rates and/or delayed reinforcement for low to moderate demand tasks		
	3	Responds to extended delay in access to reinforcement via wide ratios of reinforcement for high demand tasks		

Reinforcement

B	1	Types of reinforcement may be limited to primary or non-generalized conditioned reinforcers		
	2	Student may (or begins to) respond to generalized conditioned reinforcers		
	3	Beginning to respond to social praise from adults for the completion of tasks		

Assistance /Support

C	1	Student requires full physical prompts to attend to familiar structured routines or tasks for greater than 50% of steps		
	2	Student requires partial physical prompts to attend to familiar structured routines or tasks for no more than 50% of steps		
	3	Student requires close supervision and/or naturally occurring cues to attend to familiar routines		

Structure

D	1	Student exhibits limited to no independent skills during times where there is limited to no structure		
	2	Student begins to exhibit some independent skills during times where there is limited structure and may require frequent redirection for continued engagement during instructed time		
	3	Student exhibits ability to regulate context appropriate activities during limited structured times and requires some redirection during unstructured times		

Behavioral Indicator / Skill Area

Data

Identified Goals

III. Ability for behavior change in group settings

- Ability to participate/experience behavior change during group settings
- Generalized imitation of adults (simple/complex skills)
- Generalized imitation of peers (simple/complex skills)

Group Instruction Compliance

A	1	Responds to high rates and/or immediate reinforcement provided within close proximity of group leader for familiar or preferred tasks presented to a small group of 1-2 peers		
	2	Responds to variable rates and/or delayed reinforcement provided within close proximity of group leader for low or moderate demand tasks presented to a small group of 2-4 peers		
	3	Responds to extended delay in access to reinforcement via wide ratios of reinforcement for moderate to high demand tasks presented to a group of 5 or more peers		
Reinforcement				
B	1	Types of reinforcement may be limited to primary or non-generalized conditioned reinforcers		
	2	Student may (or begins to) respond to generalized conditioned reinforcers		
	3	Begins to respond to naturally occurring reinforcement within context of group paired with generalized conditioned reinforcers		
External Support				
C	1	Requires consistent 1:1 support to attend to and participate in group activities		
	2	Attends to and participates in highly preferred group activities with minimal supervision; Requires consistent 1:1 support to attend to and participate for low to moderate task demands given to a group of 2-4 peers		
	3	Requires 1:1 support to attend to and participate in high task demand given to a group of 5 or more peers		
Prerequisite Skills				
D	1	Exhibits limited or no imitation and direction following skills within 1:1 structured format		
	2	Exhibits limited imitation and direction following skills within a small group of 2-4 peers		
	3	Exhibit limited imitation and direction following skills within a group of 5 or more peers		

Behavioral Indicator / Skill Area	Data	Identified Goals
IV. Manipulation and mediation of interaction with others <ul style="list-style-type: none"> ○ Communicating wants/needs as replacement for inappropriate behaviors ○ Social interactions with adults and/or peers 		

Initiation			
A	1	Limited use and/or ability to appropriately mand (request)	
	2	Beginning to appropriately communicate wants/needs at a greater rate than engaging in inappropriate behavior	
	3	Engages in little to no inappropriate mands	
Persistence			
B	1	Lack of persistence (gaining attention, repeating) and specificity (providing additional information) with appropriate manding behavior	
	2	Emerging persistence and specificity in initial mand	
	3	Demonstrates persistence specificity within appropriate manding behavior; emerging use of repair strategies for clarification	
Social Responses			
C	1	Little to no ability to respond to or initiate socially mediated interaction (request information)	
	2	Little to no ability to initiate socially mediated interactions; emerging ability to respond to socially mediated interactions	
	3	Responds reliably to simple socially mediated interactions; may have emerging ability to initiate socially mediated interactions	
Peer Awareness/Interaction			
D	1	Shows little to no or inappropriate interest in or awareness of peers in environment	
	2	May approach peers for highly preferred items or activities	
	3	May demonstrate interest in the activities of peers in the environment	
External Support (Peer)			
E	1	Requires high levels of prompting and/or constant I:I support to remain in close proximity to peers or to participate in simple social activities	
	2	Remains within close proximity to peers during preferred simple social activities; may require prompts and/or I:I support to participate appropriately in the activity	
	3	Participates in preferred social activities with peers; may require prompts and/or faded staff support to respond appropriately to the social context of the activity	

Discharge Criteria Review Section

(Complete Discharge Criteria review if student is a strong level 2 or higher)

	Behavioral Category	Repertoire	Data	Identified Goals
		Strength: Emerging Adequate Strong		
Challenging and/or Problematic Behaviors				
I	Students exhibit only rare aggressive or self-injurious behaviors			

2	<i>If self-stimulatory and disruptive behaviors occur, they do not interfere in engagement and participation with on-going activities within the LRE</i>			
3	<i>Based on student's responsiveness to behavior change systems; student's behaviors can be managed by systems developed by LRE</i>			
4	<i>These behaviors are managed through natural contingencies within the LRE or by plans that are non-intrusive, self-monitored or is maintained by the LRE or natural supports</i>			
5	<i>Student may be motivated by naturally occurring social consequences or other reinforcers that naturally occur in the LRE</i>			

Independent participation in age/context appropriate routines

I	<i>Student responds to a reinforcement system that is part of the naturally occurring contingencies found in the LRE, may be monitored by student or, at minimum, the system needed can be maintained by the LRE</i>			
2	<i>Student is able to attend to familiar routines in the natural environment with faded supervision and minimal, non-invasive prompts appropriate to the LRE</i>			
3	<i>Student shows ability to regulate their own context appropriate activities during unstructured times as related to naturally occurring cues in the LRE</i>			

Ability for behavior change in group settings

I	<i>Participates in group activities with 5 or more peers with faded supervision and non-invasive prompts and reinforcement systems appropriate to the LRE</i>			
2	<i>Independently responds to highly familiar, simple directions given to a group of 5 or more peers</i>			
3	<i>May continue to require short term support for high demand or novel tasks given to a group of 5 or more peers</i>			
4	<i>Shows emerging ability to reference behavior of peers as a problem solving strategy</i>			

Manipulation and mediation of interactions with others

I	<i>Emerging ability to respond to social cues as related to appropriate opportunities to mand</i>			
2	<i>Student shows ability to use multiple and/or combination of repair strategies without engaging in inappropriate behaviors as a result of failed communication attempts</i>			
3	<i>Student shows emerging ability to maintain social interactions with others (may include peers) given supports available in the LRE</i>			

Appendix C

THE VISTA SCHOOL'S MEASUREMENT STANDARDS

Data Collection section of the Scheduling Standards

1. MDT members will follow "DATA"
2. Data sheet created for each student and/ or each group in which data is required
3. CREATED AND UPDATED AS NEEDED BY MDT

"DATA" (backwards)

- **A- Aim & Pinpoint (i.e. Teaching Target)**
 - Identify the current **pinpoint** (the *what* you are teaching right now)
 - Pinpoint+= (Learning Channel In + Out) precise action verb + object+
context
 - Choose countable (observable) behaviors
 - Behaviors should have a beginning and end (are repeatable)
 - Be precise—describe the action that is occurring
 - The action ends with a "s" (says, writes, walks, etc.)
 - The object is singular
 - The context is the circumstance in which the behavior will occur
 - Identify the **aim** (the *end* goal of measurement)
 - Aim
 - Frequency aim
 - Latency aim
 - Duration aim
- **T- Type**
 - **Staff will use one the following measures for pinpoints. Exceptions are reviewed by supervisor or Classroom Coordinator**

Measures:		CLM Measurement Questions:
Duration- Duration of 1 behavior (i.e. scream)- how long the behavior occurs Duration of an event (i.e. washing hands) - how long the event occurs	Your data will be time (ex. 12 minutes)	How long can s/he do something?
Frequency How many behaviors occur within a measured period of time. The sum of the count of a behavior over a time interval	Your data will be count (correct and/or incorrect)/ time (40 in a minute)	How much can s/he do per minute?
Latency The interval of time between the onset of a "start" signal and beginning a specific behavior	Your will data will be time (:02, 1:04, :09 mm:ss)	How long does it take to begin something?

- **A- Amount of measurement** (*remember the amount of measurement does not indicate the density and intensity of instruction*)
 - How often will the pinpoint be measured to make informed decisions:

- Should the pinpoint be measured daily (Micro)?
- Should the pinpoint be measured 2 to 4 times a week (Micro)?
- Should the pinpoint by measured 1 time a week up to 1 time a month (Meta)?

*****Disclaimer- this is a GUIDE not a RULE*****

Micro	
Useful for:	Not useful for:
1. High Frequency Behavior 2. Acquisition Routine 3. Discrimination Routine 4. Application Routine 5. Fluency Routine	1. If the opportunity does not exist daily, it cannot be measured daily (community based goal, inclusion goal, some ADLs) 2. Low Frequency Behavior
Meta	
Useful for:	Not useful for:
1. Low Frequency Behavior (ex. CBI, home visit, swimming, LRE transitions) 2. Generalization 3. Application Routine 4. General Outcome Measures (assessment that provides information on a complex global skill) 5. Benchmark Assessment 6. Maintenance 7. Cumulative Review/ Practice	1. High Frequency Behavior

D- Decision Making

- Data will be displayed visually using a daily, weekly or monthly Standard Celeration Chart
- Data monitoring, analysis, decision making will be made every:
 - Micro: The 1st decision is made after the fifth data point. Ongoing decision making could be as frequent as daily and does not go beyond 5 data points.
 - Meta: The 1st decision is made after third data point. Ongoing decision making could be as frequent as weekly and does not go beyond 3 data points.
- Ask: What am I looking at?
 - Do I have enough data to judge a trend?
 - Is my data stable or maintaining?
 - Is my data improving?
 - Is my data worsening?
- Staff will take action based on what was determined in the “What am I looking at?”
 - Purposeful Continue Decision
 - Make a Change Decision

Standard Celeration Chart data	Action

Meets aim for three days (or other specified criteria)	Make a change
Four to five days of flat data	Make a change
Minimum celeration less than x1.25 (for acceleration aims)	Make a change
Acceleration data decelerating	Make a change
Deceleration data accelerating	Make a change
Data fall below projected celeration aim line	Make a change
Teacher Prerogative (Teacher has information pertinent to improving the learner's performance)	Make a change

Standard Celeration Chart data	Action
Programming is working and you didn't hit any of the examples in the chart above	Continue
Teacher Prerogative (Following a student absence or break from programming, just prior or immediately after a med change, etc.)	Continue

Appendix D

The Vista School The Vista Foundation

Incident Reporting Procedures by Type:

- 1) ***Critical Incidents***
 - a. *This set of reporting procedures are mandated by DPW.*
 - b. *These incidents are restraints, elopements (> 24 hours missing), med errors, death, abuse or involvement of emergency services.*
 - c. *Forms must be filled out and sent to Managed Care Company and County Offices by the close of the school day the incident occurred*
 - d. *Form is filled out based on other Vista documentation (Debriefing Forms or Incident Report Form) and is completed and sent in by the Clinical Services Manager*

- 2) ***Incident Reports of unusual events or student behaviors***
 - a. *Incidents under this section would be unexpected or unusual student behavior (aggressive or otherwise) or unusual events related to students (darting out of the building, missed medication, poison ingestion, involvement of emergency services).*
 - b. *Staff uses **Incident Reporting Form** to log incidents.*
 - i. *This form must be filled out within 24 hours of incident by a witnessing or involved staff*
 - c. *Teacher, BC, or involved staff must call parents before the end of the school day.*
 - d. *Original Form submitted to teacher and/or BC for review and signature. Teacher and/or BC must document follow up actions (i.e. actions team will take to reduce future likelihood of incident occurring)*
 - e. *Copy of form is sent home day of incident (requires only ONE signature, T or BC)*
 - f. *Teacher and BC must both sign the form before submitting to Director of Behavioral Services*
 - g. *Form is submitted to Director of Behavioral Services for final signature*
 - h. *Once signed, form is submitted to Executive Assistant for data entry and filing purposes*
 - i. *Form located in S:\Master Forms\Incident-Accident Reporting\Incident Reporting Form*

- 3) ***Accidents or injuries to students***
 - a. *All injuries to students, specifically those that leaves a mark or may produce marking by the time the student arrives home, requires some form of first aid or care, or that is out of the ordinary are reported using this procedure.*
 - b. *Staff uses **Accident/Injury Reporting Form** to log incidents.*
 - i. *This form must be filled out within 24 hours of incident by a witnessing or involved staff.*
 - c. *Teacher, BC, or involved staff must call parents before the end of the school day.*
 - d. *Original Form submitted to teacher and/or BC for review and signature. Teacher and/or BC must document follow up actions (i.e. actions team will take to reduce future likelihood of incident occurring)*
 - e. *Copy of form is sent home day of incident (only ONE signature is required before sending home)*

- f. *Teacher and BC must both sign the form before submitting to Director of Behavioral Services*
- g. *Form is submitted to Director of Behavioral Services for final signature*
- h. *Once signed, form is submitted to Executive Assistant for data entry and filing purposes*
- i. *Form located in S:\Master Forms\Incident-Accident Reporting\GA 114-Accident-Injury Reporting Form*

4) Use of Emergency Procedures

- a. *Safety Techniques – use of control or release movements – complete **Safety Techniques Documentation Form** within 24 hours of incident.*
 - i. *Place original in BCs mailbox to review and sign*
 - ii. *BC places original in Director of Behavioral Services box to review and file; copies form to send home to parent*
- b. *The use of physical interventions listed in the emergency procedures (escort, assist and restraint procedures; see Policy GA 113) result in the use of a debriefing form.*
 - i. *Staff uses **Debriefing Forms** to document these incidents within 24 hours of occurrence; a separate **Incident Reporting Form** is not needed.*
 - ii. *Teacher and/or BC to call parents before end of the school day when emergency procedures are not regularly implemented and/or when there is an increase in the intrusiveness of procedures utilized.*
 - iii. *Complete **Section 1 of 3** immediately following the incident*
 - iv. *Copy **Section 1**; attach **Section 2**, and send home to parents; copy of **Section 1** submitted to Clinical Services Manager by the end of the day the incident occurred.*
 - v. *Receive **Section 2** back from parents; re-attach original **Section 1**; submit to Behavior Consultant*
 - vi. *BC completes **Section 3** within 5 days of the incident.*
 - vii. *BC submits completed original **Sections 1 to 3** to Director of Behavioral Services; sends home a copy of **Section 3** to parents following meeting.*
 - viii. *Director of Behavioral Services reviews form, signs it, and submits to Executive Assistant for data entry and filing into student's chart.*
- c. *Forms located in S:\Master Forms\Emergency Procedures Doc*

5) Injuries to staff

- a. *Staff immediately report to HR (Rod McAllister or Megan Young) for an **Employer's Report of Occupational Injury or Disease** form in which to document the incident.*
 - i. *Staff may seek further treatment if needed from Worknet or family doctor or other as directed by HR*
 - ii. *Form is submitted to Rod McAllister or Megan Young within 24 hours of incident*
 - iii. *Form located in S:\Master Forms\Incident-Accident Reporting\Staff Injury Report Form*

EMERGENCY PROCEDURES SAFETY TECHNIQUES DOCUMENTATION FORM

Name of Student: _____

Teacher: _____

Date of Incident(s): _____

Time	Location <i>(building initials and location in building)</i>	Antecedent	Behavior Code	Type of procedure	Initials of all staff involved

Behavior Codes:

- A=
- B=
- C=

Type of Procedure codes:

- FP – finger peel
- HP – hair pull control (**FHP** – front hair pull control and **RHP** – rear hair pull control)
- BR – bite release (identify **BRL** for least restrictive and **BRM** for most restrictive)
- CR – clothing grab release
- WR – Wrist grab release (specify 1 or 2 hand wrist grab release)
- CH – Choke release (**FCH** – front choke, **RCH** – rear choke, **FACH** – forearm choke)

Procedures used not in accordance with policy (briefly describe each used):

- 1 =
- 2 =

Behavior Consultant

Date