SY 2021-2022

School Mental Health:
Social Work Provider Guidebook

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Version 5

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SUPPLEMENTS TO THE GUIDEBOOK:

Section I:
Introduction

I: DISTRICT OF COLUMBIA PUBLIC SHOOLS

DISTRICT OF COLUMBIA PUBLIC SCHOOLS VISION

Every student feels loved, challenged, and prepared to positively influence society and thrive in life.

DISTRICT OF COLUMBIA PUBLIC SCHOOLS MISSION

Ensure that every school guarantees students reach their full potential through rigorous and joyful learning experiences provided in a nurturing environment.

DISTRICT OF COLUMBIA PUBLIC SCHOOLS VALUES

Students First: We recognize students as whole children and put their needs first in everything we do.

Equity: We work proactively to eliminate opportunity gaps by interrupting institutional bias and investing in effective strategies to ensure every student succeeds.

Excellence: We work with integrity and hold ourselves accountable for exemplary outcomes, service, and interactions.

Teamwork: We recognize that our greatest asset is our collective vision and ability to work collaboratively and authentically.

Courage: We have the audacity to learn from our successes and failures, to try new things, and to lead the nation as a proof point of PK-12 success.

Joy: We enjoy our collective work and will enthusiastically celebrate our success and each other.

II: A CAPITAL COMMITMENT 2017-2022

DCPS' strategic plan, *A Capital Commitment*, will guide our work as we strive to become a district of both excellence and equity – a place where every family feels welcome and every child is given the opportunities and support they need to thrive.

DISTRICT OF COLUMBIA PUBLIC SCHOOLS STRATEGIC PRIORITIES

Promote Equity: Define, understand, and promote equity so that we eliminate opportunity gaps and systematically interrupt institutional bias.

- Focus on equity across all DCPS.
- Offer programming that supports students of color.
- Prioritize budgeting and resources for students who need them most.

Empower our People: Recruit, develop, and retain a talented, caring, and diverse team.

- Infuse our values into all that we do.
- Improve teacher pipelines, especially for bilingual teachers and male educators of color.
- Strengthen school leadership development.

Ensure Excellent Schools: Increase the number of excellent schools throughout the city.

- Define a consistent standard of school excellence.
- Grow schools based on need and to promote diversity and innovation, including multilingual or magnet programs.
- Increase attendance and enrollment.

Educate the Whole Child: Provide rigorous, joyful, and inclusive academic and social emotional learning experiences to ensure all students are college and career ready.

- Support teachers in implementing the DCPS curriculum.
- Embed social emotional learning in our classrooms and culture.
- Ensure students read on grade level by 3rd grade.
- Offer new courses and extracurricular activities for middle school students.
- Expand access to college and career preparation.
- Strengthen instruction for special education students and English Learners.

Engage Families: Ensure communication and deepen partnerships with families and the community.

- Involve families and community in children's learning, including through home visits.
- Improve our ability to communicate with and listen to families.

DISTRICT OF COLUMBIA PUBLIC SCHOOLS GOALS

Goal 1
Double the percent of students who are college and career ready and triple the percent of at-risk and students of color who are college and career ready.

Goal 2
100 percent of K-2 students are reading on or above grade level.

Goal 3
85 percent of students graduate within four years, and 90 percent graduate within four or five years.

Goal 4
100 percent of students feel loved, challenged, and prepared.

Goal 5
100 percent of schools are highly rated or are improving.

Goal 6
90 percent of students re-enroll and DCPS serves 54,000 students.

You can review DCPS' Strategic Plan in detail at the following URL:

https://dcps.dc.gov/capitalcommitment

III: OFFICE OF SCHOOL IMPROVEMENT AND SUPPORTS

The Office of School Improvement and Supports will work to support our educators and students to dramatically accelerate the number of excellent schools throughout the city. The Office is comprised of three divisions: School Improvement, Student Supports and Talent Development.

School Improvement

- Promotes data-driven planning, processes, and decision-making through an aligned system of continuous improvement to move schools toward a consistent standard of exeellence;
- Designs excellent school models that transform learning for our students furthest from opportunity;
- Develops and advances strategies and resources for schools and the district to maximize partner impact on student success.
- Advances equality, with a focus on student focused programming

Student Supports

- Ensures that schools have the resources to provide a safe and supportive learning environment where all students are able to thrive academically and socially;
- Ensures that schools have the necessary supports to address the needs of the whole child and create the conditions where all students are in school every day and ready to learn.

Talent Development

- Advances talent development through an equity lens
- Ensures we recruit, select, hire and retain great people;
- Ensures leaders are prepared at each stage of their career with the full complement of skills and capacities necessary to guarantee student and school success;
- Ensures clarity of expectations and meaningful feedback in support of increased effectiveness of all school based staff.

IV: STUDENT SUPPORTS DIVISION

STUDENT SUPPORTS DIVISION

The Student Supports Division ensures that schools have the resources to provide a safe and supportive learning environment where all students are able to thrive academically and socially. The division further ensures that schools have the necessary supports to address the needs of the whole child and create conditions where all students are in school every day and ready to learn.

SCHOOL MENTAL HEALTH TEAM MISSION

We serve schools by providing expert consultation and services in support of the whole child. Using evidence based assessment and therapeutic practices, we intervene early, with tailored supports that match the unique needs of DCPS students.

SCHOOL MENTAL HEALTH TEAM VISION

Our goal is to decrease barriers to school success by providing students, families, and school staff with tools that promote academic and psycho social growth and progress.

SOCIAL WORK PROGRAM MISSION

The mission for DCPS School Social Workers is to identify and provide the necessary support for students to benefit from their educational program through:

- Targeted evidence-based interventions that promote mental health and school success
- Collaboration and consultation with other service providers, classroom staff and caregivers
- School wide universal interventions to foster positive school adjustment and social emotional well-being

V: PURPOSE AND STRUCTURE OF GUIDEBOOK

PURPOSE

This guidebook was developed to ensure that all school social workers are able to deliver interventions and services that align with DCPS' core beliefs, objectives and local school improvement goals. It is intended to be the primary reference tool for school social workers when addressing issues related to student engagement and social emotional development in the academic environment.

DCPS utilizes a comprehensive approach to school mental health services. In this model (demonstrated below in Figure 1), mental health services, school climate, curriculum and instruction work in sync to support the academic achievement of all students. This comprehensive approach goes beyond single intervention strategies to address the social and emotional needs of students. This approach engages students, teachers, and parents in a cooperative effort to promote emotional intelligence and pro-social skill development. Several interventions within the school are coordinated to meet the needs of students where they are. The comprehensive approach encourages school administrators to coordinate mental health programs that align with overall school initiatives designed to address curriculum and instruction as well as school climate strategies.

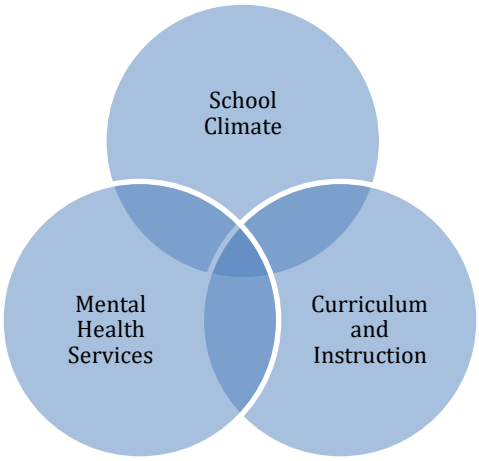


Figure 1- Comprehensive approach to school mental health services

It is our expectation that school social workers will collaborate with school staff to develop a multi-faceted approach to delivering school mental health services. School social workers will:

- Identify clear protocols for responding to student needs;
- Plan and implement programs in response to the needs of the students, staff and the school community;
- Document, track and assess outcomes to ensure services align with larger school improvement goals;
- Engage staff and families as partners in promoting the social and emotional well-being of students.

STRUCTURE

The structure of the guidebook is detailed in the Table of Contents. Appendices are attached with additional resources to help school social workers apply important policies and procedures reviewed throughout this document.

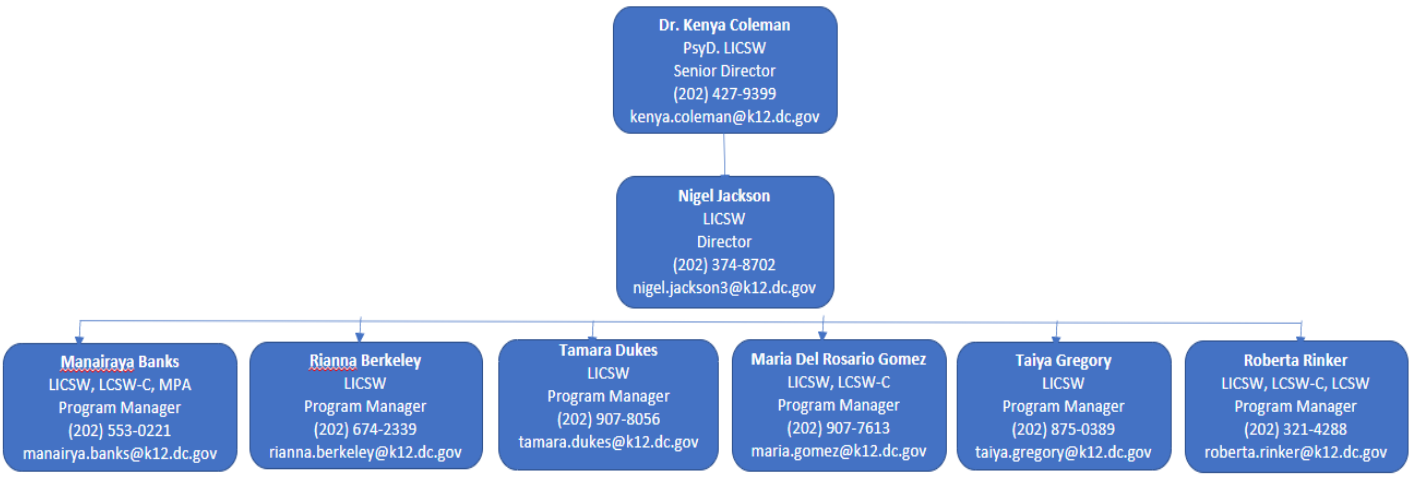
This guidebook replaces any guidebook introduced previously.

VI: SCHOOL MENTAL HEALTH TEAM: SOCIAL WORK CONTACT INFORMATION

Office of School Improvement and Supports
1200 First Street, NE
11th Floor
Washington, DC 20002
(202) 442-4800

School Mental Health Team
3535 V Street, NE
Washington, DC 20018

Social Work Management Team



SECTION II:

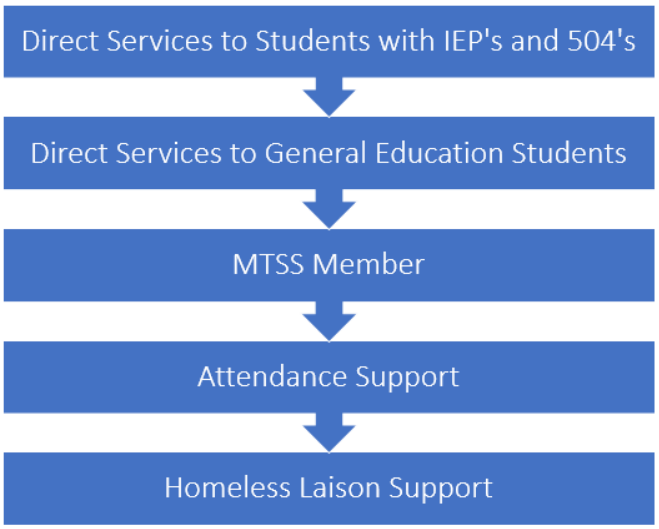
SCHOOL MENTAL HEALTH: GENERAL GUIDELINES AND PROCEDURES

I: DUTIES AND RESPONSIBILITIES

The Role of the Social Worker

DCPS has developed a comprehensive position description for social workers that reflect the many activities and competencies of the field. The school social worker serves primarily as a clinician, an advocate for all students, and a consultant to school staff and parents/guardians on a variety of issues. If utilized appropriately, social workers can prove to be an invaluable member of the school community.

Within DCPS, the school social work position is housed at individual schools. As part of the local school staff, social workers should abide by the duties and responsibilities of the local school handbook. It is recommended that social workers meet with their building administrator at the start of the school year to outline expectations, needs, priorities and local school initiatives. The following is a chart highlighting social work priorities.



School social workers are involved in three (3) primary roles:

Social Workers are involved in *preventive* work with students, staff and families that promotes positive school climate and social/emotional well-being:

- Provide consultation to school staff and parents to facilitate student educational, social and emotional growth
- Provide individual and group counseling and psycho-education
- Obtain information concerning the effects of environment, including familial, cultural and economic disadvantages that may be adversely affecting student progress (i.e. Social History Analysis)
- Conduct home visits that encourage home/school communication (See Home Visiting Protocol in **Appendix *20*** *for specific guidance during distance and hybrid learning).*
- Work collaboratively with the Multi-Tier System of Supports (MTSS) Team to develop intervention plans for students at risk of academic and/or behavioral difficulty
- Serve as the home-school-community liaison

- Make appropriate referrals for community resources

Social Workers are involved in *Special Education and Section 504*:

- Serve as a member of the multi-disciplinary team (MDT), and 504 teams
- Conduct social work evaluations and other related assessments for initial evaluations and re-evaluations
- Provide related services as prescribed by the IEP/504 plan and include social-emotional, life and transitional skills that can be transferred from school to community
- Complete student progress reports and document all behavior support service sessions
- Participate in MDT, IEP, manifestation determination and other related meetings
- Work collaboratively within the classroom setting to implement student IEPs/504 plans
- Collect data for the purpose of monitoring social-emotional progress and evaluating effectiveness of services
- Provide technical assistance on strategies that improve outcomes for students
- Coordinate the design and implementation of behavior intervention plans (BIPs) and functional behavior assessments (FBAs) at levels I and II.
- Attend court hearings as a DCPS representative

Social Workers are involved in *program development* to meet the unique needs of the school:

- Conduct needs assessments and plan for support services both within and outside the school
- Facilitate special support groups (e.g., students with incarcerated parents, grief and loss, divorce, teen parents, conflict resolution, etc.) as needed
- Manage family resource centers, where parents/guardians can access needed information and participate in opportunities to learn how to support their student(s)
- Work with administrators to implement effective policies and programs to address school safety, school attendance, substance abuse, teen pregnancy, child abuse and neglect, as needed
- Participate in school mental health team meetings along with school psychologists, school nurses, community mental health partners, administrators and other staff**.**

While no one social worker can do everything described in the roles above, it is critical that school administrators and their social work staff identify **priority areas**, which will define the school social worker's role in his or her school building. We have found that this investment in collaborative planning often sets the tone for a productive year.

In addition, the Student Supports Division requires that school social workers:

- Attend monthly clinical case conferences.
- Attend all scheduled social work professional development.
- Complete and use the appropriate progress monitoring tools (e.g, Strengths and Difficulties Questionnaire, DSM-V Level 1 Cross Cutting Measure) to monitor treatment progress.
- Utilize evidence-based interventions as standard practice.

Training and Professional Development: School social workers are **required** to attend all **mandatory** professional development activities/trainings, as are other service providers. Please plan accordingly as you will be held accountable for your participation. Unexcused absences to **mandatory** professional development sessions, case conferences and/or staff meetings warrant disciplinary action and may negatively affect your IMPACT rating. School social workers who are absent from mandatory professional

development sessions and/or case conferences should provide written documentation of leave and/or reason for absence, as well as assume the responsibility for securing information or notes from a colleague. **Also, in order to obtain Continuing Education Units (CEUs) for DCPS-provided professional development, providers must be present for the entire scheduled PD session. Late arrivals (beyond a 15-minute grace period) will not receive CEUs. Similarly, late arrival from breaks/lunch, may preclude a provider from receiving CEUs.**

MANDATED REPORTING POLICY

See appendix **Supplement 4**

DRESS CODE REQUIREMENTS

It is the provider's responsibility to find out the dress code requirements for the school(s) he/she/they services and to wear the appropriate attire. Providers **MUST** follow the dress code for their schools. Cleanliness, professionalism, good taste, and safety are the primary considerations. The following is a non-exhaustive list of expectations. Please follow your school regulations. Additionally, remember that you represent your profession.

- All clothing should be professional, clean, neat, and not stained.
- Clothing should not contain any suggestive or offensive pictures or messages.
- Appropriate leg and foot covering, as deemed by the school, should be worn. Closed toe, low or no-heeled shoes should be worn for your personal safety.
- Clothing should fit appropriately. Tops should be of opaque fabric (not see-through), not too low cut, tight or loose and long enough to remain tucked in with movement (i.e., no bare midriffs). Tops should allow for raising of hands above head without exposing skin. T-shirts that convey a casual appearance are not to be worn.
- Skirts or "skorts" may be worn but should be no shorter than 2" above the knee and have no slits above the knee.

II: CERTIFICATION AND LICENSURE

Minimum Qualification Standards

- A master's degree in social work (MSW)
- 5 years of related experience
- A District of Columbia Government, Department of Health Professional License as a Licensed Independent Clinical Social Worker (LICSW), which must be renewed every two years by obtaining the required continuing education units
- OSSE Certification as a School Social Worker, which must be maintained throughout employment with DC Public Schools (see below)

OSSE State Certification Requirements

1. A master's degree in social work (MSW) from an accredited institution that includes the following:
   - Field practicum in a setting providing direct services to individuals and groups of school-aged children and their families; or
   - A minimum of one (1) year paid professional experience (post master's degree) in a setting providing direct services to individuals and groups of school-aged children and their families.

2. Degree program content shall include the following:
   - Four (4) semester hours in family- and child-related coursework;
   - Four (4) semester hours in human behavior and social environment;
   - Four (4) semester hours in social welfare policy and services;
   - Eight (8) semester hours in social work practice;
   - Four (4) semester hours in research; and
   - Six (6) semester hours to include the following:
     - Laws and regulations, which impact school programs; and
     - Content in the area of disabling conditions and appropriate interventions

3. A valid license to practice social work in the District of Columbia issued by the DC Board of Social Work

National Association of Social Workers Code of Ethics

Effective February 2021 and November 2020, a revised Code of Ethics was implemented for all social workers that includes 8 changes that address ethical responsibilities regarding self-care and cultural competency.

The following ethical standards were updated regarding social workers' ethical responsibilities to clients and social workers self-care and cultural competency.

SECTION	UPDATES
Purpose of the NASW Code of Ethics	Professional self-care is paramount for competent and ethical social work practice. Professional demands, challenging workplace climates, and exposure to trauma warrant that social workers maintain personal and professional health, safety, and integrity. Social work organizations,

	agencies, and educational institutions are encouraged to promote organizational policies, practices, and materials to support social workers' self-care.
Ethical Principle: *Social workers behave in a trustworthy manner.*	Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers should take measures to care for themselves professionally and personally. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.
Section 1.05(a)	Social workers should demonstrate understanding of culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
Section 1.06(b)	Social workers should demonstrate knowledge that guides practice with clients of various cultures and be able to demonstrate skills in the provision of culturally informed services that empower marginalized individuals and groups. Social workers must take action against oppression, racism, discrimination, and inequities, and acknowledge personal privilege.
Section 1.05(c)	Social workers should demonstrate awareness and cultural humility by engaging in critical self-reflection (understanding their own bias and engaging in self-correction); recognizing clients as experts of their own culture; committing to life-long learning; and holding institutions accountable for advancing cultural humility.
Section 1.05(d)	Social workers should obtain education about and demonstrate understanding of the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability.
Section 1.05(e)	Social workers who provide electronic social work services should be aware of cultural and socioeconomic differences among clients' use of and access to electronic technology and seek to prevent such potential barriers. Social workers should assess cultural, environmental, economic, mental or physical ability, linguistic, and other issues that may affect the delivery or use of these services.

Social workers are advised to review all updates and affirm their commitment to abide by the Code of Ethics. The revised Code of Ethics in its entirety can be found at https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

Reference: Workers, N. A. (2008). NASW Code of Ethics (Guide to the Everyday Professional Conduct of Social Workers). Washington, DC: NASW

III: SETTING UP A SCHOOL MENTAL HEALTH TEAM

A comprehensive school mental health program involves a multitude of professionals working in collaboration for the betterment of students and each school community. In order to fully implement a multi-tiered system of support, each school must have a functioning School Mental Health Team that meets regularly (weekly or biweekly). Please review the guidance below to develop your school's mental health team meeting composition and structure. We will be reviewing for compliance with mandated school mental health team meetings throughout the year. If you have any questions or need support to get your meetings started, please reach out to your SW Program Manager.

School Mental Health Team Meeting Guidance

This document provides clarity on each section of the sample School Mental Health Team Meeting Agenda (**see Appendix 25**). Feel free to utilize the sample agenda during your team meetings or to make edits/additions to best reflect the make-up and needs of your school.

Section	Guidance
Team Composition	At minimum, the School Mental Health Team should be comprised of the School Behavioral Health Coordinator (SBHC), School Social Worker, School Psychologist, School Counselor, School Nurse and Community-Based Organization (CBO). In addition, utilize your School Health and Wellness Team Directory to ensure that the appropriate staff members are aware of meeting days and times, and invited when necessary.
Upcoming MTSS & IEP Meetings	The team should discuss upcoming MTSS and IEP meetings to ensure that (1) the appropriate team members who should attend those meetings are aware and available, (2) all mental health-related data have been collected and are ready to review, and (3) all necessary assessments have been completed timely and are ready to review. Any outstanding needs should be discussed and assigned to a team member.
Assessment Check-In	The team should review all open school social work and school psychology assessments to ensure that (1) a provider has been formally assigned the assessment in SEDS, (2) the consent date is current, and (3) collaboration occurs and information is shared as necessary. For example, the team may discuss a Behavior Intervention Plan (BIP) that is being developed for a student with complex challenges.

Individual Student Crisis Check-In	The team should discuss students who experienced an individual student crisis in the previous week and determine if an Individual Student Crisis Plan is necessary. The team can also use this time to collaborate on the development of those plans and to disseminate them to all necessary staff members. The team should also review completed plans to see if updates are warranted.
School Nurse Report	The school nurse should share information with the team and elicit feedback about student-specific concerns and/or larger initiatives.
Community-Based Organization(s) Report	The community-based organization (s) should give updates on students they are working with and update the team on caseload (i.e., if they are at capacity or if they have capacity to support additional students).
Case Management Updates/Needs/Transition	The team should share updates on (1) families who may have expressed a need, (2) resources available and (3) discuss students transitioning out of school-based services and connect to community mental health, i.e., students graduating.
New Referrals and Consent for Social Emotional Services Forms	The team should review new referrals and Consent for Social Emotional Services Form(s) to determine which team member has the capacity and is most appropriate to provide support.

CONSENT FOR SOCIAL EMOTIONAL SERVICES

Consent for Social Emotional Services Form

The Consent for Social Emotional Services Form was designed to give parents and families a method of communicating with the school mental health team about their child's social emotional needs upon enrollment. It is meant to proactively support students who may be experiencing stress and other symptoms that could affect their time at school. It is also intended to begin a positive relationship between families and the social emotional support professionals at their child's school.

Students experiencing stress, sadness, anger or other emotions that can impact their school lives, can be referred for support by parents and school staff or students may self-refer. This form will provide consent for support to occur and will authorize DCPS school professionals, (school social workers and/or school psychologists), to begin the process of working with a student. Social Workers should notify and include parents in any plan for services, consistent with best practices.

The Consent for Social Emotional Services Form will be collected by school registrars and given to the school mental health team for follow-up. It is recommended that each school mental health team designate a point of contact to ensure all forms are collected from the school registrar with regularity. The information on the Consent for Social Emotional Services Form should be reviewed during School Mental Health Team Meetings and treated per confidentiality guidelines. The District of Columbia Public Schools (DCPS) adheres to the standards and obligations set forth under the Family Educational Rights and Privacy Act (FERPA) (20 USC § 1232g) protecting the privacy of student information. This form is voluntary.

See Appendix 19 for a list of frequently asked questions about the Consent for Social and Emotional Services Form.

SPECIALTY TEAMS

Direct Assessment and Consultative Support
Specific social workers are assigned from Central Office to provide support to DCPS, Charter and Non-Public schools. The providers assigned to these schools are not routinely assigned to local schools due to the high assessment volume. Duties assigned to these specialty teams may vary slightly from those assigned to the local schools.

- Charter School
- Non-Public
- Bilingual
- City-wide School Support
- Training
- Technical Assistance
- Intervention Support Team
- Art Therapy

School Mental Health Expansion

To ensure that all students have access to the supports they need in schools, DC has launched an initiative to expand mental health services by pairing schools with community-based organizations (CBOs). As part of the School Mental Health Expansion initiative, the DCPS School Mental Health Team partners with CBOs to provide additional services to students at all three tiers of intensity.

Some CBO partners also provide other intensive services, including but not limited to family functional therapy, trauma-focused cognitive behavior therapy, parent-child interaction therapy, multisystemic therapy, substance use and abuse services, and mindfulness training. Others provide psychiatry services and community-based supports that extend beyond school mental health offerings.

DCPS currently partners with April May, Catholic Charities, Community of Hope, Hillcrest, Howard University Behavioral Health, Latin American Youth Center, Mary's Center, Maryland Family Resources, MBI, One Common Unity, Paving the Way, Smile Therapeutic Services, Umbrella Therapeutic Services

and Volunteers of America to provide mental health and other supplemental services to students in DCPS schools.

Other Mental Health Partners

The School Mental Health Team has additional partners that work alongside us to support school communities (e.g. DC Department of Behavioral Health and Wendt Center for Loss and Healing). This list of partnerships changes throughout the school year as new partnerships are vetted and secured.

Universal Referral Form

With the wide variety of mental health and counseling supports available in schools, accessing the right services is important. The DCPS School Mental Health Team has developed a universal referral process to guide you. This process allows access all mental health and counseling supports in schools by completing one form. There is a form for adults who are referring students for services and a different form for students who are requesting services for themselves (see Appendices 46 and 47).

After completion of the form, the school-based mental health team, should take the following steps:

- During School Mental Health Team Meetings, review each form.
- Determine the school mental health professional or counselor who can best meet the student's needs.
- That individual will then contact the student and the student's parents/guardian within 10 school days to discuss next steps.

Role of the DCPS School Behavioral Health Coordinator

The role of the School Behavioral Health Coordinator is seen as an integral part of any school behavioral health/wellness team (SBHC). The School Behavioral Health Coordinator role will be assigned to a current staff member by the Principal. This role is not a full-time position but should be held by someone who would naturally be a member of mental health team meetings and can take a leadership role. We highly recommend that this person be a DCPS School-Based Clinical Social Worker, given the unique clinical lens needed to effectively lead this work. The SBHC:

- Should possess an understanding of the Multi-Tiered System of Support (MTSS) framework, multi-tiered intervention to support student success.
- Leads the School-Based Mental Health Team. Participates and actively contributes to all multi and inner disciplinary student support team meetings.
- Coordinates supports provided by outside partners that provide services to students and families.

- Collaborates with the School Mental Health Team to identify school-wide or classroom trends in social, emotional and behavioral health needs and develops student programming based on those trends.
- It is recommended that the SBHC have access to school-level data (i.e., homelessness, IEP, Attendance, grades, etc.).
- Assists in coordinating/scheduling programming for Community-Based Organizations (CBO)/outside partners.
- SBHC will be the point of contact for reporting up to the administrative team.
- Be responsible or know who is responsible for the confidential tracking and storage of behavioral health referrals using the DCPS Universal Referral form.
- In collaboration with the Community Based Organization (CBO) clinician, will complete the School Strengthening Tool, “own” the annual work plan and ensure quarterly work plan review meetings are scheduled.

VI: ABSENCES/LEAVE

For the most current leave and benefits information, consult the DCPS HR website at http://dcps.dc.gov/page/employee-benefits-00

The following process should be followed in the event of extended leave that results in a lack of coverage at a school:

RESPONDING TO PROVIDER VACANCIES

Process for covering service delivery due to RSP resignation or extended leave

BEHAVIORAL SUPPORT SERVICES

Action Item	Due Date	Responsible Person
Social worker (SW) provides notification of resignation or extended leave to SW program manager	Immediately	Principal or social worker (SW)
Principal reaches out to central office for next steps	Immediately	Principal
School Mental Health Team works with the principal to identify the need	Within 1 week of notification	SW program manager and principal
The SW program manager will collaborate with the school to designate an appropriate staff person for assessment and service delivery responsibilities	Within 1 week of notification	SW program manager and principal
SW program manager from the School Mental Health Team screens any social work applicants within the HR recruitment database	Within 1 week of notification	SW program manager
SW program manager requests principal and school (LEA) inform the parents of affected students of the staffing gap	Within week 2 of notification	SW program manager
SW program manager reviews schedules, caseloads and outstanding assessments of central office staff responsibilities and designates a central office social worker to cover the gap if possible.	Within week 2 of notification	SW program manager

If there is no additional social work capacity, the SW program manager reviews the workload and caseload of three art therapists and assigns an art therapist to cover the gap, if possible.	Within week 2 of notification	SW program manager
If there is no central office coverage, the school psychologist at the local school is asked to provide the behavioral support services in the absence of a social worker or art therapist.	Within week 3 of notification	Principal and SW program manager
If services are delayed for more than three (3) weeks, the principal notifies affected families in writing, along with the expected positioning of a new provider and how make-up services will occur.	During week 3 of staffing gap	Principal
Once replacement (temporary or permanent) is identified, SW program manager notifies school principal, school LEA Rep and affected families in writing of the replacement's start date.	Before the start of the replacement	SW program manager
Replacement provider sends an introduction letter to the parents with a copy of the make-up services plan that was faxed into SEDS.	At the start of second week of work	SW program manager - use Division of Specialized Instruction (DSI) Make up Missed Services Plan

INCLEMENT WEATHER POLICY

Inclement weather has the potential to impact our school schedule (delayed openings or school closings). As in the past, the decision made and announced will be one of the following:

Inclement Weather Options

- Option 1: All schools and district administrative offices are closed. Only essential personnel report to work.
- Option 2: Schools are closed. District administrative offices are open.
- Option 3: Schools open for students and teachers two hours late. District administrative offices open on time.
- Option 4: Schools and district administrative offices open two hours late.

Notification Options:

When poor weather requires changing school schedules, DCPS works closely with radio, TV and other news outlets to notify the community.

During these situations, it is important that related service providers monitor one of the stations listed

below, check the DCPS home page or check the DC Operating Status application on your work cell phone. DCPS works with stations to post closings by approximately 5:30 am.

AM Radio:
WMAL (630), WOL (1450), Radio America, Spanish (1540), WTOP (1500)

FM Radio:
WAMU (88.5), WTOP (103.5), WHUR (96.3)

Television:
Channels 4, 5, 7 and 9 and Cable Channels 8, 16 and 28

Websites:	Telephone:
www.dc.gov/closures	(202) 442-5885 or dial 311 for DC's Citywide Call Center
www.dcps.dc.gov	

VIII: COMMUNICATIONS

E-mail

Each service provider has a k12.dc.gov e-mail address. This is our primary means of communication. **Messages should be checked daily and returned promptly (within 24 hours).** Failure to receive notification of job-related information due to a lack of timely checking of one's e-mail is not an acceptable excuse for non-compliance to work responsibilities. School social workers are required to use their k12.dc.gov email address – no other email address should be used.

Program managers, special education coordinators (SECs), principals, teachers, and parents often send email messages to social workers. Please confirm that all your students' stakeholders have your correct email address to ensure proper communication.

Email communication is maintained by the District of Columbia's Office of the Chief Technology Officer. If you have any difficulty or questions in reference to using your dc.gov email, contact the ServUs Help Desk.

- (202)-671-1566 / (202)-442-5715 (DCPS)
- email: start.dc.gov>RemedyForce

Out of the Office Messages

When the provider is out of the office and unable to respond to his/her/they k12.dc.gov email, the provider is required to set up an auto-reply message for incoming emails that notifies senders of his/her/they plan for responding to their emails. Your message should include a greeting, dates you will be out of the office, scheduled return date and contact information during your absence.

Follow these steps to set up your out of the office message:

- Go to Microsoft Outlook.
- Click on File at the top-left of the page.
- Click on the Automatic Replies button next to Automatic Replies (Out of Office)
- In the pop-up window, click the circle next to Send automatic replies.
- Select I am currently out of the office.
- Click the check box next to Only send during this time range.
- Enter the start time and end time of when you will be out of the office.
- Customize the following message and add it into the box under Inside My Organization:

> *Thank you for your email. I am out of the office from [DAY, DATE] to [DAY, DATE] and unable to respond at this time. If you need immediate assistance, please contact (Name school level staff as alternate contact.)*
>
> *I look forward to responding to your email within 24 hours of my return.*
>
> *Thanks.*
>
> *Your Name and Title*
>
> *School Name*
> *School Address*
> *T: Your telephone number*
> *F: Your fax number*
> *Email: Your dc.gov email address*

Mailbox

Service providers are encouraged to check with their schools' staff regarding correspondence.

Route-Mail Service

A DCPS mail service is available for sending documents to DCPS work locations. Envelopes may be available at your school's main office. An area for all outgoing route mail is designated at each school and work location. Remember to provide the sender's name and school address on the route mail envelope.

Frontline/Accelify

Frontline/Accelify training will be provided to all social workers during preservice week. Training session announcements will be sent via email. All social workers are required to register and attend trainings on their use of Frontline/Accelify.

VIDEOCONFERENCING

The increased use of virtual meetings using platforms like Microsoft Teams and Zoom, has brought to focus the importance of virtual meeting etiquette. The following are video conferencing tips that will help ensure a successful meeting.

1. **Make sure everything works**
   Conduct a test of your technology – computer, camera and microphone – to ensure it's all functioning before the meeting begins. Practice sharing your screen or playing videos in advance, if they are a part of your meeting agenda. You don't want to delay the start of a gathering because no one can see or hear you.
2. **Get Organized**
   If you're leading a virtual meeting, stick to the agenda. It's especially easy to veer off topic in an online meeting because they can seem more informal in nature, as people are working virtually in dining rooms and home offices. For the sake of productivity and focus, try to limit your agenda items and send them out to participants beforehand.
3. **Be screen ready**
   One of the best things about working virtually is being able to dress more casually but video meetings put a limit on this to some degree. Always be ready for a video conference. Even if your meeting invite doesn't specify that video conferencing will be used in the meeting, being camera-ready means you won't be caught off guard if face-to-face is the preferred way to communicate. If face-to-face is requested or the preferred way to communicate, the expectation is that you comply

with this request as a professional representative of DCPS. As a bonus, getting ready for the workday can help put you in a productive mindset.

4. **Check your background**

   The best background for video meetings is a relatively blank one that won't be distracting. Prior to the meeting, choose the location for your video call and check the background to ensure there aren't any distractions. Many virtual meeting platforms allow you to change or blur the background if needed. Also check to see that the lighting is adequate so people can actually see you.

5. **Speak Clearly**

   Enunciate your words and speak slowly during online meetings. Home internet connection quality can vary, as does the reliability of devices. Keep in mind that there's often a minor delay when someone talks, so pause after asking a question or listening to someone's response. It's all too easy to inadvertently interrupt other speakers.

6. **Look at the camera**

   There's a lot to see on your screen during virtual meetings: images of yourself and your colleagues/students/families, the main presentation or an ongoing chat discussion. Off-screen, you might have other distractions in the home. Make "eye contact" with others in the meeting by looking at the camera when you're talking and listening.

7. **Find a quiet place, if you can**

   When possible, try to be in a low-traffic room where you can close the door. If you're not able to get privacy for your video meeting, opt for an area of your home where others are less likely to be. Explain to roommates, spouses, significant others or children that you'll be participating in a work meeting and unable to talk to them during that time. If possible, put pets in a separate room. And remember to turn off notifications on your computer and personal devices.

8. **Use the mute button**

   Can't find that quiet place? Most videoconferencing services allow you to enter meetings on mute. During the meeting, when you're not speaking, mute the microphone so as not to be a distraction during the meeting.

9. **Pay attention when sharing your screen**

   If you're sharing your screen during a video meeting, minimize the number of windows and tabs you have open so it's easy for participants see what you're talking about. Make sure you close documents you don't want to share, and temporarily disable any incoming messaging notifications while you're presenting.

10. **Use filters wisely**

    Spend some time getting familiar with any filters at your disposal before you join a video conference. Know how to use them and know your audience.

11. **Protect Sensitive Information**

    If you are sharing your screen while presenting, make sure that only intended content is seen. Before you launch a video conference, close unnecessary tabs from your browser window and other apps you've been working on. Be mindful when sharing your full desktop, searching in the browser's address bar could summon up auto-complete results. Launching a fresh browser window and preparing ahead of time will help keep sensitive or potentially embarrassing information confidential. For extra control of what participants see during your presentation, choose the option to screen share only one screen or one app (i.e. only a PowerPoint presentation) instead of your full desktop. This way the focus is on you and your presentation, not on anything that will distract from your message. https://www.conferencecalling.com/blog/online-meeting-etiquette

Source: https://www.roberthalf.com/blog/salaries-and-skills/14-video-conference-etiquette-tips

IX: EQUIPMENT, IT SUPPORT, AND SUPPLEMENTAL MATERIALS

Laptop or Computer Repairs
All computer technology issues should be directly referred to the DCPS IT Support department using one of the following options:

- Phone: 202-442-5715
- http://octo.in.dc.gov/page/remedyforce-self-service-need-help-more-info

The DCPS IT support department will provide a ticket number for your technology request. Please retain of copy of this ticket number for your records. In the event your laptop or computer becomes inoperable; this information will be required. For additional information regarding DCPS equipment and materials, please refer to the DCPS Property Accountability Policy.

Stolen Computer / Laptop
In the event your laptop or computer is stolen, please inform your school security officer and the DC Metropolitan Police Department (MPD). You are required to file a report with the MPD. If you are a school-based provider, please submit the police report to your school administration. For central office staff, please submit the police report to your manager.

Replacement Laptops
Social workers are school-based staff. As such, if your laptop becomes inoperable, your local school will be responsible for ensuring that you have computer access to complete work responsibilities. If you experience difficulties securing technology to fulfill your work responsibilities, please contact your SW program manager.

SUPPLEMENTAL MATERIALS

Supplemental Materials that are assigned to service providers for the purpose of providing therapeutic intervention services and assessing progress must be appropriately secured. Should a provider depart from DC Public Schools, these materials must be returned to the issuer of the materials, SWD School Mental Health Team or the local school.

Sign-Out is required for all DCPS materials. Information will be cataloged, and the provider assumes all responsibility for the equipment. If the equipment is loaned out between providers, some written verification should be obtained that the materials were loaned and that the materials have been returned. If materials are stolen, it is the provider's responsibility to file and submit police report verification and present it to the appropriate SW program manager.

PLEASE NOTE: Materials are on loan to you for DCPS work purposes only. Therefore, upon your resignation, your materials should be returned in good condition to your SW program manager prior to your resignation date. Failure to return property may result in garnishing of wages.

XII: THE RANDOM MOMENT TIME STUDY (RMTS)

The Random Moment Time Study is a mandatory study required by the Federal Centers for Medicare and Medicaid Services (CMS) to evaluate how school-based staff spend their time providing special education services. These snapshots are required to support claims for Medicaid reimbursement of school-based health services, which ultimately generate revenue for DCPS for products and services for special education programs. As a related service provider, your participation in this study is crucial to securing these funds; if the response rate drops below 85% for all DCPS providers the federal government will deem the study invalid and penalize DCPS' ability to claim for reimbursement. The terms RMTS and RMS are used interchangeably.

Random Moment Timeline

- Each notification is sent in a separate e-mail and must be responded to individually
- Pre-notification is sent 5 business days before the moment
- Pre-notification is sent 24 hours before the moment
- Notification is sent 0-15 minutes before the moment
- If moment is not completed, reminders are sent 24 hours and 48 hours after the moment
- Moment expires 72 hours after the moment

To prevent missed Random Moments, please notify your Program Manager if you will be on leave for 72 hours or more.

If you have any questions about the Random Moment Time Study, contact Gloria VanHook, SWDs Eligibility and Enrollment Specialist at gloria.vanhook@k12.dc.gov

The Random Moment Time Study will continue to be a requirement of providers during distance and hybrid learning.

XIII: PERFORMANCE EVALUATIONS

School-based social workers are evaluated twice each year, using the District of Columbia Public Schools Effectiveness Assessment System for School-Based Personnel (IMPACT) for Group 11 or 12.

How does IMPACT support my growth?
The primary purpose of IMPACT is to help you become more effective in your work. Our commitment to continuous learning applies not only to our students but to you as well. IMPACT supports your growth by:

- **Clarifying Expectations** — IMPACT outlines clear performance expectations for all school-based employees. Over the past year, we have worked to ensure that the performance metrics and supporting rubrics are clearer and more aligned to your specific responsibilities.
- **Providing Feedback** — Quality feedback is a key element of the improvement process. This is why during each assessment cycle you will have a conference to discuss your strengths as well as your growth areas. You can also view written comments about your performance by logging into your IMPACT account at http://impactdcps.dc.gov
- **Facilitating Collaboration** — By providing a common language to discuss performance, IMPACT helps support the collaborative process. This is essential, as we know that communication and teamwork create the foundation for student success.
- **Driving Professional Development** — The information provided by IMPACT helps DCPS make strategic decisions about how to use our resources to best support you. We can also use this information to differentiate our support programs by cluster, school, grade, job type or any other category.
- **Retaining Great People** — Having highly effective teachers and staff members in our schools helps everyone improve. By mentoring and by serving as informal role models, these individuals provide a concrete picture of excellence that motivates and inspires us all. IMPACT helps retain these individuals by providing significant recognition for outstanding performance.

Who is in Group 11?
Group 11 consists of school-based social workers.

What are the IMPACT components for members of Group 11?
There are five IMPACT components for members of Group 11. Each is explained in greater detail in the following sections of this guidebook.

- **School-Based Social Worker Standards Administrator Assessed (SW-A)** — These standards define excellence for school-based social workers in DCPS. This component makes up 40% of your IMPACT score.
- **School-Based Social Worker Standards Office of Specialized Instruction Assessed (SW-OSI)** — These standards define excellence for school-based social workers in DCPS. This component makes up 40% of your IMPACT score.
- **Assessment Timeliness (AT)** — This is a measure of the extent to which you complete required assessments for the students assigned to you within the timeframe and in accordance with the rules established by the DCPS Student Supports Division. This component makes up 10% of your IMPACT score.
- **Commitment to the School Community (CSC)** — This is a measure of the extent to which you support and collaborate with your school community. This component makes up 10% of your IMPACT score.

- **Core Professionalism (CP)** — This is a measure of four basic professional requirements for all school-based personnel.

Who is in Group 12?
Group 12 consists of central office related service providers

What are the IMPACT components for members of Group 12?
There are three IMPACT components for members of Group 12. Each is explained in greater detail in the following sections of this guidebook.

- **Related Service Provider Standards (RSP)** — These standards define excellence for related service providers in DCPS. They make up 90% of your IMPACT score.
- **Assessment Timeliness (AT)** — This is a measure of the extent to which you complete the related service assessments for the students on your caseload within the timeframe and in accordance with the rules established by the DCPS Student Supports Division. This component makes up 10% of your IMPACT score.
- **Core Professionalism (CP)** — This is a measure of four basic professional requirements for all school-based personnel and all itinerant instructional personnel.

For more details or questions, please refer to the IMPACT booklet, or contact the IMPACT team at 202-719-6553 or impactdcps@dc.gov.

XIV: GOLD COLLABORATION

TEACHING STRATEGIES GOLD® - EDUCATIONAL RELEVANCE AND IMPACT FOR EARLY CHILDHOOD STUDENTS

Early childhood classrooms in DCPS utilize a curriculum and assessment tool called Teaching Strategies GOLD. Teaching Strategies GOLD is an authentic observational assessment system for children from birth through kindergarten. It is designed to help teachers get to know their students, what they know and can do, and their strengths, needs and interests.

The Teaching Strategies GOLD assessment system blends ongoing, authentic observational assessment for all areas of development and learning with intentional, focused performance-assessment tasks for selected predictors of school success in the areas of literacy and numeracy. This seamless system for children is designed for use as part of meaningful everyday experiences in the classroom or program setting.

This assessment system is inclusive of children with disabilities, children who are English-language or dual-language learners, and children who demonstrate competencies beyond typical developmental expectations. It may be used with any developmentally appropriate curriculum.

The GOLD links key developmental milestones with instruction in order to track student progress.
Individual objectives correspond to the dimensions which include: (a) Social-Emotional, (b) Physical, (c) Language, (d) Cognitive, (e) Literacy, (f) Mathematics, (g) Science and Technology, (h) Social Studies, (i) The Arts, and (j) English Language Acquisition.

The 3 GOLD social-emotional objectives are presented next:

OBJECTIVE 1- REGULATES OWN EMOTIONS AND BEHAVIORS
Manages feelings:

- Resolves conflict with peers
- Communicates feelings in a socially expected manner
- Regulates emotions without becoming physically aggressive when frustrated (excessive hitting, kicking, biting, spitting, etc.)
- Perseveres through frustration
- Calms self when experiencing strong emotions (e.g., anger, embarrassment, etc.)
- Able to be calmed when upset

Follows limits and expectations

- Adheres to limits and expectations via classroom rules and schedules
- Demonstrates tolerance for delayed gratification
- Makes transitions in the school setting

Takes care of own needs appropriately

- Asks for help when required verbally or nonverbally
- Exhibits age-appropriate self-care skills (e.g., restroom routine, eating, etc.)

OBJECTIVE 2- ESTABLISHES AND SUSTAINS POSITIVE RELATIONSHIPS

Forms relationships with adults

- Separates from caregiver when entering the school setting
- Builds a positive rapport with teacher or other school personnel
- Responds to emotional cues
- Exhibits appropriate safety precautions
- Understands social cues

Interacts with peers

- Engages or shows interest in age-appropriate play with peers
- Participates in parallel, onlooker, or cooperative play with peers
- Initiates play with peers

Makes friends

- Shows interest in peers
- Works cooperatively in a group
- Identifies a specific peer group, best friend

OBJECTIVE 3-PARTICIPATES COOPERATIVELY AND CONSTRUCTIVELY IN GROUP SITUATIONS

Balances needs and rights of self and others

- Works cooperatively to complete a task with a peer
- Takes turns with a peer

Solves social problems

- Solves conflict amongst peers with assistance and modeling (e.g., resolves a problem with a peer by giving a peer another toy, changing activities, leaving the area)

Other areas of the GOLD system that are relevant to social-emotional development are those in the cognitive area. School-based social workers should review and consider this domain as it refers to positive behavior, ability to attend, persistence, problem-solving, socio-dramatic play, curiosity and motivation.

Social workers should use these objectives to inform eligibility discussions, drive behavioral support goals, gauge progress in treatment, and determine educational relevance and impact with the early childhood population. RSPs providing intervention services to early childhood students should provide input into the GOLD assessment related to their discipline. Each RSP assigned to an elementary school or educational campus should familiarize themselves with Teaching Strategy GOLD.

OTHER GENERAL REQUIREMENTS

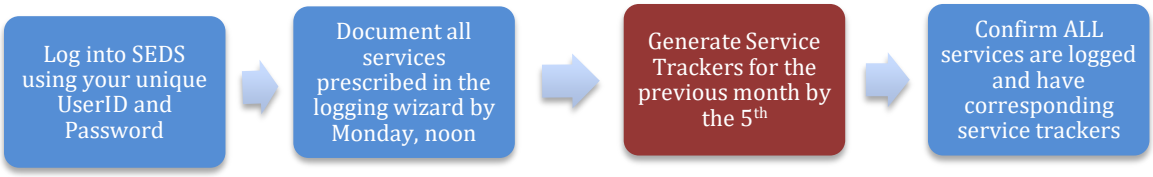
NPI Requirement

As a result of the Affordable Care Act, the Centers for Medicare and Medicaid Services (CMS) issued a final rule (42 C.F.R. Parts 424 and 431) on April 12, 2012, requiring all providers of medical services to obtain a National Provider Identifier (NPI). The NPI acts as a unique provider identifier for Medicaid claims submitted to the Medicaid Agency. In order to properly conduct Medicaid claiming, all providers rendering services on behalf of the District of Columbia Public Schools must obtain their NPI number.

Please refer to **Appendix 27** for more information regarding the NPI process.

SEDS SIGNATURE & GENERATING SERVICE TRACKER PROCESS

DCPS obtains Medicaid reimbursement for direct related services provided to students. The finalized service trackers are submitted monthly for reimbursement. A physical signature on the finalized service trackers is not required. By logging into SEDS, the provider understands and accepts that his electronic signature will be created with a unique combination of his/her/they network login username and secure password. The unique combination is necessary to ensure that only the provider has completed all documentation submitted into SEDS under this unique combination.



SECTION III:
SPECIAL EDUCATION DISABILITY CLASSIFICATIONS

I: Disability Classifications

The presence of a disability is not sufficient to establish eligibility for special education. The disability must result in an educational deficit that requires specially-designed instruction (i.e., special education). In order to qualify for services a student, due to his/her/they disability, must require special education and related services.

Eligibility for special education and related services is determined by documenting the existence of one or more of the following disabilities and its adverse effect on educational performance. Refer to the Office of the State Superintendent of Education's Chapter 30 policy for more detailed descriptions.

Special Education Policy DCMR Title 5, Chapter 30, Section 3000 - 3033.pdf - 239.3 KB (pdf)

- Autism
- Deaf-Blindness
- Deafness
- Developmental Delay
- Emotional Disturbance
- Hearing Impairment
- Intellectual Disability (Formerly Mental Retardation)
- Multiple disabilities
- Orthopedic impairment
- Visual impairment, including blindness
- Traumatic brain injury
- Other health impairment
- Learning disability
- Speech or language impairment

Autism Spectrum Disorders (AUT)

A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3.

- Common associated characteristics:
  - Exhibits a condition characterized by severe communication and other developmental and educational problems such as extreme withdrawal, self-stimulation, repetitive motoric behavior, and inability to relate to others
  - Diagnosed by a psychologist or physician as autistic

Developmental Delay (DD)

To be eligible for special education as a student with a developmental delay, a student must:

- Be aged three to seven
- Be experiencing development delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
  - Physical development
  - Cognitive development
  - Communication development

    - Social or emotional development
    - Adaptive development
- Be certified by the MDT as qualifying and needing special education services

Emotional Disturbance (ED)

Students with ED exhibit one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance:

- An inability to learn that cannot be explained by intellectual, sensory or health factors
- Have a history of difficulty in the educational setting in relating to adults and/or peers, as reflected by a diminished capacity to learn and the inability to comply with school rules due to a limited frustration tolerance level

Hearing Impairments including Deafness / Hard of Hearing (HI)

To be eligible as a student with deafness, a student must meet the following criteria by an MDT:

- An assessment by an audiologist or otolaryngologist who determines that there is a bilateral impairment in excess of 71 dB and connected speech is not understood at any intensity level
- Communication must be augmented by signing, lip reading, cued speech and/or other methods

To be eligible as a student who is hard of hearing, a student must meet the following criteria by a MDT:

- An assessment by an audiologist or otolaryngologist who determines that the hearing loss is greater than 20 dB
- Hearing acuity can be improved through amplification to maximize usage of residual hearing
- Evidence of both articulation and delayed language development associated with hearing loss

Intellectual Disability (ID)

Consideration of a disability classification of ID requires review of the following:

- The ability of a person's brain to learn, think, solve problems, and make sense of the world (called IQ or intellectual functioning); and
- Whether the person has the skills he or she needs to live independently (called adaptive behavior or adaptive functioning).

Intellectual functioning is usually measured with an IQ test. The average score is 100. Scores ranging from below 70 to 75 are within the intellectually deficient range.

To measure adaptive behavior, professionals look at what a student can do in comparison to other students of his or her age.

Certain skills are important to adaptive behavior. These are:

- Daily living skills, such as getting dressed, going to the bathroom and feeding one's self;
- Communication skills, such as understanding what is said and being able to answer; and
- Social skills with peers, family members, adults and others.

Both IQ and adaptive behavior limitations are required in the definition and identification of ID.

Multiple Disabilities (MD)

A student is identified as having multiple disabilities when he/she has concurrent impairments (such as mental retardation-blindness or mental retardation-orthopedic impairment) and the combination causes such severe educational needs that cannot be accommodated in special education programs solely for one of the impairments.

MD does not include deaf-blindness

Orthopedic Impairment (OI)

To be eligible for special education as a student with an orthopedic impairment, a student must:

- Exhibit a severe orthopedic impairment, including impairments caused by a congenital anomaly, disease or other causes that adversely affect educational performance
- Be diagnosed by a physician as orthopedically impaired

Visual Impairment (VI), including blindness

To be eligible as a student with blindness, a student must be certified by a MDT to:

- Exhibit a visual capacity of 20/200 or less in the better eye with the best correction or a peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees

To be eligible as a partially signed student, a student must be certified by a MDT to:

- Exhibit a visual acuity between 20 / 70 and 20 / 200 in the better eye with best correction or other dysfunctions or conditions that affect the vision

Traumatic Brain Injury (TBI)

The term TBI includes open or closed head injuries resulting in mild, moderate or severe impairments in one or more of the following areas:

- Cognition
- Language
- Memory
- Attention
- Reasoning
- Abstract thinking
- Judgment
- Problem-solving
- Sensory, perceptual, and motor abilities
- Psychosocial behavior
- Physical functions
- Information processing
- Speech

Other Health Impaired (OHI)

Other health impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever and sickle cell anemia that adversely affects a student's educational performance.

Specific Learning Disability (SLD)

The student must exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations.

Speech or Language Impairment (SLI)

To be eligible for SLI, a student must:

- Exhibit a communication disorder, such as stuttering, impaired articulation, a language impairment or a voice impairment that adversely affects educational performance.
- Be diagnosed by a speech language pathologist; and
- Be certified by the MDT as qualifying and needing special education services.

For further information, please visit the DCPS website special education section at:
http://dcps.dc.gov/specialeducation

SECTION IV:
EVALUATION AND REFERRAL PROCEDURES

I: REFERRAL PROCEDURES

Multi-Tiered System of Supports @ DCPS

Foundation

DCPS seeks to become an anti-racist district that is trauma-responsive and aligned to a whole-child purpose, where educators are prepared and supported to meet each child's individual and holistic needs. This means creating an environment where we eliminate opportunity gaps, interrupt institutional bias, and remove barriers to academic and social success, particularly for students of color. We must provide access, inclusion, and affirmation and offer the most support where the most significant disparities have persisted.

This work is already underway across our district, and we are excited to build upon it in SY21-22 by launching a district-wide MTSS@DCPS. MTSS@DCPS will provide a coherent structure through which educators will be able to reflect upon the:

- Mindsets they hold about students and their families,
- Relationships they have with students and their families,
- Quality of the learning experiences they are providing to students, and
- Level of physical and emotional safety they are providing to students.

MTSS@DCPS will support adult collaboration and build educator capacity to examine broader schoolwide systems, structures, and practices that often lead to inequitable outcomes for students. Ultimately, when MTSS@DCPS is implemented successfully, we will accelerate achievement for students who are furthest from opportunity and help to eliminate the predictability of outcomes by race/ethnicity, language proficiency, and ability, and ensure all students leave our schools feeling loved, challenged, prepared, and ready to thrive.

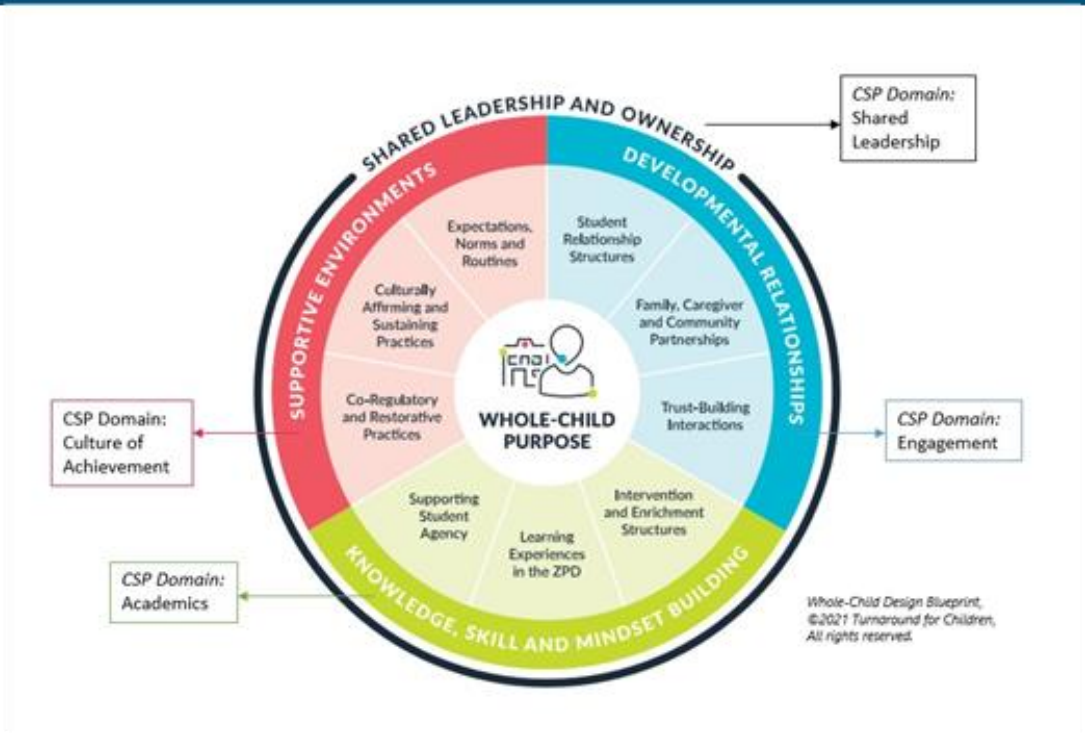
Whole-Child & Anti-Racist Foundations

MTSS@DCPS is grounded in the Whole-Child Design Blueprint, a framework for transformational change that supports creating conditions to support the well-being of all students, and our pillars of anti-racism, in alignment with our DCPS Equity Framework:

- *Action*: Making a concrete and actionable plan to change (Policy)
- *Interrogate*: Interrogating my position within DCPS (Identity & Mindsets)
- *Student Expectations*: Interrogating expectations of the ideal student (Identity & Mindsets)
- *Acknowledge*: Acknowledging racial trauma (Identity & Mindsets)
- *Content & Training*: Interrogating content in my courses, coaching and training (Practice)
- *Pedagogy*: Employing evidence-based anti-racist pedagogy (Practice)

- *Understanding*: Understanding the impact of white supremacy in my work (Culture)
- *Ongoing Learning*: Learning about how racism shapes the lives of my students, peers and my own lived experiences (Culture)

The domains of the Blueprint align to domains of the Comprehensive School Plan (CSP).



The Blueprint's components, combined with our Equity Framework, together make up a way to think about, organize and integrate practices aligned with the ways the brain learns and how children develop. Using these structures, MTSS@DCPS helps us:

- Reflect on *current* policies and practices that are rooted in white supremacy norms and systemic oppression that may contribute to inequitable student outcomes.
- Interrogate any *proposed* schoolwide systems and structure to ensure complete alignment with the whole-child, anti-racist district vision

Ultimately, this critical reflection and interrogation through MTSS@DCPS help us empower the voices, assets, and experiences of the entire community -- including educators, students, families -- and create learning settings that are rich in protective factors, that promote wellness and protect children from the damaging effects of stress all at the same time. When we do this, educators are better able to create classrooms and schools that

truly support each child and their holistic development – so students will know their worth, discover their interests and passions, and develop their skills, competencies, and identities.

Strengths-Based Approach

A successful tiered system of supports recognizes that **ALL** students have unique strengths and needs, which are best met with an *integrated* and *holistic* approach that requires collaboration between educators, clinicians, caregivers, and communities. The science behind how students learn and develop further explains the systemic reasons behind the academic, social, emotional, and motivational challenges that students present.

Rather than focusing on creating a system for interventions and focusing on the skill deficiencies of students as we have done in the past, MTSS@DCPS focuses on creating the conditions for student success and having holistic conversations about students, ensuring that all students receive unique supports or accelerators so that every student reaches their potential.

With this lens, instead of asking what is "wrong" with students, MTSS@DCPS prompts us to ask:

- "Why might this student believe their decisions/behavior make sense in this context?"
- "How can we create an equitable school environment that does not identify the student as the problem but rather honors individual context?"
- "How can we address inequitable structures, policies, practices, and barriers to access (e.g., curriculum, sports, sense of belonging, implications of trauma and adversity) in order to meet the needs of all students?"

We can respond to these questions by creating MTSS@DCPS to work in service of holistic outcomes and equity for all students.

Components

MTSS@DCPS is a whole-child, anti-racist approach that prioritizes student assets and builds student agency. It creates the conditions for student success, fosters holistic conversations about students, and uses data-driven supports and interventions to provide scaffolding for student skills and mindsets. To this end, MTSS@DCPS is comprised of 7 components:

MTSS@ DCPS Component	Description
Shared Leadership and Strong Ownership	Systems, structures, and practices facilitate effective collaboration; all teams and individuals can integrate their work and share responsibility of holistic district and schoolwide goals. Leaders proactively include others in decision-making; facilitate opportunities to develop shared understanding of policies and practices; communicate consistent ways; build a culture of multi- directional communication for all stakeholders.
Effective School-Level Systems and Structures	Systems and structures ensure that every student receives equitable learning experiences, opportunities, and supports that are culturally responsive, affirming, need-oriented, and developmentally appropriate. Schools are systematically designed to nurture the development of the brain.
Layered System of Evidence-Based Supports and Interventions for Academics, Attendance, Behavior, and Social-Emotional Learning	Students' holistic needs are addressed comprehensively in an integrated manner. Layered approaches to instruction, intervention, and assessment increase in intensity from universal (every student) to targeted (some students) to intensive (few students).

Data-Based Problem-Solving Model and Progress Monitoring	Stakeholders use a consistent process, applied at multiple levels, to analyze and evaluate relevant information to plan and implement strategies that improve student and system outcomes.
Integrated Data System and Universal Screeners	A system that contains academic, attendance, behavior, social-emotional learning, and assessment data is used to make decisions about students. Students are assessed on academic and social-emotional indicators to identify students who may require varying levels of support.

Together, these components support us to collaboratively improve educator and student relationships and experiences, which in turn lead to enhanced development of skills, mindsets, and academic mastery.

MTSS Tiers & Connections

MTSS@DCPS helps us conceptualize, plan, and organize supports for students and adults into three tiers:

- Tier 1: Proactive supports that promote a sense of belonging and rich instructional practices
- Tier 2: Targeted supports designed to support the strengths and needs of a subset of students
- Tier 3: Intensive supports tailored to the strengths and needs of individual students

Combined, these supports are the foundation of our whole-child, anti-racist practices that are designed to meet the needs of ALL students. Common across all three tiers includes a focus on:

- Attention to bias and anti-racist mindset
- Academic, behavioral, social, emotional development
- Leveraging strengths and building supports for students and adults (capacity building)
- Collaboration between adults, with an explicit focus on preventative systems and proactive supports for students
- Supports centered in the school, community, and in the home
- Identifying and addressing system level needs problems
- Acceleration, not remediation

Tier 1: DCPS Curriculum and Whole Child Supports

Tier 1 is focused on providing proactive supports to all students – including Black, Indigenous, and students of color, students with disabilities and English Learners – across all domains of development. As a result of the pandemic and reduced instructional time, it is even more important that our Tier 1 supports are intentionally designed to holistically support all students' academic, social, emotional, and behavioral growth.

Designing and implementing effective Tier 1 supports requires school leadership teams to interrogate their policies and practices for alignment with a whole child, anti-racist approach. As part of Tier 1, teachers engage in collaborative meetings where they reflect on the quality of the relationships, environments, and experiences they create for students. Teachers are supported to grow in their practice and strengthen their ability to meet the needs of their students.

Tier 1 supports take place during the school day and include differentiated support for students provided by the General Education teacher, Special Education teacher, and/or EL teacher. Small group or individual instruction for all students is a critical component of strong Tier 1 instruction.

Tier 2: Targeted Supports

Tier 2 is focused on providing targeted, supplemental supports for students whose needs are not being met though Tier 1 practices. It is important to note that Tier 2 supports should never take the place of Tier 1 supports; they should help students more effectively access Tier 1 supports. It is anticipated that roughly 20- 35% of each school's population will benefit from Tier 2 supports.

Tier 2 supports are provided to students based on a holistic review of strengths and needs and can be delivered individually or in small groups. Some Tier 2 supports may be delivered outside the school day (e.g. School Year Acceleration Academies), while others may be infused into the school day (e.g. lunch bunch with a counselor, extra small group math session). Academic Tier 2 supports provide instruction on targeted prerequisite skill gaps that pose as barriers to access to grade level content.

Tier 3: Intensive Supports

Tier 3 is focused on providing intensive, personalized supports to individual students whose needs are not being met via Tier 1 or Tier 2 practices. It is anticipated that roughly 5-10% of each school's population will benefit from Tier 3 supports.

As with Tier 2, Tier 3 supports are provided to students based on a holistic review of strengths and needs. Tier 3 supports are delivered individually or in very small groups (maximum of three students per adult) and can take place during the school day or out of school time.

In SY21-22, a key Tier 3 academic support will be High Intensity Tutoring (HIT). HIT takes place at least three times per week for 30 minutes per session, with a maximum of three students per adult. Please see the Acceleration Guidance for more information about HIT. All academic Tier 3 supports, including HIT, should provide instruction on targeted prerequisite skill gaps that are barriers to accessing grade level content.

MTSS & RTI

DCPS has laid a strong foundation for MTSS@DCPS through Response to Intervention (RTI) over the past several years. As we continue to evolve and improve our practice, and transition to a whole-child

MTSS grounded in equity, anti-racism, and the science of learning and development, we must shift our processes and practices in the following ways:

Current RTI Process	Future MTSS Process
Structure: Focused on creating a system for interventions	**Structure**: Focused on creating the conditions for student success
Meetings: Focused on addressing skill deficiencies	**Meetings**: Focused on holistic conversations about the whole child
Decision Making: Data-based, but made in isolation	**Decision Making**: Data-based across multiple data points
Interventions: Variety in the type of interventions and the way (how, when, duration) we support students not on grade level	**Interventions**: District-wide system of evidence- based interventions that address the needs of the whole child
Progress Monitoring: Significant variety in the way progress is monitored	**Progress Monitoring**: District-wide data system for monitoring student progress

MTSS and Early Learners

According to research compiled by Charles Greenwood Ph.D., there are a variety of reasons why young children entering preschool may not have had an opportunity within the home setting or early childcare to learn language, early literacy, and the social-emotional skills at an age-appropriate level. Nonetheless, preschool MTSS establishes a means of preventing identified early delays from becoming learning disabilities. As such, early intervention via MTSS is essential for prevention for young children who face developmental learning challenges.

The No Child Left Behind Act (NCLB, 2001) and the Individuals with Disabilities Education Improvement Act (IDEA, 2004) support the implementation of MTSS in an effort to improving students' outcomes through evidence-based practice. However, although there is a great push nation-wide to fulfill the role of effective MTSS there is still the need to address the imperatives of Child Find, which leaves the "educational world" in a state of dissonance as the pendulum shifts to the intervention paradigm.

Establishing Screening, Referral & Monitoring Structures

Data systems and structures are a critical component of MTSS@DCPS. As we shift our approach to be strengths-based and focused on the needs of the whole child, it is critical that we are intentional about how we use data and plan supports for students at all Tiers. This section includes information to support schools in developing:

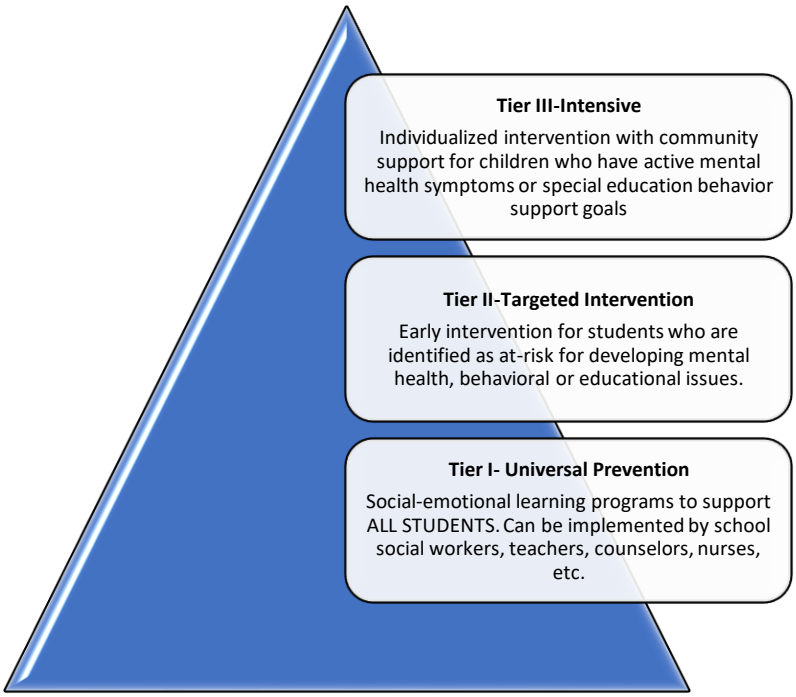
- Screening Process
- MTSS Referral Process
- Progress Monitoring

Much of the data used for these processes is captured in the Panorama Student Success platform

Please see Appendix 1 for additional considerations in the screening, referral, and progress monitoring process for special populations, including students with disabilities or 504 plans, and English learners.

Note: Students with IEPs or 504 plans may benefit from additional Tier 2 or Tier 3 supports in other domains of development; as such, they should always be included in screening, referral, and progress monitoring processes. For example:

- Students who qualify for special education services in reading may need Tier 2 or 3 support in mathematics.
- Students who qualify for special education services in behavior may need access to Tier 2 or 3 support for academics.
- Students who qualify for 504 services for a visual impairment may need access to Tier 2 or 3 support for behavior.



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BILINGUAL ASSESSMENT REFERRALS

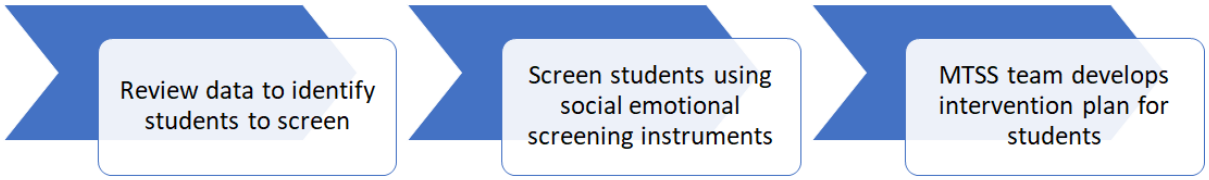
When a student has gone through the referral procedure, and it is concluded based on the results of the English Proficiency Test that he/she needs to be assessed in his/her/they native language, the Special Education Coordinator will forward a referral package for a bilingual assessment. It is still necessary for all the pre-referral steps, including intervention, to be completed prior to the referral package being forwarded to the Bilingual Team. **Please see the Bilingual Assessment Referral Guidelines.**

II: EVALUATION PROCEDURES

MENTAL HEALTH SCREENING PLAN

The Mental Health Screening Plan is a joint school social work and school psychology initiative. Screening allows schools to identify students who are at risk for academic and/or behavioral challenges using early warning indicators (EWI) and standardized social emotional screening instruments. Using screening data, MTSS teams can develop interventions tailored to meet student needs, both educational and behavioral, in a proactive and coordinated manner. This enables schools to identify barriers to learning earlier and ensure full access to academic offerings.

Screening Process Overview



Please see Mental Health Screening Plan One Pager in **Appendix 24**

CHILD FIND, EARLY CHILDHOOD ASSESSMENT TEAM (ECAT) AND EARLY STAGES CENTER

Child Find is a legal requirement that mandates schools find all children who have disabilities and who may be entitled to special education services. Child Find covers every child from birth through age 21. The school must evaluate any child that it knows, or suspects may have a disability.

Child Find is about ensuring a Free Appropriate Public Education (FAPE). According to the law; Provision of FAPE [3002.1 (d)]: The LEA shall ensure that procedures are implemented to identify, locate, and evaluate all children with disabilities residing in the District who are in need of special education and related services, including children with disabilities attending private schools, regardless of the nature or severity of their disabilities.

The Early Childhood Assessment Team (ECAT), is a citywide team that has been created to implement procedures to identify, locate and evaluate children between the ages of 3.0-5.10 enrolled in District of Columbia Public Schools (DCPS) preschool programs who are suspected of having disabilities or delays and who may require special education and related services.

The ECAT will consist of School Psychologists, Social Workers, Speech Pathologists, Occupational Therapists, and Physical Therapists. This team will utilize comprehensive strategies to effectively identify Pre-K children with delays and advocate to ensure those children are connected to services within their school setting as soon as possible.

The team's approach will consist of working in collaboration with DCPS preschool program school-based providers, administrators and classroom teachers to obtain information regarding the student's needs as they relate to their ability to access their educational program.

Please note that Early Stages will continue to evaluate all children between the ages of 3.0-5.10 in the District who are not attending DCPS preschool programs and who are not yet eligible for attending DCPS kindergarten.

Request for Social Worker Consultation

Specific Guidance for Behavioral and Emotional Concerns:

Special consideration should be given to identifying behaviors of concern in very young children. Toddlers may have a tremendous range of behaviors that would be considered developmentally appropriate. The ECAT social worker is considered the specialist for this age group and will provide guidance to the school on how best to address social/emotional/behavioral concerns. Close collaboration between the school social worker and the ECAT social worker will help guide decisions about the need for special education referrals.

When considering the disability classification of Other Health Impairment (OHI) or Emotional Disturbance for children displaying behaviors only, all collected information (e.g. MTSS data, classroom observations, teacher and parent interviews) should be collected by the school social worker and forwarded to the ECAT Social Worker (Edgina.Sherman2@dc.gov). Consultation between the school social worker and the ECAT social worker is required before a child ages 3 to 5 can be referred for a suspected disability of Emotional Disturbance or Other Health Impairment.

What is the role of Early Stages?

Early Stages will conduct initial evaluations for non-enrolled preschool students in the District of Columbia. They will also create IEPs and ISPs of newly identified non-enrolled children. Additionally, Early Stages will:

- Conduct child find referral outreach for all un-enrolled children in DC
- Conduct initial evaluations and hold eligibility for unenrolled children
- Create initial IEPs and ISPs for newly-identified children
- Identify locations of service for un-enrolled Pre-K children
- Manage Part C Transition from OSSE's Early Intervention Program

- Manage DCPS programmatic responses to the DL court order

Students referred to the Early Stages Center receive a full assessment at the center located at either the Walker Jones Education Center or the Minnesota Avenue Center.

Contact Information: (202) 698-8037 – www.earlystagesdc.org

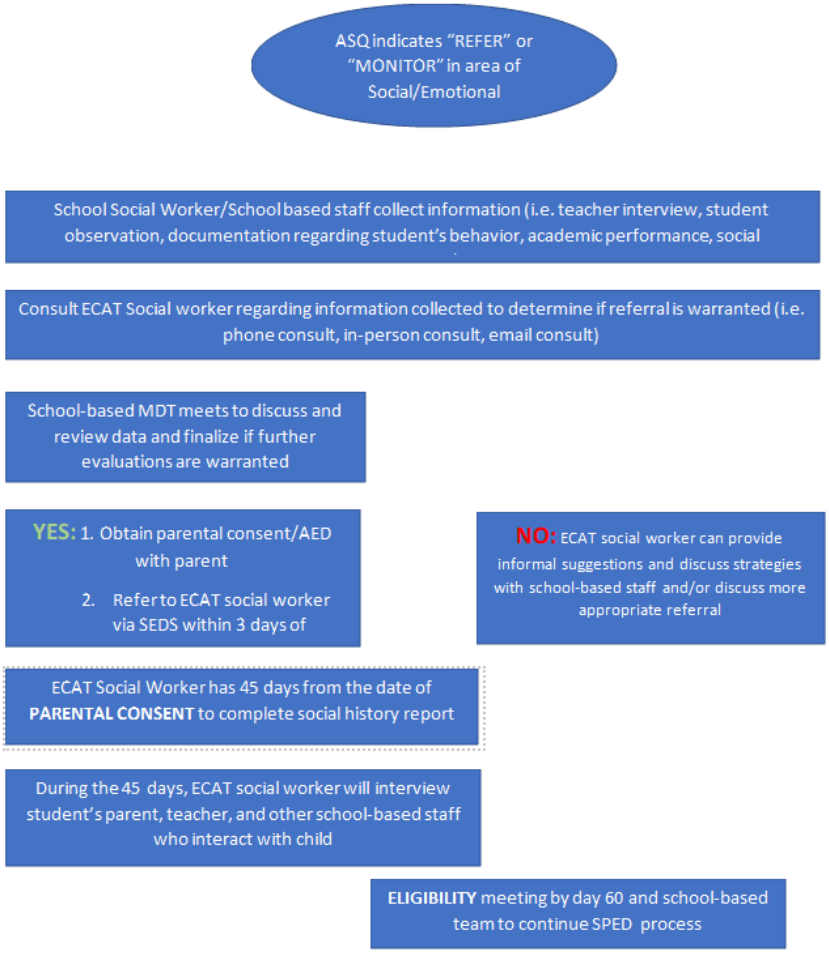
ECAT SOCIAL WORKER REFERRAL FLOWCHART

Spanish Speaking Parents: To be referred to Maura Garibay (maura.garibay@k12.dc.gov) for Social History

All other languages: To be referred to ECAT Social Worker, Edgina Sherman (edgina.sherman2@k12.dc.gov)

Information ECAT Social Worker is looking for: behavioral strengths and challenges of student, academic strengths and challenges, child's living arrangements (foster care, guardian other than bio parent), social interactions with peers and adults, strategies classroom teacher is currently using with student

PASS ASQ RESULT: LEA documents results and closes out ASQ



VISION/HEARING

Vision and hearing screenings are completed by school personnel (e.g., a school nurse). If either screening is failed, appropriate measures must be taken (parent notified, Audiological Assessment obtained, glasses prescribed, requests for vision / hearing assessments etc.) to correct the problem before the student can be evaluated, in most cases. If it is ascertained that a vision or hearing impairment cannot be corrected or has been corrected to the extent that it can be, this information should be included and incorporated into the assessment report.

In the event an Audiological Assessment is warranted, please complete the following steps:

- Have the LEA order the Audiological Assessment in the Special Education Data System (SEDS)
- Contact the Audiology Department at (202) 698-8011 or send an email to DCPS.Audiology@k12.dc.gov

OTL DSI RELATED SERVICES INTERPRETER REQUEST PROCESS

The Office of Teaching and Learning (OTL), Division of Specialized Instruction (DSI) Related Services Interpreter Request process allows related services providers (RSPs) to formally request interpreter/translation services. Interpreter/translation services may be requested to support RSPs

while conducting student evaluations, and assist parents participating in student meetings. All requests for interpreter/translation services require the RSP to submit an Interpreter Request Form. Requests can be made for the following services:

- Interpretation/translation in the student's native language during evaluation
- American Sign Language services
- Translation of student assessments

All requests should be submitted within **a minimum of four business days** prior to the date services are needed. Any incomplete request forms will not be processed.

The information below outlines the process to secure an interpreter for a bilingual assessment, pending the availability of a DCPS bilingual provider:

- The LEA orders the assessment in SEDs and assigns the assessment to the school's assigned provider.
- The LEA/RSP completes the Interpreter Request form using the following link:

https://docs.google.com/forms/d/e/1FAIpQLScoF8DBAL8RsSwSXmeojzTUmnmy4QBfRxhHxiX2UQvr8QgOlg/viewform

- The Related Services' point of contact will identify a vendor to complete the interpreter services and provide confirmation of interpreter/translation services at least two days prior to the date of services.
- Upon completion of interpreter services, the provider sends a follow-up email to DCPS.RelatedServices@k12.dc.gov confirming the services requested were rendered with attached evaluation form (interpreter should provide form for the provider to complete at the time of service). All evaluation forms should be sent within 2 days of completed interpreter services.

If there are any inquiries or questions regarding the Interpreter Request process, please contact the RS Assistant, Jose Umana at (202) 442-5445 or Jose.Umana3@k12.dc.gov. For more detailed information about Bilingual Assessments, please refer to the Bilingual Assessment Referral guidelines for SY 21-22, in appendix **Supplement 1.**

ASSESSMENTS FOR NON-ATTENDING DCPS STUDENTS

Some related serviced providers are hired to cover citywide cases. Employees will be placed on pre-specified teams and will be responsible for several groups of students. These teams are responsible for all students who are DCPS non-attending students. The school served could be a:

- Day Care Center
- Private school
- Parochial school
- Charter school
- State approved Non-Public School (regardless of home address)

The citywide teams are also responsible for students who reside within the geographic boundaries of the districts that are served by DCPS and who are:

- Students attending non-public schools outside of the District of Columbia
- Students who receive home instruction as their placement on their IEP (Please note that this does not include students on temporary home instruction as these students are expected to return to their prior school) Students who are being home-schooled
- Students who are non-attending

DCPS related service providers also complete assessments for students who do not attend school at ~~in~~ a DCPS site. These evaluators are responsible for all students 3 to 21 years of age who attend a school within the geographic boundaries of the districts that are served by DCPS.

ASSISTIVE TECHNOLOGY/ AUGMENTATIVE & ALTERNATIVE COMMUNICATION GUIDELINES

Augmentative & Alternative Communication & Assistive Technology Assessment

Assistive Technology (AT) is an umbrella term for all services that directly help a student with a disability select, acquire or use an AT device to access the curriculum. AT devices and services are used by students with IEPs or 504 plans to access the special or general education curriculum, respectively. There are three major categories of AT: AT for access, AT for communication and AT for learning. AT for communication, also known as Augmentative and Alternative Communication, provides supports for the communication needs of students with disabilities.

Requests for Assistive Technology or Augmentative & Alternative Assessments should be forwarded through your LEA representative who has access to the AT Portal in QuickBase. Consultation, training and equipment requests are made via the AT Portal. Consultations are typically requested prior to an assessment. AT assessments are requested through the eligibility process in SEDS, which require parental consent.

The IEP team or 504 team determines whether a student requires an AT device or AT services and then uses one or more of the five following pathways to access AT.

- Device Trials (device trial forms are located in the AT Portal)
- AT/AAC Consultation (LEA representative may request in AT Portal)
- Formal AT/AAC Assessment (requested in SEDS)
- Add an AT/AAC device to the student's IEP or 504 Plan (after AT Consideration Process, form located in AT Portal)
- Request AT training (LEA representative may request in AT Portal)

For the LEA representative to make appropriate requests for information and equipment needs for a student, the SLP can provide information to the AT department and school team to assist with making determinations for AAC and AT devices:

- Does the student currently receive AT services? If yes, WHAT?)
- Has the student received AT services and/or devices in past? If so, WHAT?

- AT for: access, communication, learning & studying, hearing, vision
- Name of requested device
- Description of requested device
- Justification for requested device
- IEP goals/objectives related to device
- Current strategies/interventions used to address related IEP goals/objectives.

When formulating IEP goals for speech and language, providers should not indicate specific names of equipment or devices (e.g., Big Mack, iPad, GoTalk, etc.). However, they may indicate a description of the type of device the student requires to access the academic curriculum (e.g., 9 cell static communication device, dynamic communication device, switch communication device, etc.). Please refer to the Assistive Technology Guidebook for more information on the AT Process.

If you have any questions or concerns related to the AT and the process for considerations or assessments, contact the Assistive Technology Team at DCPS.Assistivetech@k12.dc.gov.

SECTION V:
ASSESSMENT PROCEDURES

I: ASSESSMENT GUIDANCE

Initial Assessments

A variety of assessment tools and strategies are used to gather relevant functional, academic and developmental information about a student, including information provided by school staff, parents or caregivers. A multi-disciplinary team (MDT) will use data from these formal assessments to determine whether a student has a disability, as well as the student's present levels of academic achievement and functional performance. If eligible for special education and related services, the MDT will then use this information to develop a student's IEP. The information will also be used to determine whether modifications are needed to enable the student to achieve his or her annual IEP goals, and to participate in the general education curriculum. For preschool students, this information is used to help them participate in age-appropriate activities.

The responsibility for determining the need for a social-emotional assessment rests with the multi-disciplinary team while the choice of assessment methods, as well as intervention strategies, are competencies of the social work provider.

The purpose of conducting a social emotional assessment is to:

- Gather specific information to determine the impact of a student's behavior on academic functioning and to assist the MDT in determining whether a student has a disability and is eligible for special education.
- Determine the nature and extent of the special education and related services that the student needs.

All assessment procedures are provided at no expense to the parent.

Initial Assessment

Before a student may be formally assessed, the District must notify the parents in writing. This notice must describe any assessment procedure that the District proposes to use. Parents must give their informed consent in writing before their student may be evaluated/assessed. The SEC/Special Education case manager generates this consent form in SEDS.

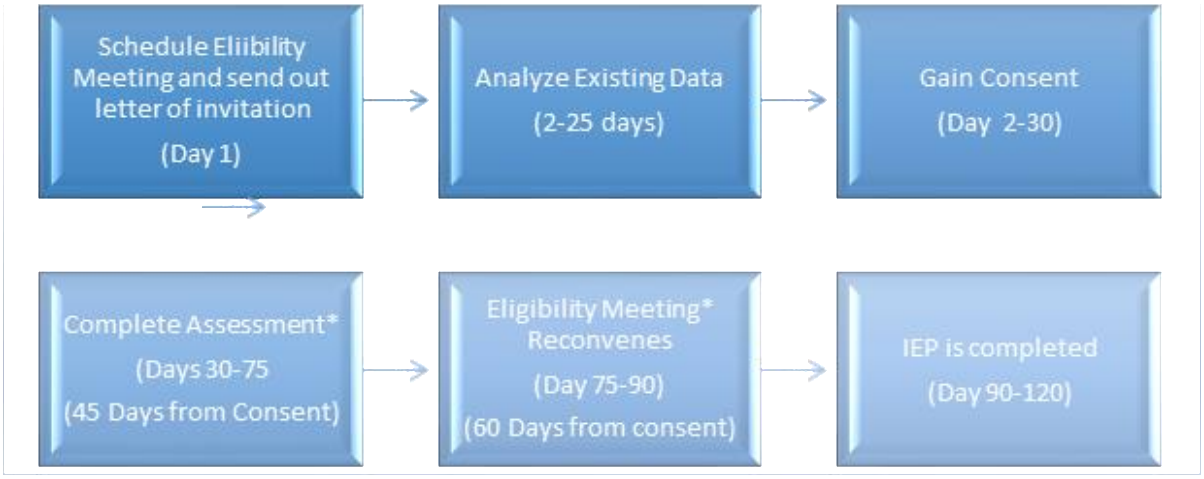
Analyzing Existing Data

As part of an initial assessment, the social worker must examine assessment data already available on the student. Examples of data that may be examined include, but are not limited to:

- Information and assessments provided by the student's parents, legal representatives/agencies and/or DCPS (SEDS/IDAS) or non-DCPS schools
- Current classroom-based assessments, local or state assessments, interventions and classroom-based observations
- Teacher and/or other related service providers' observations
- Classroom work samples
- Behavioral observations and assessments
- Attendance records
- Visual and auditory screenings

Timeline Changes

Once a referral for evaluation is made, the LEA has 30 days to hold the AED meeting and obtain consent (please contact your PM if you were not invited to the AED or consent meeting). Specific evaluation information should be captured in a prior written notice and sent to parents after the meeting. The LEA has 60 days from consent to complete an Eligibility Determination. Once consent is obtained, the provider is given 45 days to complete the evaluation. Assessments should be sent to the parents 10 days prior to the ~~IEP~~ Eligibility meeting.



DISCIPLINE SPECIFIC ASSESSMENTS

- Social Work Assessment—Initial and Triennial
- Functional Behavioral Assessment (FBA I & II)
- Behavior Intervention Plan (BIP I & II)

**** ***Please see the Appendix 17 and Supplement 3 for detailed guidance.***

STANDARDS FOR QUALITY ASSESSMENTS

When writing assessment reports, service providers should include all the components ***necessary to support the MDT in its mission to determine eligibility for special education and related services,*** and adhere to the following criteria:

- The report should be devoid of educational/medical jargon and written with language that is understandable for all stakeholders involved.
- The language in the report should be sensitive in nature as it reflects the identified classification.
- If a student does not identify with their birth gender, consent from the student should be obtained to include the identified pronouns in the assessment.
- The report should refrain from using absolute statements.
- The report should be gender specific throughout its entirety.
- The report should be grammatically correct, and all data points should be sensitized in a way that answers the referral question(s) and incorporates all measures used via qualitative and/or quantitative methods.

- The report should consistently contain scores, a description of all the tools used and their results, and a statement describing any concerns about validity.
- The report should be problem- and/or issue-focused and should clearly state and substantiate the impact of the student's behavior on his/her/they ability to access grade-level material, academic goals, and the overall educational experience.
- The report should include the strengths of the student.
- Raw evaluation data or completed questionnaires are not considered reports and should not be included. In all cases, merely collecting data without analyzing and reporting what the data means is of little benefit.
- The report should consistently make student-specific and detailed recommendations as appropriate and always be written in the proper format.
- Finally, the report should include, in accessible language, practical strategies that school staff and families can use to help improve the student's academic achievement.

Refer to Social Work Assessment Template and Checklists in **Appendices 35 and 36** for further details.

Please remember that the decision of qualifying a student for special education, Behavioral Support Services (BSS) and any related services relies on the Multidisciplinary (MDT) IEP Team and must be supported by data. Recommendations/approval for time, duration and amount of therapy should also be considered by the MDT using a data-driven process. The eligibility for provision of BSS school services should never be a unilateral decision of any singular IEP member. If BSS services are being considered, a social worker MUST be a part of the IEP Team to review entry criteria and to inform the team if criteria for services is met or not. The Multidisciplinary IEP Team should review student data to determine educational impact and the appropriate service level.

TRIENNIAL ASSESSMENTS/RE-EVALUATIONS

Students placed in special education must have their individualized educational programs (IEPs) re-evaluated every three years. The purpose of the triennial assessment is to:

- Determine if the student is still eligible for services under IDEA.
- Determine the student's present levels of academic achievement and functional needs.
- Determine if additions or modifications are needed to the special education and related services in order to meet annual goals and to progress in the general curriculum.

After a thorough review of the information available regarding a student's present level of performance, the IEP team (including the parent) is responsible for making a decision as to if new assessments are needed to address the student's individualized educational program (IEP). If the decision is not to conduct new assessment(s), the parents must be informed of such decision, reasons for it and their right to request new assessments.

- Informed parental consent must be sought by the school division before any new assessment can take place. The school division may proceed with new assessments if the school division takes the parent through Due Process and can show that it has taken reasonable measures to obtain this consent and the parents have failed to respond.
- A triennial assessment must include new assessments if the parent requests it.

- **Functional behavior assessments (FBA-II) must be conducted in full, every three years for students who have an Emotional Disturbance Disability Classification.**
- A triennial assessment should include new assessments, if:
    - Additional information is needed for continued placement and/or delivery of services.
    - The IEP committee is considering a change of placement, disability or eligibility.
    - The evaluator determines that the previous assessment(s) is outdated, erroneous or inconsistent.

Other provisions related to issues of assessment for students already found eligible for special education services include:

- A referral for assessment that addresses specific eligibility criteria for related services may take place at any time after the student has been found eligible for special education services. Timelines that apply to initial assessment also apply to referrals for related services.

The need for re-assessments should be reviewed, discussed and documented by the IEP team. Examples of when a triennial or re-assessment is not warranted are:

- Standardized testing would not provide any additional relevant information
- Sufficient anecdotal and/or informal assessment information to provide an accurate assessment of a student's needs and current levels of performance (checklists, monthly service trackers, quarterly IEP progress reports, work samples, interviews of other stakeholders, etc.)
- No change in eligibility or placement

Note: Ensure that all initial and triennial assessments are completed within 45 days of securing parental consent (though the maximum time allotted is 45 days the providers are strongly encouraged to complete the assessment reports within 30 days or as soon possible):

- **Functional Behavior Assessments must be completed in Frontline.**
- The assessment report must then be faxed into SEDS using an Assessment "Report Cover Sheet (Functional Behavior Assessment)" fax cover sheet (not a miscellaneous cover sheet).
- All Providers will receive a weekly automatic email notification including a report with the following information:
    - A list of all psychological assessments ordered at their respective schools
    - Student information
    - Parent Consent Date, Assessment Order Date, Assessment Due Date
    - Details indicating which assessments are:
        - OVERDUE
        - Coming Due
        - Open

Please notify your Program Manager immediately if there are any barriers to completing the assessment. If you are experiencing issues with uploading your document, please contact the SEDS office and send a copy of the report to your PM via email prior to it becoming overdue.

REVIEWING INDEPENDENT EVALUATIONS (IEEs):

There are times when an outside assessment is submitted to the District of Columbia Public Schools (DCPS) for consideration in determining the eligibility of a student with a suspected disability with the purpose of seeking placement in education programs or accessing services. It should be understood by parents and private services providers alike that determining student eligibility for an exceptional education program is more than administering a battery of tests. DCPS requires a multidisciplinary assessment team (MDT) to review all relevant documentation and decide if data is sufficient and/or additional information (e.g., parent conferences notes, student observations, current educational functioning, and interviews-including the student's educational staff, parents and other service providers) is needed before eligibility can be determined.

All available information, including independent evaluations are used by the team in the decision-making process to determine special education eligibility and related services provision. Information obtained from independent evaluations has no greater weight than any other team evaluation. **A strong independent evaluation (IEE) addresses the student's performance in the educational setting considering the least restrictive (LRE) mandate. A credible evaluation includes, at minimum, observation of the child at school, interview of relevant team members and consideration of past and current services.**

It should be noted that DCPS school social workers are qualified to interpret outside assessments such as: Functional Behavioral Assessments and Social Histories as it pertains to the educational setting. **(See Appendix 33 for the Review of Independent Assessment Form)**

An assessment by a person not employed by The District of Columbia Public School does not eliminate the need to assure that all procedures are followed prior to eligibility determination.

SOCIAL WORK ASSESSMENT

Social Work Assessment (Social History)

Referrals for a social history assessment are based on a collaborative discussion among members of the Individualized Education Program (IEP) team during the eligibility process, which must include a social worker.

A social work assessment serves two very important purposes: (1) it is a method of including the parent as a historian, and valued member of the multi-disciplinary team during the assessment process and (2) it provides critical details about a child's life that may not be present in formalized testing.

When considering a referral for a social work assessment, two of the following five criteria should be answered in the affirmative:

- Is there documented evidence of an inability to regulate emotions OR behavior that is withdrawn or distant?
- Is there documented evidence of behavioral infractions or suspensions?
- Is there documented evidence of medical condition(s), including physical or mental illness that impact educational performance?
- Is there a known traumatic experience that has been verbally communicated or documented in the student's record?
- Are there potential or suspected stressors that may be negatively impacting the student's performance?

Social work assessments are useful in helping school staff understand students in a more holistic way, as information and analysis of early development, family and home life, and social constructs are reviewed. They provide information on the student's development, physical and psychological health background, the dynamics of the family, trends in behavior, and school history. The assessment should also incorporate community connections, examine the support system of the student/family, and identify strengths that might prove beneficial in academic planning.

A thorough social work assessment is extremely valuable to the special education assessment process. It provides the data needed for the MDT to give special consideration to students with unique backgrounds or concerns that impact school performance and increases the ability to accurately determine eligibility for special education services or the need for other types of student support. A closing diagnostic summary that shares the clinician's impressions of the student and his/her/they overall situation is extremely important because it highlights observations and connections that may not have been readily apparent to others. The summary should review all that is known about the student and his/her/they present situation, make appropriate recommendations based on what is known and identify referral sources as needed.

The social work assessment provides a comprehensive picture of a student that can inform academic planning, counseling practice and determine community resources that families might utilize.

FUNCTIONAL BEHAVIORAL ASSESSMENTS & BEHAVIOR INTERVENTION PLANS

The process of conducting a Functional Behavioral Assessment (FBA) seeks to determine the "why" in understanding challenging student behaviors. This assessment process identifies patterns and frequencies of problem behaviors. It also examines what variables might be associated with the troubling behavior.

The FBA and its counterpart, the Behavior Intervention Plan (BIP), are recognized ways for parents, teachers, and other school professionals to work collaboratively to determine the best way to help a student improve his or her behavior in academia. The FBA identifies the function of maladaptive behaviors and the BIP teaches students replacement behaviors that serve the same function. Students with behavior challenges that are unsuccessful with traditional interventions, or, the school-wide discipline plan may need additional support. For example, a student who is disruptive, consistently off task, aggressive, or exhibiting any number of behavioral problems may benefit from a BIP. BIPs can be used with all students in general and special education in order to improve academic outcomes. DCPS has two levels of FBAs, an FBA Level 1 (FBA-I) and an FBA Level 2 (FBA-2), to address student needs across tiers.

Once every effort has been made to address the student's behavior at the Tier I, Universal level, it is recommended that an FBA-I be conducted in tandem with the MTSS process. When a student's behavior is interfering with his or her educational progress or environment and/or the education of the student's peers, the school should determine whether the student needs additional supports to thrive in the academic setting. This is true for both General and Special Education students. Additionally, pursuant to the Fair Access Student Discipline Bill, when students reach 10 cumulative out-of-school suspension days, an FBA-I is required to be completed.

An FBA-II is an assessment that is used to identify the function of complex behaviors. IDEA has provided specific guidelines about when to conduct an FBA-II. Below is an example of when an FBA -II must be conducted as described in the law:

> *An FBA-II must be completed when the student is being considered for a disability classification of Emotional Disturbance. An FBA should also be conducted when a student with an Emotional Disturbance classification exhibits behaviors that result in disciplinary actions that require the student's removal from his/her/they placement for more than 10 consecutive school days. An FBA-II is also required when considering a more restrictive placement for a student with an Emotional Disturbance. It is required that all students with the disability classification of Emotional Disturbance have a current FBA-II/BIP-II in their records during your review at the beginning of the school year. Additionally, every three years an FBA_II must be conducted and annually a BIP-II*

Please see the detailed FBA Guidance for additional examples, templates, talking points, samples and additional documents in Guidebook **Supplement 3**.

UNTIMELY ASSESSMENTS GUIDELINES

Per the DCPS guidelines, initial assessments and reassessments must be completed within 45 days of parental consent. It is expected that all providers upload their completed assessments into SEDS within ***45 days*** from the date of parental consent. Timeliness will be determined from the initial fax/upload date, which should correspond with the date entered. All reports that are late or are incomplete will be considered untimely. In those cases, please adhere to the Untimely Assessment Guidelines developed in November 2009.

Special Circumstances:

1. Parent/Guardian Consent is Granted but the Student is Frequently Absent, Truant, and/or Refuses to Participate or Attend

When 2-3 attempts to assess are unsuccessful because the student is absent, truant and/or refuses to participate or attend:

- The Related Service Provider (RSP) assigned to complete the assessment must:
  - Contact the teacher, attendance coordinator, and parent/guardian to determine the reason for the student's absence;
  - Document the reason for the student's absence for each time a scheduled assessment is missed;
  - Reschedule the assessment with the parent/guardian and document the agreed upon session in the SEDS communication log; and
  - Document contacts, attempted contacts, and outcomes in the SEDS communication log;
  - Inform the Special Education Coordinator (SEC) via email that the student was absent or refused to participate and that the information has been documented.
- The LEA Representative must:
  - Contact the parent/guardian at least three times using multiple modalities (e.g., written communication via letter, phone call, and email message when available). One contact must be written correspondence sent by certified mail with a return receipt;
  - Notify the related service provider via email when the attempts to contact the parent are made; and
  - Document contacts with parent/guardian, attempted contacts, and outcomes in the SEDS communication log.
- The IEP Team must convene within 15 school days of the second failed attempt to assess. The Team will:
  - Review the student's attendance history since consent was obtained;
  - Consider the reason(s) for the student's absence, truancy, and/or refusal to participate or attend; and
  - Determine if an alternate assessment or schedule for the assessment may be warranted. Refer to discipline program guidebooks for the required elements of the alternative assessment report.

The parent/guardian and DCPS can agree in writing that the attendance of certain IEP Team members is not necessary for this meeting depending on the member's area of curriculum or related services; allowing a partial team to meet to address this particular situation. However, the related service provider assigned to that assessment MUST be in attendance. If the parent/guardian cannot physically attend the IEP meeting, an alternative means of participation may be used such as teleconference or virtual communication tools such as Microsoft TEAMS.

The LEA Representative will send a letter by certified mail with a return receipt to the parent/guardian within five business days of the IEP meeting if the parent/guardian does not want to attend the IEP meeting or fails to respond to the *IEP Meeting Invitation/Notice*.

2. No Parent/Guardian Consent for Initial Evaluation

If the parent/guardian fails to respond to the *Parent/Guardian Consent to Initial Evaluation/Reevaluation* within 15 school days the LEA Rep must:

- Contact the parent/guardian at least three times using multiple modalities (e.g., letter, phone, email when information is available). Importantly, RSP shall not if contact information is wrong

or unavailable in the communication log after each attempt to access parent/guardian contact information. One contact must be written correspondence sent by certified mail with a return receipt;
- Document contacts, attempted contacts, and outcomes in the SEDS communication log;
- Send a Prior Written Notice (PWN) by certified mail with a return receipt to the parent/guardian indicating that the special education process has stopped. At this point, DCPS is no longer obligated to pursue consent or conduct assessments; and
- Contact the cluster supervisor via email if he/she feels it is necessary to pursue the consent to evaluate. DCPS may elect to proceed to mediation and/or a due process hearing in order to override the lack of consent for assessment.

No Parent/Guardian Consent for Re-evaluation

If the parent/guardian refuses to consent to a re-evaluation or fails to respond to the *Parent/Guardian Consent to Initial Evaluation/Re-evaluation* within 15 school days the SEC must:

- Contact the parent/guardian at least three times using multiple modalities (e.g., written, phone, email and visit). One contact must be written correspondence sent by certified mail with a return receipt;
- Document contacts, attempted contacts and outcomes in the SEDS communication log;
- Send a PWN by certified mail with a return receipt to the parent/guardian indicating that the special education process has stopped. At this point, DCPS is no longer obligated to pursue consent or conduct assessments; and
- Contact the SSL via email if he/she feels it is necessary to pursue the consent to reevaluate. DCPS may elect to proceed to mediation and/or a due process hearing in order to override the lack of consent for assessment.

Parent/Guardian Consent Provided but Assessment Not Completed in Timely Manner (Exception: student absent, truant and/or refuses to participate or attend)

If the parent/guardian has provided consent to evaluate/re-evaluate but the assessment may not be completed within the required timeline the LEA Rep must:

- Contact the social work program manager of the specific discipline via email immediately (e.g., if the LEA Rep suspects the SW assessment will not be completed within the required timeline); and
- Mail written correspondence to the parent/guardian identifying the incomplete assessment(s) and requesting agreement on a new timeline for completion. This correspondence should be sent by certified mail with a return receipt on the same day as the social work program manager is contacted.

Parent/Guardian Withdraws Consent to Evaluate/Re-evaluate

If the parent/guardian verbally withdraws consent to evaluate/re-evaluate the case manager must:

- Document the conversation in the SEDS communication log; and
- Send a PWN by certified mail with a return receipt to the parent/guardian documenting that the consent to evaluate/re-evaluate has been withdrawn.

REMINDER: Please contact your SW program manager if you have barriers to completing assessments in a timely fashion.

For more information on Special Education in DCPS: http://dcps.dc.gov/specialeducation

DOCUMENTING FUNCTIONAL BEHAVIORAL ASSESSMENTS AND BEHAVIORAL INTERVENTION PLANS and BIP PROGRESS MONITORING

Beginning SY 20-21, templates for Level I and Level II Functional Behavioral Assessments and Behavior Intervention Plans have been re-created as digital forms in the Frontline Plan Management module (formerly Accelify). **Providers are expected to complete FBA and BIP forms in Frontline/Accelify with the following provisions**:

A. *All FBAs/BIPs created for special education students in Frontline must be downloaded and uploaded and/or faxed into the Easy IEP/SEDS data system.* Frontline and Easy IEP do not have integration for this function.
B. FBAs for general education and students with 504 plans must be completed in Frontline/Accelify.
C. Consents for Level II FBAs for students with 504 Plans will be inclusive of the "Consent to Evaluate" form in the 504 Plan module, to be added Fall 2020. After this new functionality is released, providers will not need to generate a consent for a Level II FBA in EASY IEP for a 504 student. 504 coordinators will receive training on this new process in SY 20-21.
D. Assessment tools, such as ABC charts and FBA interviews, while not digitized into electronic forms, are available for download in the "District Forms" link on the student's dashboard in Frontline Plan Management (former 504 PLN). These forms may also be accessed in the Appendix of this guide.

BIP Progress Monitoring:

Providers are required to exercise due diligence efforts to support data collection and lead outcomes reporting of behavior intervention plans implementation. As a best practice, providers should upload a template of a data collection tool to SEDS to accompany a BIP for a special education student. Beginning SY 20-21, a progress monitoring function will be included as a part of the FBA workflow added to Frontline Plan Management as an event to be completed by the user. **This aggregate form will auto populate upon development of a BIP in Frontline and providers will be expected to enter monitoring data to close out this form at the end of each year.** Providers have the flexibility of how to collect BIP monitoring data:

- Download/print the monitoring form for teachers to complete and enter the average of responses into the Frontline BIP progress monitoring form or focus outcome reporting on a singular classroom during the prescribed monitoring period.
- Use other collection methods such as Microsoft Forms with questions aligned to the Frontline monitoring form and record aggregate responses into the form for the prescribed monitoring period.

MANIFESTATION DETERMINATION PROCESS

IDEA indicates that within 10 school days of any decision to change the placement of a child with a disability because of a violation of a code of student conduct, the local educational agency, the parent and relevant members of the IEP Team (as determined by the parent and the local educational agency) shall review all relevant information in the student's file, including the child's IEP, any teacher observations and any relevant information provided by the parents to determine-

- If the conduct in question was caused by, or had a direct and substantial relationship to, the child's disability; or
- If the conduct in question was the direct result of the local educational agency's failure to implement the IEP.

Manifestation— if the local educational agency, the parent, and relevant members of the IEP Team determine that either sub-clause (a) or (b) is applicable for the child, the conduct shall be determined to be a manifestation of the child's disability.

A Manifestation Determination Review (MDR) is an evaluation of the student's disability and the act of misconduct when a district proposes to remove the student or enact specified disciplinary actions. The district, the parent, and relevant members of the IEP conduct the MDR. If a school social worker was a member of the student's IEP team it is strongly recommended that they participate in the MDR. Teams are required to meet after the 10th accumulated or consecutive day and every suspension or removal thereafter. Disciplinary actions can be made only if the district concludes after the evaluation that there was no relationship between the student's disability and the actions of misconduct.

DCPS is committed to monitoring disciplinary action and school removal without consideration of disability. By conducting FBAs and implementing response to intervention, including the implementation of behavior plans for students with disabilities, managers of the School Mental Health Team will be focused on ensuring that local schools and social workers are following the law.

Please refer to **Appendix 23** for further information related to the Manifestation Determination Process for social workers.

SECTION VI:
ELIGIBILITY AND EXIT PROCEDURES

I: EDUCATIONAL IMPACT

RELEVANCE AND NECESSITY

The functional skills a student needs to perform in the educational setting are dependent on a variety of factors, including the student's disability classification, present level of functioning, educational program, overall developmental, and cognitive and academic abilities. To determine what a student needs to be successful in his/her/they educational program, the IEP team should consider current research, assessment data, clinical reasoning and professional experience. Some social-emotional skill deficits may not directly impact educational progress and may not constitute educational need. In order to receive BSS services at school, the student's impairment must be linked to the inability to access the curriculum, or, to achieve educational goals and objectives on the IEP in the least restrictive environment (LRE).

For an IEP team to consider adding behavioral support service (BSS) to a student's IEP, a student must be experiencing emotional and/or behavioral difficulties that impede either the student's learning and/or that of other students. In such cases, it is appropriate to consider a psychological assessment, social history and a functional behavioral assessment (FBA). The student's response to evidence-based pre-referral interventions, disciplinary reports and applicable outside reports should also be reviewed when determining whether BSS is warranted for a student. The IEP team should include the student (if age appropriate), the student's parents, school social worker, general education teacher, special education teacher, and other relevant staff and community providers. A well-staffed IEP team will decrease the likelihood that a student is inappropriately identified for specialized instruction and related services.

SPECIAL RULES FOR DETERMINING ELIGIBILITY ACCORDING TO IDEA 2004

A student will *not* be determined to be a student with a disability if the basis of the student's problem is lack of **scientifically-based instruction** in reading, lack of appropriate teaching in math, or limited English proficient (LEP).

EXTENDED SCHOOL YEAR AND BEHAVIROAL SUPPORT SERVICES

The provision of BSS during Extended School Year (ESY) is an annual determination of the IEP team. Every student with an IEP has the right to have ESY discussed as part of his/her/they/their IEP meeting. Extended school year services are provided for those students who demonstrate a regression in skill level over breaks (summer break, winter break, spring break). Skills that have been mastered might be lost during the course of a break, and recouping these skills takes a greater span of time than the span of the break. As your teams discuss ESY at IEP meetings, please ensure that ESY prescriptions for behavioral support services are written based on a **monthly** service frequency.

For more information regarding ESY Related Services, please refer to the DCPS ESY Guidelines at: https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Extended%20School%20Year%20%28ESY%29%20Services%20Policy.pdf.

II: ENTRY CRITERIA

BEHAVIORAL SUPPORT SERVICES ENTRY CRITERIA

Behavioral support services (BSS) are concerned with the student's ability to fully and actively participate in his/her/they/their educational setting and academic experience by addressing behavioral and social-emotional needs.

The school social worker should assess general social-emotional learning (SEL) elements that affect participation in goal-directed activities in school to include:

- Self-awareness. Self-awareness refers to the ability to accurately assess personal feelings, interests, values and strengths. This aspect of SEL also includes identifying and labeling one's own feelings.
- Self-management. Self-management includes the ability to handle one's emotions in productive ways: being aware of feelings, monitoring them, and modifying them when necessary, so that they aid rather than impede the ways in which the child is able to cope with varying situations. This aspect of SEL also includes handling stress, persevering despite obstacles and expressing emotions appropriately.
- Social Awareness. This aspect of SEL includes the ability to take others' perspectives, understand their feelings, empathize with others and appreciate others' similarities and differences.
- Relationship Skills. The goal in this aspect of SEL is to promote positive and effective exchanges with others and, ultimately, relationships that last over time. Crucial skills include initiating positive interactions with others, initiating and maintaining conversations, cooperating, listening, taking turns, seeking help and developing friendship skills (e.g., joining another person or small group, expressing appreciation, negotiating and giving feedback). In addition, the skills of asserting oneself, resolving conflict and addressing others' needs through negotiation develop.
- Responsible Decision-making. Responsible decision-making is a large part of everyday social interactions. Youth should know how to solve social problems—to analyze social situations, identify problems, set pro-social goals and determine effective ways to solve differences that arise within their peer group. Responsible decision-making increasingly includes the ability to make appropriate ethical decisions that consider and respect others and promote the well-being of the school and community. Assessments should address the student's ability to comply with classroom rules, resist peer pressure and control aggression or other disruptive behavior.

These factors converge in school settings to help the social worker identify what might be interfering with the student's learning and participation in the contexts of his or her educational activities, routines and environments. **To determine if a student needs BSS, school social workers should consider whether:**

- Behavioral and social-emotional concerns are occurring with high frequency, severity or duration.
- Behavioral and emotional difficulties are impeding the student's learning and academic achievement or the learning of others.
- Pre-referral interventions were aligned with the Teaching and Learning Framework, particularly, but not limited to, the areas of behavioral management.

- Potential stressors (e.g., family, social, physical) exist that impede access to the curriculum and warrant ongoing BSS.

BSS should be viewed as a continuum of services that encompasses a variety of delivery models and intervention strategies under the auspices of special education. These can vary from one-time classroom suggestions and/or accommodations to ongoing consultation and/or direct services. The knowledge and expertise of a school social worker can be utilized to determine and design intervention strategies that can be integrated into a student's daily routine and may be implemented by classroom staff as well. Services may be delivered individually, within the classroom setting or in groups. School social workers may also work collaboratively with related service providers of other disciplines if appropriate.

The provision of BSS shall be determined at the IEP team meeting, using the input of the social worker and the results/recommendations of social work assessments and other relevant reports. Eligibility for continued services shall be determined at the annual IEP review and should be based upon data and the input of the school social worker as well.

Determination of the need for Behavioral Support Services, amount, duration and frequency of services is made by the IEP Team and it should occur only after:

- Eligibility for special education has been determined.
- The Behavioral Support Service is determined to be educationally relevant and clear in purpose.
- The Behavioral Support Service is determined to be necessary in order for the student to benefit from the IEP.
- Measurable annual goals have been developed.

The school social worker as well as other IEP team members should encourage the student's parent/guardian and other team members to consider the student's disability and other sources of information when involved in educational planning. Social workers are important members of the IEP team as they are typically holders of a great deal of contextual information that should drive educational planning. Recommendations for services without considering information from all sources about a given student should not occur. It is more important to focus on the desired outcomes (student's goals) and decide whose expertise is needed to accomplish these goals (i.e., the classroom educational staff, the school social worker, etc.). Once this has been determined, then the team should decide on the amount of time needed to achieve outcomes and how services will be delivered. BSS prescriptions should be written in a monthly format (e.g., 4 hours per month instead of 1 hour a week). Intervention in a DCPS school setting may be provided through direct service and/or via consultation.

In order to provide a more standardized measure to discuss entry into services, an Eligibility Criteria Checklist is available in Appendix 7. The IEP team, led by the school social worker, should review and complete this checklist when meeting to discuss adding BSS to a student's IEP

III: EXIT CRITERIA/PROGRAM COMPLETION CRITERIA

BEHAVIORAL SUPPORT SERVICES EXIT CRITERIA

When determining whether to exit a student from services, it is important to discuss information about the student, including assessments, information from parents/guardians, current classroom assessments and teacher and related service observations. The IEP team determines whether BSS will be discontinued. Written notice and written parental consent are required before discontinuing any IEP service.

A checklist has been developed to provide guidance for the team to discuss when considering a student's exit from behavioral support services. **This checklist must be completed and reviewed by the team during the process of determining the student's exit from services.** Please see **Appendix 8** for the Exit Checklist.

Dismissal from School-Based Behavioral Support Services should be considered if any of the following applies:

- The student has exited special education.
- The student is functional within the educational environment and therapy services are no longer indicated.
- Applicable goals have been met or student has progressed and met all his/her/they social-emotional goals.
- Other educational personnel can assist the student in areas of concern previously addressed by school social worker.
- The student has moved into an area of clinical insignificance on progress monitoring assessments based on multiple reports (e.g., youth, parent, worker and/or teacher).
- Student performance remains unchanged despite multiple efforts by the school social worker to remediate the concerns or to assist the student in developing new skills. Student shows lack of progress within a reasonable length of time (services for 3 or more years and performance has remained unchanged for more than 6 months).
- The potential for further functional change in social and emotional skills as a result of behavioral support intervention appears unlikely. This is based on previous intervention attempts, which resulted in little or no functional skill acquisition.
- The student continues to make progress in the areas being addressed by the social worker consistent with developmental progress in other educational areas despite a decrease in behavioral support services.
- The student consistently demonstrates behaviors that inhibit progress in BSS such as lack of cooperation, motivation or chronic absenteeism. In these circumstances, the IEP team should consider the initial eligibility decision since these behaviors may reflect social maladjustment, environmental, cultural or economic factors rather than an actual disability. The IEP team may also explore alternative services or strategies to remedy the interfering behaviors or conditions, which may include referral to community services and/or programs.

For students who have received services outside of special education, social workers should document these services using **Frontline**/**Accelify** to capture the services, referrals and progress that has been made. This documentation should reflect a significant reduction of previously identified areas of

concern. When services are discontinued, providers should summarize in the record why services are no longer indicated, using the **Completion of Services Form** found in **Appendix 12**.

SECTION VII:

SPECIAL EDUCATION AND SECTION 504: BEHAVIOR SUPPORT SERVICE DELIVERY AND DOCUMENTATION

I: RELATED SERVICE PROVIDER WEEKLY BUILDING AND INTERVENTION SCHEDULE

By the first day of school, LEA representatives must identify all students who require related services as per their IEP. This identification process includes:

- The type of service and the related service provider assigned to the student
- The beginning date of service
- The intensity of service (e.g., 120 minutes per month, etc.)

This information should be verified with the caseload data from the related services team to ensure compliance for all students at your assigned school.

During the first two weeks of school*, related service providers must:

- Check with the LEA representatives at each of their assigned schools to ensure they have all the students on their caseload assigned to them in SEDS. If the school social worker has difficulty engaging their LEA representatives in this process, they should contact the OSSE SEDS (EasyIEP) Call Center (202) 719-6500 - Monday – Friday, 7:30am – 6:00pm) for assistance in appropriately assigning students to their caseload and immediately notify their social work (SW) program manager via email.
- Add students to their caseload using their EasyIEP access.
- Identify any students they do not have the capacity to serve and supply this information to their SW program manager immediately to ensure that they are aware of the capacity issue at that school. The SW program manager will provide the school social worker with alternative strategies to address the student's needs to ensure compliance.
- By 9/10/21, create a copy of your intervention schedule in Frontline and submit a copy of the intervention schedule to:
    - The LEA representatives and principal(s)

***See *BEGINNING OF SCHOOL YEAR PROCEDURES CHECK-IN FORM* Appendix 5**

START DATE FOR BEHAVIOR SUPPORT SERVICES

School social workers begin service delivery on the first day of school, August 30, 2021**.** Please make up any missed services from that date forward. **Do not forget to complete your service trackers for August by September 6, 2021 (the 5th falls on a Sunday).**

II: PRESENT LEVELS OF ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAFP)

Traditionally, IEPs have focused on helping students develop basic academic and functional skills with little connection to a specific academic area or grade-level expectations. In contrast, standards-based IEPs are directly tied to content standards; both the student's present level of performance and annual academic IEP goals are aligned with and based on the Common Core State Standards (CCSS), creating a program that will assist the student in reaching greater academic proficiency.

Writing PLAAFP and Goals for IEP (also referred to as PLOP)
The purpose of the PLAAFP is to describe the problems that interfere with the student's progress in the general education classroom and with the general education curriculum. The PLAAFP is the foundation to develop the student's IEP and measure the student's short-term and long-term success. From the PLAAFP, the IEP team develops an IEP that identifies the student's appropriate goals, related services, supplementary aids and supports, accommodations and placement. The IEP team should include goals as well as any necessary accommodations and/or modifications, related services or supplementary aides and supports to address any identified area of weakness.

Academic Achievement	Functional Performance
▪ Reading ▪ Written Language ▪ Mathematics	▪ Physical, Health, Sensory Status ▪ Emotional/Social/Behavioral ▪ Communication Difficulties ▪ Vocational Skills (ages 15 and older) ▪ Daily Life Activities

Anyone who reads a student's PLAAFP should have a comprehensive understanding of the student's strengths and weaknesses. The PLAAFP should contain information on both the student's academic achievement and functional performance.

Data Sources

To draft a student's PLAAFP, the IEP team should consider data from a variety of sources. Data sources for the PLAAFP include:

- Most recent special education evaluation
- Progress-monitoring data (SDQ, DSM-V Level 1 Cross Cutting Measure, etc.)
- Session-specific progress towards current goals
- Student performance on PARCC
- Teacher reports
- Classroom observations
- Parental input
- Cumulative records (e.g., grades, attendance, retentions)
- Discipline records

- Psychological evaluations, medication/somatic treatment, hospitalizations
- Community Service Agency and/or Collaborative Service Agency information
- Digital records for asynchronous learning platforms

Three Components in Writing a PLAAFP statement

Component 1	A description of the student's strengths and weaknesses.
Component 2	A statement of needs that prioritizes the student's relative weaknesses to highlight what should be the primary focus of instructional support. Information should be included as to why these needs should be prioritized and how addressing these needs will improve the student's ability to access grade level content.
Component 3	An explanation of how the disability impacts academic achievement and functional performance in the general education setting. A brief description of specific recommended modifications and/or accommodations that directly relate to the impact of the student's disability on academic achievement and functional performance should be included.

PLAAFP Linked to Goals

PLAAFP are inherently linked to the development of annual goals because they serve as baseline data that describe how the student is currently performing academically and functionally. Therefore, PLAAFP should be used as the starting point in developing goals. For each area of weakness identified in the student's PLAAFP, the IEP team must develop appropriate goals.

The present levels section provides insight into the relative strengths and needs of the student. Anyone who reads this section of the IEP should get a quick yet comprehensive understanding of where the student is struggling and how to capitalize on the student's strengths. When writing the present levels section, teachers should have access to formal assessment results and the classroom data–both quantitative and qualitative–that has been collected over the course of the school year.

BEHAVIOR SUPPORT SERVICE IN SPEECH AND LANGUAGE ONLY IEPs

Speech and language services can be provided either as a primary service or as a related service. A primary service consists of speech language services as the specialized instruction needed by a child with a disability of SLI to benefit from special education. When speech is the primary service, the student's disability classification must be SLI (Speech Language Impaired). **BSS cannot be added to Speech and Language only IEPs.**

III: GOAL WRITING

IDEA (the Individuals with Disabilities Education Act) 2004 seeks to ensure that children with disabilities have "access to the general education curriculum in the regular classroom, to the maximum extent possible, in order to (i) meet developmental goals, and to the maximum extent possible, the challenging expectations that have been established for all children; and (ii) be prepared to lead productive and independent adult lives, to the maximum extent possible" [20 U.S.C § 1400(c)(5)(a)(i)].

DCPS requires that goals and objectives are written in S.M.A.R.T. format:

Specific
Measurable
Achievable
Realistic and Relevant
Time-limited

Specific goals and objectives target areas of academic achievement and functional performance. They include clear descriptions of the knowledge and skills that will be taught and how the child's progress will be measured. To write specific goals and objectives the social worker should ask themselves the questions, Who? What? When? Where? and How?

Measurable means that the goal can be measured by counting occurrences or by observation. Measurable goals allow parents and teachers to know how much progress the child has made since the performance was last measured. With measurable goals, you will know when the child reaches the goal. The social worker should ask the question, "How can I measure this goal?"

Action words— IEP goals include three components that must be stated in measurable terms: direction of behavior (increase, decrease, maintain, etc.), area of need (i.e., reading, writing, social skills, transition, communication, etc.), and level of attainment (i.e., to age level, without assistance, etc.).

Achievable (Attainable) goals which respond to the following questions: Can the student meet the goal? Is the goal too difficult to be met, considering the student's physical, cognitive, social and environmental barriers?

Realistic and Relevant goals and objectives address the child's unique needs that result from the disability. SMART IEP goals are not based on district curricula, state or district tests or other external standards. The social worker should ask the question, "Is this goal meaningful to the student?"

Time-limited goals enable you to monitor progress at regular intervals. The social worker should ask the question, "What kind of time frame should be used?"

*Annual goals and objectives are required for students that are taking an alternative assessment (portfolio).

In addition to writing goals that fit the S.M.A.R.T. format, the social worker must learn to use the data provided by the educational team and progress monitoring tools employed by the social worker (e.g. DSM-V Level 1 Cross Cutting Measure, CPSS, SDQ), which can provide valuable help in formulating goals. This data may include test results, assessments, benchmark tests and studies conducted on, with or for the student, which are available in Easy/IEP for review and can be provided to the social worker by the student's school or by the caregiver.

Reference:

- *Parenting Special Needs Magazine, July/August Issue, Copyright [2009] by Parenting Special Needs LLC. www.parentingspecialneeds.org*
- *Setting "SMART" Seating Goals, by Linda M. Lambert and Angie Maidment - Health Sciences Centre – Winnipeg, Manitoba*

Resource:

- *The IEP From A to Z- How to Create Meaningful and Measurable Goals and Objectives, by Diane Twachtman-Cullen and Jennifer Twachtman- Bassett- Jossey Bass Teacher*

IV: SERVICE DELIVERY

Service Delivery: Direct Service v. Consultation

Behavioral Support Services (BSS) Direct Service vs. Consultation FAQ

1) What is the difference between direct services and consultation?

   In direct service, a related service provider works directly with a student on IEP objectives. The service provider can do this in a group or individually. He or she can work with the student in the community, in a classroom, in the lunchroom or in a therapy room. A variety of activities, such as developing coping skills, improving classroom behavior, reading, eating, playing, riding a bus or walking down the hall, can be the focus. Direct service is best for a student who has needs that only a professional can meet efficiently and appropriately. For example, a school social worker may work on developing behavioral self-regulation, a speech therapist may work on developing swallowing skills and an orientation and mobility expert is the professional who would establish use of a cane. Notice that what direct service does best is establishing a skill that the student may go on to use in a variety of different environments and activities.

   Consultation is how a related service provider can help other professionals meet a student's IEP goals and objectives. *The recipient of the consultation is not the student but another professional.* Consultation is a type of service delivery that is best used to ensure that a student has multiple opportunities in a day to use a skill. For example, a school social worker may consult with a classroom teacher about behavioral strategies that are appropriate for a student and share tips for implementing a behavior plan and introducing/supporting replacement behaviors. Using these strategies, the classroom teacher can have the student work on the behavioral skills during all classroom activities, not just when the school social worker is present.

2) What do I complete in SEDS when adding consultation to an IEP?

   As with direct service, a provider needs to determine eligibility for BSS consultation; therefore, the Analyzing Existing Data (AED) section in SEDS should be completed. In addition, consultative services require that the Present Levels of Achievement and Functional Performance (PLAAFP) section be completed and S.M.A.R.T. goals included.

3) Do I document consultation in the service tracker as I would direct service, even though consult is with the teacher?

   Yes, since consultation addresses specific goals, these services should be documented in the service tracker in GARP format.

   In the event members of the MDT have questions regarding adding consultation services to a student's IEP, refer to the document titled *Behavioral Support Services (BSS) Direct Service vs. Consultation FAQ* in **Appendix 6**. This can be shared as needed.

IEP MANDATED SERVICES – MINUTES/MONTH SERVICES

Per a student's IEP, Behavior Support services must be provided in/out of the general education setting based on the clinician's review of relevant data and the setting designated on the IEP.

All IEPs for related services must include a frequency of monthly, **not** weekly, service delivery. The social worker must ensure he/she/they makes the **Monthly Selection** in EasyIEP.

Benefits of monthly services:

- Flexibility in providing services
- Accommodating student and classroom needs
- Increased opportunities to integrate services in the classroom or during school events
- Allows rescheduling of sessions to accommodate provider or student unavailability
- Scheduling options that can change to meet the student's needs.

It is important that students with IEPs receive the services prescribed and that we document those services. The Student Supports Division documentation goals for SY 20122 are **95-100% documentation of services and 80-100% of services delivered**. Related service providers are strongly advised to avoid accumulation of services, as it will prevent them from completing all assigned intervention/therapy time for the month in a timely manner. It is recommended that documentation be completed as soon as possible following service delivery and that providers manage their time to ensure completion of this task. DCPS policy is that documentation from the previous week is due ***every Monday by 3:30pm.***

SECTION 504- 504 PLAN SERVICES

Section 504 of the Rehabilitation Act of 1973 is an anti-discrimination statute that assures equal access to individuals with disabilities who participate in programs that are federally funded, and it requires a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability within its jurisdiction, regardless of the nature or severity of the disability. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students are met. Students who are not classified as eligible for special education and related services may receive accommodations and services under a 504 Plan.

If a student has a disability that impacts their ability to access their education, the Section 504 eligibility determination process can begin without referring to special education. However, sometimes a student will be assessed/ evaluated for special education and found to have a disability but not require special education. A student may need accommodations to access his or her education. In this case, the student will be referred to the Section 504 eligibility process. In either case the social worker may be called upon to complete the necessary assessments, which may be used to determine if there is a disability which substantially limits the student's ability to access their education. A 504 Plan may include behavior support services, in the form of consultation or direct service, if it appears to be needed for access. In order to determine if a student is eligible to receive

behavior support services, complete the **BSS Entrance Criteria Checklist Form**. Students with behavior support services on a 504 plan will receive intervention services from the school social worker. Documentation on services provided to students with 504 plans is completed as follows:

Documenting 504 interventions:
Documentation of 504 Plan interventions follows DCPS guidelines for content and timelines. Frontline is the documentation database used to document 504 related services. Providers should follow standard documentation procedures. Students receiving 504 services must be included on providers' weekly schedule. DCPS policy is that documentation from the previous week is due by Wednesday at noon.

PRIVATE AND RELIGIOUS (PRO)

DCPS provides assessment services to students attending private and religious schools. Cases for students who attend DC private and religious schools will be referred to the PRO office. The social worker is responsible for collecting all of the data that is expected for students at a DCPS school and attending all related meetings.

MISSED RELATED SERVICE SESSIONS, MAKE UP SESSIONS AND DUE DILIGENCE GUIDELINES

Refer to appendix **Supplement 5** for details on missed Behavior Support Service session(s), including what must be made up, how to document missed, make-up and attempts to make up service sessions and timelines by which the sessions are to be made up.

MISSED SERVICES VERSUS COMPENSATORY EDUCATION

On occasion, related service providers are unavailable due to absences, MDT meetings, etc. When the missed sessions create a significant disruption to behavior support services not attributable to the student or student's parents, it must be made up. Missed services are made up in school during the student's school day by the appropriate provider.

If there are too many missed service hours to be made up during the school day, compensatory education hours may be provided. Compensatory education hours are provided after the student's school day at a mutually agreed upon location and time between the service providers and parent/guardian.

When it has been determined that services have been missed, the following steps should occur:

- The LEA representative schedules an IEP meeting.
- The meeting is convened during which time the social worker documents how the missed services will be made up (either missed services format or compensatory education).
- The missed services are made up until completed.
- The make-up sessions are documented in EasyIEP per the due diligence guidelines. Refer to Missed Related Service Sessions and Due Diligence Guidelines dated August 2016.

ASYNCHRONOUS BEHAVIORAL SUPPORT SERVICES PLATFORM

Some students and their families have opted to continue with virtual learning for the school year 2021-2022. Social Work Providers may access Centervention and OneDer virtual platforms to support behavioral support service delivery when there is difficulty engaging the student. These platforms are not Evidence Based Practices, but supplemental asynchronous behavioral support services platforms. They have the capacity to track the number of hours a student is actively engaged in asynchronous learning.

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Centervention and OneDer do not replace the requirement for the provider to deliver face to face behavioral support services either in person or virtually. Three attempts must be made to schedule with the student and their family for behavioral support services. These attempts should be documented in the SEDS Communication Log as well as in the "Plan (P)" part of the GARP notes. If appropriate, Centervention and OneDer can serve as a supplemental behavioral support delivery for students participating in HIP/Virtual Learning.

Social Work Providers should complete the following steps when making an assessment that a student will use Centervention and/or OneDer:

- Fill out the Extended Use of Asynchronous Supplemental Support Form
- Reach out to your designated Program Manager to obtain a license for Centervention or Oneder, if needed
- Ensure the time prescribed for behavior support services is reflected on the student's virtual service recorder.
- Social work providers should assess engagement efficacy
- Asynchronous service delivery should not exceed more than 30% of make-up services and should follow the make-up services guidelines.

V: DOCUMENTATION

General Guidelines

Social workers document direct service progress notes and communication logs for special education students in SEDS. Services to general education students, including students with 504 Plans, are documented in Frontline. Case notes beyond service delivery are not monitored by DCPS but securely maintained according to professional standards by licensed social workers.

Service Logs/Service Trackers/Medicaid
Each intervention/therapy session (provided, attempted or missed) to a student must be documented:

- Students with IEPs - Document in the Special Education Data System (EasyIEP/SEDS)
- Students with ISPs -Document as directed for Private Religious Services - Individual Service Plan (ISP)
- Students with 504 Plans - Document in Frontline
- Students receiving services via RTI - Document in Frontline

Service Log/Monthly Service Tracker Checklist
Each service log (in SEDS and Frontline) must include the following information:

- **G-** Identification of the **Goal** the social worker is working on
- **A**- Identification of the intervention **Activity**(ies) and strategies used in the session (should demonstrate a variety throughout the month)
- **R**- Description of the student's **Response** to the intervention (quantitative/qualitative information)
- **P- Progress** made toward IEP goal in measurable terms

In addition, be sure to include any adjustment to the treatment session (i.e., appointment time, whether this is a make-up session).

IEP Service Documentation Guidelines
DCPS, the Center for Medicare and Medicaid Services (CMS) and the Office of the State Superintendent for Education (OSSE) have established a best practice service delivery documentation system. **Related service providers should document the services they provide or attempt to provide pursuant to the IEP within the same school day those services were scheduled to occur.**

We recognize there may be challenges that prevent you from providing daily documentation 100% of the time. Therefore, DCPS has established a definitive due date for documenting services provided during a school week.

Definitive Due Date for Documenting Services:

Service Logs: All services provided in a school week must be documented by noon on the Monday of the following school week. If school is closed on Monday, documentation is due by 3:30pm of the next school day. For example, 60 minutes of BSS provided on Friday from 2 to 3 p.m. should be documented by 3:30pm the following Monday.

Service Trackers: Service trackers displaying all services provided, plus the attempted provision of services, should be completed by the 5th date of each month for the previous month and finalized in EasyIEP/SEDS. If the 5th of the month falls outside of the Monday-Friday schedule, the tracker is due the next business day.

Please note: *All related service providers are required to document all school closures and all holidays including winter break and spring break. Documentation for school closures and holidays should be solely for those students who were previously scheduled to receive services on those dates.*

Documentation and Service Delivery Guidelines

Compliance with documentation and service delivery guidelines guarantees required services and appropriate due diligence for service delivery to the students we serve. Compliance ensures Medicaid reimbursement and compliance with the Blackman/Jones Consent decree.

To raise compliance across disciplines and to ensure services are appropriately documented, the following process will be implemented:

Related Services Service Documentation Compliance Process

- School social workers will document services in an ongoing and timely fashion. As recommended, services should be documented on the day of service delivery. The deadline for weekly documentation is Monday at 3:30pm following the week the services were delivered.

- SW program managers monitor documentation efforts in Frontline to ensure monthly deadlines are met. Please notify the assigned SW program manager of any existing barriers preventing daily, weekly and monthly documentation.

- At the end of the month, the related service provider must either:
    - Complete all outstanding documentation for the identified student(s) for the previous week by close of business Friday afternoon, and immediately inform the SW program manager of its completion, OR
    - Inform the SW program manager of the reasons why he/she did not complete documentation on the student(s) listed in the email
- Providers with less than 95% documentation and/or with service delivery rates of less than 75% may be subject to the non-compliance process outlined below.

- Social workers that do not follow the compliance process will receive notification via email regarding documentation rates that do not meet the standard.
    - This email will serve as a verbal warning for non-compliance in documenting delivered IEP related services.
    - If concern persists, Program Managers will meet with the social work provider and develop a work improvement plan which serves as a written warning.

- If the social worker does not comply with the work improvement plan, the program manager will schedule a meeting with the school LEA, school administrator, and social worker to discuss further action.
- If the social worker has not complied with previous steps discussed, the program manager will follow DCPS Progressive Policy.

▪

Refer to the IEP Service Documentation Guidelines memorandum dated March 23, 2012.

The website for EasyIEP is: https://osse.pcgeducation.com/dcdcps

For log-in help and technical assistance, please call the OSSE Call Center at (202)-719-6500 (M- F, 7:30am-6:00pm) or review the Related Service Provider Guide on the EasyIEP website.

Refresher EasyIEP/SEDS training is provided by the OSSE.

DOCUMENTING MISSED SERVICES

The school social worker must log all missed service sessions in the EasyIEP/SEDS Service Logging Wizard indicating:

- Date of missed service session;
- Service type (e.g., student absent, student unavailable, provider unavailable, school closure);
- Duration of service scheduled (service duration must be documented even if a student is absent; if the student receives only partial service, document the altered duration);
- Group size;
- "Progress Report" (e.g., just introduced, mastered, no progress, not introduced, progressing, regressing); and
- "Comments" box
  - Document why the service session was missed (e.g., student unavailable, student absent, provider unavailable, school closure); and
  - List action taken to ensure service delivery (e.g., contacted the parent/guardian, talked with the teacher, contacted the student). Enter contacts in the Communications Log.

Refer to the Missed Related Services Guidelines in appendix **Supplement 5** for additional information.

DOCUMENTING MAKE-UP SERVICES

The school social worker must log all make-up service sessions in the SEDS *Service Logging Wizard* indicating:

- Date and time of service provided
- Service type (e.g., student absent, student unavailable, provider unavailable, school closure)
- Duration of the service provided
- Group size
- "Progress Report" (e.g., just introduced, mastered, no progress, not introduced, progressing, regressing)
- "Comments" box

- "MAKE UP SERVICE SESSION for Missed Session on MM/DD/YYYY." In addition, record progress note standards for service sessions delivered; and
- List action taken to ensure service delivery (e.g., notified parent/guardian of the makeup service session dates).

Make-Up Service Session Attempts

The school social worker is required to attempt to make up a service session three times. All failed attempts to make-up missed sessions should be logged in the SEDS service tracker. The service tracker should include:

- Attempted date and time of service session;
- Service type (e.g., student absent, student unavailable, provider unavailable, school closure);
- Which attempt it was (e.g., third);
- Duration of service attempted (number of minutes or zero minutes);
- Group size;
- "Progress Report" (e.g., just introduced, mastered, no progress, not introduced, progressing, regressing);
- "Comments" box
  - Add notation "MAKE UP SERVICE SESSION for Missed Session on MM/DD/YYYY."
  - List action taken to ensure service delivery (e.g., contacted parent/guardian, talked with the teacher, contacted the student.

After three attempts have been made and documented in an effort to make up the missed service session(s), and the District has exercised due diligence, attempts to implement a make- up session for the missed session(s) are discontinued. All communication attempts for missed services (I.e. reaching out to parent, teacher) should be documented in the communication log. For students with IEP, all communication attempts should be logged in SEDS. For general education students receiving behavioral support and 504 students, communication attempts should be logged in Frontline.

PLEASE NOTE: When all three attempts to make up a missed service session do not occur only the third make-up attempt should be logged in the SEDS *Service Logging Wizard*. The date of the missed session indicated in the "comments" box (e.g., MM/DD/YYYY) must reflect the date of the regularly scheduled missed service session for which the make-up service was covering. The previous failed attempts must be documented in the contact log (e.g., spoke with the teacher when the student was absent to schedule the make-up session, called parent/guardian) as outlined above.

DOCUMENTATION OF CASE MANAGEMENT PRACTICES

The social worker must ensure consistent documentation of case management practices with children and their families. The nature of the case management activity (i.e., what should be documented and how it should be recorded), when it should be documented, where it should be documented, when and at what frequency the information should be documented, are all best practice elements in meeting this policy.

Please see table below for documentation of case management practice guidelines.

DOCUMENTATION OF CASE MANAGEMENT PRACTICES			
WHAT should be documented?	**HOW** much content/clinical information should be included?	**WHERE** is the information documented? (SEDS, Frontline/, ASPEN)	**WHEN** and at what frequency should the information be documented?
▪ Phone calls ▪ Meetings with parents/guardians and collaterals ▪ Meetings with students beyond service delivery	Information should include: ▪ Student's/Parent/ Guardian's presentation, affect and orientation to place and time. ▪ Student/Parent/ Guardian ability to regulate emotions ▪ Direct quotes of concern	▪ SEDS Communication log for **special education** students. ▪ Frontline for **general education** students, (this should be entered in theMTSS or 504 section of Frontline/Accelify.)	▪ If there are clinical concerns surrounding safety, history of substance use, current substance use, truancy or mental health concerns **all interactions should be documented**.

Attendance intervention social work activities: ▪ Attendance Meetings ▪ Collateral Contacts ▪ Referrals ▪ Phone calls ▪ CFSA ▪ Court Referrals	▪ For home visits, indicate whether child was present and child's presentation ▪ General content of contact & response ▪ Impressions of risk ▪ Parent/Guardian's excuse for absence ▪ Who the contact was with ▪ General content of contact ▪ Response ▪ What follow up is necessary	▪ SEDS Communication log for **special education** students. ▪ Frontline for **general education** students, (this should be entered in the MTSS or 504 section of Frontline.) ▪ ASPEN-attendance systems	▪ In accordance with the truancy protocols
Community Resource Referrals	▪ Information regarding the reason for referral ▪ Student's identifying information ▪ Referring staff ▪ Agency receiving the referral.	▪ SEDS Communication log for **special education** students. ▪ Frontline for **general education** students, in the Referral section of Frontline.	▪ Document when referral is made. ▪ Best practice: Secure a release of information. Document contact with external provider.

VI: COMMUNICATION AND DOCUMENTATION

Communication to Parents / Guardians

Introductory Letter

Each social worker is required to send an introductory letter to each parent/guardian of the students on his/her/they caseload no later than **September 3, 2021**. The correspondence should contain the following information:

- Social worker's name
- Days assigned to school
- Day student is scheduled for Behavior Support Service
- Social worker's contact information (e.g. email or school phone number and extension—please refer to Appendix 10 for a template.)

The social worker must then document this action in the communications log of each student in SEDS.

Quarterly IEP Progress Reports

Quarterly IEP progress reports must be completed in EasyIEP/SEDS for each student on the social worker's caseload. This IEP report must be printed and provided to the parent at the end of each advisory period. Please refer to the school calendar to obtain DCPS' IEP Progress Reports due dates; also, consult your school's LEA representative in order to know the specific due dates for you to complete these reports.

Each IEP Progress Report must include the following information:

- Baseline data on all IEP goals
- Progress monitoring data, such as SDQ or DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure
- Current performance on all IEP goals, in measurable terms
- Special factors important to treatment/instruction sessions (e.g., cooperative, student often refuses to participate and requires a lot of encouragement from teacher and therapist to attend therapy sessions, etc.)
- General therapeutic/instructional interventions used in therapy sessions
- Feedback gathered from the student's classroom teacher on progress the student has experienced towards achieving his/her/they BSS goals; SDQ or DSM-V Level 1 Cross Cutting Measure data may be reported here
- Feedback gathered from the student's caregiver on progress the student has experienced towards achieving his/her/they BSS goals; SDQ or DSM-V Level 1 Cross Cutting Measure data.
- If an IEP goal was not addressed during the quarter, state that the goal was not addressed during the reporting period and explain why.

Please refer to **Appendices 30 and 41** for examples of IEP Progress Reports.

Communication Logs

Social workers are required to document reasonable efforts to communicate with the parent using the SEDS Communication Log. The communication log note should use specific language that identifies the reason for communication and the outcome attempt of the communication *(e.g. called parent to*

schedule an appointment to complete social history assessment. No answer left message on voicemail).

Social work provider must use communication logs when he/she/they:

- Schedule an evaluation appointment.
- Complete progress monitoring assessments.
- Challenge engaging students in behavioral support services.
- Adding asynchronous behavioral support services.
- Sending documents to parents via email or standard post.

The standard for reasonable efforts to communicate should follow the 3/2 contact method, meaning that the social work provider should document their attempts to communicate via three different dates and two different modalities.

OSSE approved communication modalities are:

- Telephone/mobile numbers.
- Email.
- US mail.
- In-person meetings.

It is important to note that the Office of the State Superintendent of Education (OSSE) will not classify communications logs as a "reasonable effort" that have an invalid email, telephone number, or mobile number and do not follow the note format described above.

Communication Logs for students that have a 504 plan or are general education students receiving behavioral support services, must be recorded in Frontline.

COMMUNICATION TO CLASSROOM STAFF

Introductory Letter

Each social worker is required to send or hand-deliver an introductory letter to each teacher of the students on his/her/they caseload no later than **September 3, 2021**.
The correspondence should contain the following information:

- Social worker's name
- Days assigned to School
- Day student is scheduled for BSS
- Social worker's contact information (e.g., email or school phone number and extension)

The SW must then document this action in the communications log of each student in SEDS.

Collaboration/Consultation with Classroom Staff/Teachers
Each school social worker will:

- Complete a minimum of one collaboration/consultation every quarter per student.
- Document in SEDS/EasyIEP (Communications Log) or Frontline/Accelify (for general education students).

VII: HOME/HOSPITAL INSTRUCTION PROGRAM (HHIP)

The Home/Hospital Instruction Program (HHIP), formerly known as Visiting Instruction Services (VIS), provides instruction and support to students who have had their educational programs interrupted because of a physical disability and/or health impairment resulting in confinement to home and/or hospital for three weeks or more.

This service must be requested by the student's school and certified by the student's physician. It is an instructional program that is sensitive to the medical factors related to the disability and/or the health impairment indicated. The goal is to establish a continuous, individualized education program closely related to that of the student's local school.

HHIP uses educational technology as a tool to increase the connection to the student's local school and to provide the student with access to "anytime/anywhere" learning opportunities.

Prior to receiving HHIP services, schools must download, complete and submit the following forms:

- HHIP school referral form
- HHIP proof of immunization form
- Physician verification form
- Parent Agreement

Please follow this link for the above documents:
http://dcps.dc.gov/service/home-and-hospital-instruction

SECTION VIII:
EVIDENCE-BASED PRACTICES

I: Evidence-Based Practice (EBP)

Utilizing evidenced-based practice and monitoring progress will facilitate meeting students' ongoing and desired long-term educational outcomes. Best practices for interventions in school- based practice include designing interventions on the basis of the best available evidence, using on-going assessment data for decision making, altering the environment or context to enhance performance and creating a collaborative environment. It is essential that school social workers use research-backed evidence in addition to clinical knowledge and reasoning to make decisions about interventions that are effective for students. Ongoing data collection is important to developing intervention services that increase a student's ability to gain access to the general curriculum and make social-emotional/behavioral progress.

Laws and professional organizations recognize that evidence-based practice is a continuous, dynamic integration of research-backed evidence, professional expertise and child factors. In addition to using evidence to inform practice, education professionals collect data to review intervention effectiveness to comply with the mandate for systematic and quantitative monitoring of the child's progress. Data can be collected through various methods during both general education—including early intervention services and response to Intervention—and special education to document whether intervention strategies, including environmental adaptations and modifications, are effective at increasing the child's ability to gain access to the general curriculum and make progress.

What Is Evidence-Based Practice?
"…the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients."

"The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research."
Sackett, D. L., Rosenberg, W. M. C., Gray, J. A. M., Haynes, R. B., & Richardson, W. S. (1996). Evidence-based medicine: What it is and what it isn't. BMJ, 312:71-2.

The steps of evidence-based practice
Evidence-based practice follows a five-step process designed to gather quality research evidence:

- Step 1: Ask a relevant practice question. Convert the need for information into an answerable question.
- Step 2: Gather the best available research-backed evidence. Track down the best evidence with which to answer that question.
- Step 3: Critically appraise the research. Critically appraise that evidence for its validity and applicability.
- Step 4: Integrate research-backed evidence. Integrate the critical appraisal with clinical expertise and with the patient's unique biology, values and circumstances.
- Step 5: Evaluate the outcomes. Evaluate the effectiveness and efficiency in executing steps 1-4, and seek ways to improve them both for next time.

(Lin, Murphy, and Robinson 2010; Rappolt 2003; Sackett et al. 2000; Salmond 2007; Sarracino 2002; Tickle-Degnen 1999, 2000a, 2000b)

Evidence-Based Interventions

DCPS is committed to improving the social-emotional well-being of all its students. The implementation of structured, evidence-based interventions further equips our workforce to address both typical developmental challenges as well as those more serious manifestations of mental and behavioral health disorders and conditions.

The Every Student Succeeds Act (ESSA) defines "evidence-based intervention" as an activity, strategy, or intervention that demonstrates a statistically significant effect on improving student outcomes (or other relevant outcomes) based on strong, moderate, or promising evidence from at least one well-designed and well-implemented experimental or quasi-experimental study, or a rationale based on high-quality research findings or a positive evaluation that suggests the intervention is likely to improve outcomes.[i]

The following are evidence-based interventions that the School Mental Health team supports training and or implementation:

Evidence-Based Intervention	Description	Eligibility Information
Art Therapy	Art Therapy, facilitated by a certified art therapist is used to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress. Kinesthetic, sensory, perceptual, and symbolic opportunities invite alternative modes of receptive and expressive communication, which can circumvent the limitations of verbal articulation alone.	Students PK-12 who manifest social-emotional challenges, maladaptive behaviors, regressive behavior, selective mutism, grief or trauma symptomology may appropriate for the intervention. Providers may refer students who are then screened by a certified art therapist for eligibility. Art therapy is implemented ancillary to behavioral support services.

Bounce Back	Bounce Back is a school-based group intervention for elementary students exposed to stressful and traumatic events. Bounce Back teaches students ways to cope with and recover from traumatic experiences, so they can get back to doing what they want to do and need to do. Bounce Back is based on the Cognitive Behavioral Intervention for Trauma in Schools (CBITS). The Bounce Back program includes 10 group sessions, 1-3 group parent sessions, and 2-3 individual student sessions.	Students are referred based on known or disclosed trauma exposure and must be screened for eligibility. Evidence of trauma symptomology must be determined by the clinician for Bounce Back participation.
Child-Centered Play Therapy (CCPT)	CCPT is an evidence-based early intervention approach to help young children self-regulate emotions, develop improved executive functioning skills, and increase emotional literacy using play. This school-based intervention includes a parent interview, 4 assessment sessions, and 10 individual child-centered play sessions.	CCPT targets elementary-aged students in need of Tier II or Tier II social-emotional and/or behavioral support. Students can be referred by parents/guardians, teachers or other school staff. Students who manifest social-emotional challenges maladaptive behaviors, regressive behavior, grief or trauma symptomology are appropriate for the intervention.
Cognitive Behavioral Therapy (CBT)	CBT is a short-term, goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem-solving. Its goal is to change patterns of thinking or behavior that are behind people's difficulties, and so change the way they feel. It is used to help treat a wide range of issues in a person's life, from relationship problems, or anxiety and depression.	The facility and universality of CBT renders it appropriate for intervention with many students. Students who manifest social-emotional challenges and maladaptive behaviors may benefit from CBT intervention. DCPS has developed separate CBT protocols for elementary-aged students and adolescents.

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	CBITS is a school-based intervention for addressing specific incidents of trauma exposure. Designed for students between 5th and 9th grades. Students participate in 1-hour weekly group sessions for 10 weeks. Program also includes three individual sessions, two parent/guardian education sessions, and one teacher education session. Services are delivered by a CBITS-trained social worker.	Students are referred based on known or disclosed trauma exposure and must be screened for eligibility. Evidence of trauma symptomology must be determined by the clinician for CBITS participation.
Grief and Trauma Intervention (GTI)	GTI for Children was piloted in all elementary schools in SY 16-17. GTI is designed for children ages 7 to 12 with posttraumatic stress due to witnessing or experiencing one or more types of violence or disasters or due to experiencing or witnessing the death of a loved one, including death by homicide. GTI aims to improve symptoms of posttraumatic stress, depression and traumatic grief. The intervention is conducted with children in a group or individual format in 10 sessions of approximately 1 hour. The program also includes a parent/guardian education session.	Students are referred based on known or disclosed trauma exposure, and they must be screened for eligibility. Evidence of trauma symptomology must be determined by the clinician for participation.

Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT5) (Cannabis Youth Treatment - CYT)	MET/CBT5/CYT is a school-based intervention to address cannabis use disorders. Treatment utilizes motivational enhancement therapy and cognitive behavioral therapy principles in this 5-session program for adolescents between the ages of 12 and 18. Must be delivered by trained social workers. Sessions are a combination of individual and group modalities.	Eligible students must meet criteria for cannabis use disorders, experience problems (including emotional, physical, legal, social, or academic problems) associated with marijuana use and report marijuana use at least weekly for 3 months.
Love in Not Abuse (LINA)	Love Is Not Abuse uses literature to address the dynamics of dating abuse but also to offer better alternatives to relationship conflicts and encourage students to find models of healthy relationships. This curriculum addresses victim safety and support, but it equally tackles people who are abusive by helping students recognize abusive tendencies in themselves and teaching bystanders how to reach out to friends who abuse and change atmospheres that promote violence. This intervention targets students in grades 8-12.	Designed as an awareness and prevention curriculum, this intervention can be as a Tier 1 or Tier II intervention for students in grades 8-12.

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)	SPARCS is a school-based intervention targeting chronically traumatized adolescents experiencing chronic stress and problems in functioning (i.e., school adjustment, PTSD symptoms, etc.). This 16-week program includes weekly group sessions with a SPARCS-trained social worker.	Students with behavioral concerns have an increased likelihood of a trauma history. Identified students will be screened for eligibility via a trauma symptom scale and clinical interview. This is a voluntary program for middle and high school students.
Unstuck and on Target!	Untuck and on Target! is a classroom-based curriculum for students with Autism Spectrum Disorders used in a weekly group that teaches what flexibility is, why it is important to be flexible, how to be flexible, how to set and prioritize goals, and how to develop coping skills. Those implementing this curriculum should have basic skills in working with students with ASD and must collaborate with teaching staff on common language and mindsets for working with students with ASD.	Unstuck and On Target! was designed for 8- to 11-year-old students with ASD who have intact language and cognitive skills (e.g., those with high-functioning ASD) and who have difficulties with flexibility, organization, and planning. Specifically, it is designed to serve school-age children with ASD who have the cognitive and verbal skills to benefit from higher order cognitive and social interventions (i.e., average IQ and at least a second-grade language and reading level) because it is a verbally-driven intervention.

The Seven Challenges	The Seven Challenges is a comprehensive counseling program for young people that incorporates work on alcohol and other drug problems. It is designed to motivate youth to evaluate their lives, consider changes they may wish to make, and then succeed in implementing the desired changes. It supports them in taking power over their own lives. In The Seven Challenges, young people address their drug problems, their co-occurring life skill deficits, and their situational and psychological problems. Although counselors in the program provide a structure for groups and a framework for individual sessions, the content of each session is exceptionally flexible, in response to the immediate needs of youth. It is manualized, but not pre-scripted.	Eligible students must meet criteria for substance use disorders, experience problems (including emotional, physical, legal, social, or academic problems) associated with marijuana use and report marijuana, alcohol or other drug us use at least weekly within the last 3 months.
Theater Troupe/Peer Education Project (TTPEP)	TTPEP is an evidence-based prevention and peer education intervention that increases knowledge of social norms; modifies attitudes, beliefs and intentions through the examination of consequences; and promotes the development of communication and peer refusal skills related to alcohol and marijuana use.	Eligible students are those who are active in recovery, screened and appropriate for intervention, motivated for peer to peer experience, and/or subject to exposure.

The Zones of Regulation (Zones)	The Zones is a systematic, cognitive behavioral approach used to teach self-regulation by categorizing tall the different ways we feel and states of alertness we experience in four concrete colored zones. The Zones framework provides strategies to become more aware of and independent in controlling their emotions and impulses, manage their sensory needs and improve ability to problem solve conflicts.	Zones targets elementary and middle school-aged students in need of Tier II or Tier II social-emotional and/or behavioral support. Students can be referred by parents/guardians, teachers or other school staff. Zones was designed to support students in the area of self-regulation, including sensory regulation, emotional regulation, and executive functioning, particularly students with autism spectrum disorders (ASD) and attention deficit hyperactive disorder (ADHD) into the curriculum and conducted extensive background research.
Al's Pals: Kids Making Healthy Choices	Al's Pals: Kids Making Healthy Choices is an early childhood curriculum designed to increase the protective factor of social and emotional competence in young children and to decrease the risk factor of early and persistent aggression or antisocial behavior. The resiliency-based curriculum is designed to provide real-life situations that introduce children to health-promoting concepts and build pro-social skills, such as understanding feelings, accepting differences, caring about others, using self-control, and managing anger.	Al's Pals targets elementary school students and is designed to bolster their social and emotional supports. Students can be referred by school staff.

I Am Little Red	I AM LITTLE RED is a 10-minute animated short aimed at educating children about the dangers of sex trafficking, with the goal of prevention and awareness.	I AM LITTLE RED is a 10-minute animated short aimed at elementary school students most at-risk for sex trafficking (e.g. foster-care, runaway, LBGTQ, homeless, and adopted children), with the goal of prevention and awareness. It is designed to be an important part of an inoculation approach to commercial sexual exploitation.
The Feeling Friends	The Feeling Friends is a cutting-edge social-emotional learning (SEL) educational product that helps children learn, feel safe, and express their feelings appropriately via entertaining, educational, and interactive experiences. The Feeling Friends positively influences children's emotional development by strengthening and nurturing a child's social and emotional competencies while integrating the academic experience.	Social-emotional skills, such as the ability to recognize and manage one's emotions and the emotions of others, provide a foundation for building trusting relationships that are important at home, school and the workplace.

Tell Your Friends	Tell Your Friends is a four-module, multimedia prevention education curriculum that teaches high-risk girls and boys about their rights and resources in the classroom. The curriculum both empowers and motivates students with the knowledge, communication skills, and community resources to keep themselves safe from exploitation and trafficking and to become peer educators who will "tell their friends," families, and communities how to do the same.	Tell Your Friends is a four module, multimedia prevention education curriculum taught in middle and high school classrooms, after-school programs, youth shelters and group homes.
LIGHTS	LIGHTS is a narrative based prevention education curriculum designed to empower young people with the knowledge and skills to protect themselves from human trafficking and exploration. There are 10 inter-woven narratives are based on the lived experiences of teen survivors bringing to life the complex and most common ways youth in America are trafficked and exploited. This curriculum has been piloted in various states with youth from every economic background and ethnicity.	The LIGHTS curriculum targets high school students at risk of human trafficking and exploration.

Providers who have been trained in the above interventions are expected to screen and avail the interventions to students as appropriate. Further, all providers are expected to deliver structured, evidence-based intervention to **75% or more** of their caseloads (inclusive of general education, special

education and 504 services), and providers are not limited to the interventions above that are supported by the DCPS School Mental Health Team. Providers may refer to National Child Traumatic Stress Network http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices, www.youth.org for a list of structured evidence-based interventions to access and avail to students.

Documentation of the above-listed structured, evidence-based behavioral interventions (or other structured EBTs such as Unstuck and On Target) for General Education, 504, or IEP students must be documented and tracked in the Frontline/Accelify Provider Management tool in the EBT Module in the Frontline/Accelify applications. Any other intervention designed by the clinician should be documented in the Multi-Tier Support Systems module or 504 service delivery as applicable. *Refer to Frontline/Accelify Guidance in the supplement section for further instructions.*

II: ART THERAPY AND REFERRAL PROCESS

Art therapy is a mental health profession that uses the creative process of art making to improve and enhance the physical, mental and emotional well-being of individuals of all ages. It is based on the belief that the creative process involved in artistic self-expression helps people to resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight.

Art therapy integrates the fields of human development, visual art (drawing, painting, sculpture, and other art forms) and the creative process with models of counseling and psychotherapy. Art therapy can be used with individuals of any age, in groups, or with families to assess and treat the following: anxiety, depression, and other mental and emotional problems and disorders; substance abuse and other addictions; family and relationship issues; abuse and domestic violence; social and emotional difficulties related to disability and illness; trauma and loss; physical, cognitive, and neurological problems; and psychosocial difficulties related to medical illness. Art therapy programs are found in a number of settings including hospitals, clinics, public and community agencies, wellness centers, educational institutions, businesses, and private practices.

Art therapists are master's level professionals who hold a degree in art therapy or a related field. Educational requirements include: theories of art therapy, counseling, and psychotherapy; ethics and standards of practice; assessment and evaluation; individual, group, and family techniques; human and creative development; multicultural issues; research methods; and practicum experiences in clinical, community, and/or other settings. Art therapists are skilled in the application of a variety of art modalities (drawing, painting, sculpture, and other media) for assessment and treatment.

Who We Service

Art therapy may be provided for general education or special education students. Art therapy in DC Public Schools is used with students experiencing a variety of issues. In particular, these issues may be manifested by:

- **Serious emotional or traumatic experiences associated the with environment outside school**, such as: crisis in home, death of a loved one, parental separation, divorce, or remarriage, serious physical or mental ailment, physical or psychological abuse or neglect

- **Behavior problems manifested in school**, such as: adjustment difficulties, peer pressure, poor peer interactions, difficulty with authority figures, academic failure

Other observable manifestations of behavior, such as: chronically irritable, depressed, angry; withdrawn, nonverbal, language barriers; excessively verbal, overly-intellectualized; disruptive, destructive, aggressive; poor motivation; insecure, lacking self-confidence, cries easily, shows inappropriate affect, poor body image, excessive use of fantasy, substance abuse, developmentally inappropriate sexualized behavior.

Art Therapy Referral Process

- Requests for art therapy services are made through the school social worker; the school-based team (RTI, MDT, etc.) and administration must be consulted prior to submitting the art therapy referral
- School-based staff (social worker, counselor, DBH clinician, etc.) should currently be providing intervention and/or support for the student; in DCPS, art therapy is an adjunctive treatment
- Rationale for an art therapy referral may include the following:
  - Specific ability or tendency to express oneself through art
  - Emotionally withdrawn or specific deficit in expressing oneself verbally
  - Excessively verbal or overly-intellectualized, serving as a barrier to verbal therapy
  - Manifestation of behavior problems that interfere with current interventions
  - Emotional or traumatic experiences that the child cannot process verbally due to developmental or emotional impediments

How to Complete an Art Therapy Referral

- Art therapy referrals must be submitted by the school social worker
  - Use the link to access the referral form via Google docs: https://forms.office.com/Pages/ResponsePage.aspx?id=7kagKk6zM0qSt5md8rwKMnCnFlPVQOxKk_jFXTHBVI1UQ0lBWVlKMUJZQVNCTk1GTk9OSTU5R0xMOC4u
  - Alternately, you may complete the Art Therapy Referral form included in the Appendix
- Once a referral is submitted, a member of the art therapy team will contact you to set up an initial consultation typically within 5 – 7 school days.

Implementation of Citywide Art Therapy Services

- Art therapists will conduct an initial intake meeting with the school-based social worker and/or additional school-based team members to determine if an art therapy assessment will be recommended or if the student does not appear to be a good art therapy candidate
- If an art therapy assessment is recommended, the art therapist will schedule and conduct the assessment with the student after written consent from the parent is obtained
- Following the art therapy assessment, a determination will be made by the art therapist to: a) provide direct services for the student b) provide consultation with the social worker to suggest therapeutic strategies or c) determine that the student is not an appropriate art therapy candidate

Review of Progress

- Art therapists can participate in student meetings in order to present progress upon availability; the school-based social worker will notify the art therapist of scheduled meetings
- Art therapists can provide brief summaries of progress upon request

Supplies and Space

- If direct services are provided, the school-based social worker will be the liaison at the school to help implement the logistics of the program
- Schools should provide a private meeting space for art therapy sessions to ensure confidentiality for the student

- Meeting space should include appropriate table space and access to a sink
- Schools should provide adequate storage space for basic art materials and artwork created in sessions

FOR MORE INFORMATION ON DCPS ART THERAPY SERVICES, PLEASE CONTACT:

Tamara Dukes, LICSW
Social Work Program Manager
Office of School Improvement and Supports
tamara.dukes@k12.dc.gov

DCPS Art Therapists:

Adrienne Johnson ATR-BC	**Jennifer McNulty ATR-BC**	**Natasha Reitz ATR-BC**
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SECTION IX:

EVIDENCE-BASED PRACTICES (EBP) PROGRESS MONITORING PROCEDURES

I: EBP BACKGROUND

In SY 2010, the School Mental Health Team began to incorporate clinical practice and evidence-based interventions into the school social work service delivery model. This was in response to a paucity of data on outcomes of behavior support services, as well as the mental health needs of students who often do not complete treatment in a community-based mental health setting.

The School Mental Health Team has adopted several progress monitoring instruments to provide quantitative data about the impact of behavioral support services on the social-emotional functioning of students. This section provides an overview of each instrument and the reporting requirements for each instrument.

DATA COLLECTION

The School Mental Health Team has developed electronic forms for each progress monitoring instrument to more efficiently aggregate outcomes data from behavioral support services. Electronic progress monitoring forms are housed in the Frontline/**Accelify Provider Plan Management Tool.**

Original PDF versions of all progress monitoring forms will be disseminated to providers for download to administer with students, teachers or parents. Additionally, branded, hard copies of progress monitoring forms may be generated for the EBT module in the Plan Management Selection of Intervention Event and the Intervention Assessment and Decision Event Scores from the forms must be transferred onto an electronic version of the form in Frontline/Accelify or, for self-reports, respondents may enter responses directly into the electronic form in Frontline/Accelify for aggregate reporting. Paper forms may be kept by the provider for student records and will not be submitted to program managers.

II: SCREENING AND GLOBAL PROGRESS MONITORING MEASURES

ELEMENTARY, MIDDLE AND HIGH SCHOOL (AGES 3-17)

Strengths and Difficulties Questionnaire (SDQ)

The Strengths and Difficulties Questionnaire (SDQ) is the primary tool used by DCPS social workers to measure indicators of behavioral progress for students in grades PK-12 receiving behavioral support services.

The SDQ is a brief behavioral screening questionnaire used to assess the social-emotional functioning of 3-17-year-olds as well as 18+ year old. It exists in several versions to meet the needs of researchers, clinicians and educators. All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided among 5 scales:

1) Emotional symptoms (5 items)
2) Conduct problems (5 items)
3) Hyperactivity/inattention (5 items)
4) Peer relationship problems (5 items)
5) Pro social behavior (5 items)

Extended versions of the SDQ (impact supplement) ask whether the respondent thinks the young person has a problem in a behavior domain and, if so, inquires further about chronicity, distress, social impairment and burden to others. This provides useful additional information for clinicians for treatment planning and determining necessity for further assessment.

Students' parent(s)/guardian(s) and teacher(s) rate the SDQ for students ages 3-11 on the corresponding form. The SDQ is a self-report for students ages 11-17. The SDQ should be administered to students on a provider's caseload who receive behavioral support service via special education, the Multi-Tier Support Systems process, Section 504 or planned behavioral intervention 3 or more times by a social worker. Providers should exercise due diligence to capture data from the same informants for the initial and follow-up assessments. Multiple informants may complete the SDQ that will be entered electronically for a score report.

Note: School psychologists will conduct initial SDQ screening as a part of the Multi-Tier Support Systems (MTSS) for behavioral referrals. Please see the Mental Health Screening One Pager in Appendix 24 for more information.

Note: Students that begin the global monitoring process with the SDQ at age 17 and turn 18 during the school year, should complete the s18+ SDQ Follow up and impact self-report questionnaire. If a student begins the school year at age 18 or will turn 18 before the first global monitoring evaluation period (BOY Sept 1st-Oct 31st), the SDQ S18+ should NOT be used. Instead, the DSM-5 Cross Cutting Measures should be used.

Providers are required to administer the 2-sided SDQ w/impact supplement for the corresponding age group 3 times per school year. The SDQ assessment windows are September 1 – October 31 (Beginning of Year), January 1 – February-28 (Middle of Year), and May 1 – June 9 (End of Year) each school year.

The SDQ instruments can be downloaded from:
http://www.sdqinfo.com/py/sdqinfo/b3.py?language=Englishqz(USA) asfollows:

Double-sided version with impact supplement—Initial Assessment/Baseline (BL)

- **P3/4** - SDQ and impact supplement for the parents of 3 (and 4) year olds
- **T3/4** - SDQ and impact supplement for the educators of 3 (and 4) year olds
- **P4-10** - SDQ and impact supplement for the parents of 4-10 year olds
- **T4-10** - SDQ and impact supplement for the teachers of 4-10 year olds
- **S11-17** - SDQ and impact supplement for self-completion by 11-17 year olds
-

Follow-up version—Middle of Year (MOY) and End of Year (EOY) Assessment

- **P3/4 FOLLOW-UP** - SDQ, follow-up questions and impact supplement for the parents of 3 (and 4) year olds
- **T3/4 FOLLOW-UP** - SDQ, follow-up questions and impact supplement for the educators of 3 (and 4) year olds
- **P4-10 FOLLOW-UP** - SDQ, follow-up questions and impact supplement for the parents of 4-10 year olds
- **T4-10 FOLLOW-UP** - SDQ, follow-up questions and impact supplement for the teachers of 4-10 year olds
- **S11-17** FOLLOW-UP - SDQ, follow-up questions and impact supplement for self-completion by 11-17 year olds
- s18+ FOLLOW-UP - SDQ follow-up questions and impact supplement for self-report by those aged 18 and over
-

Providers are required to enter the data from the SDQ into the SDQ scoring website tool to generate a score report for each student on their caseload. The SDQ scoring site is http://www.sdqscore.org/.

DCPS Log in:

Login:	SchoolMentalHealth
Password:	dcps2016$

Please do not share this access information.

Providers must record scores from SDQ Score Report in Frontline/Accelify in either the RTI or EBT module in AcceliPLAN from which data will be aggregated for a system-wide report. Providers must record SDQ score reports onto this electronic form on a single record that is updated for each administration of the scale. Directions for data entry into the progress monitoring modules are available in the Frontline/Accelify User Guide Supplement.

School Psychologists will be responsible for completing initial Strength and Difficulties Questionnaire (SDQ) for all new referrals for behavioral support services referrals (RTI, 504 and existing IEPs without BSS). Social workers will complete subsequent administrations of the SDQ.

For students with existing IEP behavioral support services, social workers are responsible for completing the SDQ for the Beginning, Middle and End-of-Year assessment windows.

STUDENTS AGE 18 AND OLDER

DSM-V Level 1 Cross-Cutting Measure—Adult Version

The DSM-V Level 1 Cross-Cutting Measure – Adult Version is the **primary behavioral progress monitoring tool for students 18 and over who receive ongoing behavioral supports**. It replaces the GAIN-SS as the primary global functioning instrument for this age group

The DSM-5 Level 1 Cross-Cutting Symptom Measure is a self- or informant-rated measure that assesses mental health domains that are important across psychiatric diagnoses. It is intended to help clinicians identify additional areas of inquiry that may have significant impact on the individual's treatment and prognosis. In addition, the measure may be used to track changes in the individual's symptom presentation over time.

This adult version of the measure consists of 23 questions that assess 13 psychiatric domains, including depression, anger, mania, anxiety, somatic symptoms, suicidal ideation, psychosis, sleep problems, memory, repetitive thoughts and behaviors, dissociation, personality functioning, and substance use. Each item inquires about how much (or how often) the individual has been bothered by the specific symptom during the past 2 weeks. **DCPS requires minimally, a self-rating.**

A rating of mild (i.e., 2) or greater on any item within a domain (except for substance use, suicidal ideation, and psychosis) may serve as a guide for additional inquiry and follow up to determine if a more detailed assessment for that domain is necessary. For substance use, suicidal ideation, and psychosis, a rating of slight (i.e., 1) or greater on any item within the domain may serve as a guide for additional inquiry and follow-up to determine if a more detailed assessment is needed.

The DSM-V Cross-Cutting Measure (Adult) **is administered three times per year** and can be entered into the Frontline/Accelify EBT module. It is a standalone measure that may be administered directly into the system. The assessment windows are September 1 – October 31 (Beginning of Year), January 1 – February-28 (Middle of Year), and May 1 – June 9 (End of Year).

STUDENTS WITH AUTISM SPECTRUM DISORDER (ASD)

Autism Treatment Evaluation Checklist

The Autism Treatment Evaluation Checklist (ATEC) specifically designed to evaluate the efficacy of treatments for ASD as well as to monitor how individuals progress over time.

The ATEC is a one-page form designed to be completed by parents, teachers, or caretakers. It contains 77 items classified into 4 subscales: I. Speech/Language Communication (14 items); II. Sociability (20 items); III. Sensory/ Cognitive Awareness (18 items); and IV. Health/Physical/Behavior (25 items).

The ATEC is available in 20 different languages, such as Chinese, Czech, Japanese, French, Italian, and Spanish. More information about ATEC may be found at: https://www.autism.com/ind_atec

The instrument is scored online and scores of the subscales are recorded in Frontline/Accelify EBT Module.

ATEC DOMAIN SEVERITY RANGES					
	Scale I **Speech** Range: 0-28	Scale II **Sociability** Range: 0-40	Scale III **Sensory/ Cognitive Awareness** Range: 0-36	Scale IV **Health/ Physical/ Behavior** Range: 0-75	**Total Range**: 0-180
Centile					
Mild					
0-9	0-2	0-4	0-5	0-8	0-30
10-19	3-5	5-7	6-8	9-12	31-41
20-29	6-7	8-10	9-11	13-15	42-50
30-39	8-10	11	12-13	16-18	51-57
40-49	11-12	12-13	14-15	19-21	58-64
50-59	13-15	14-15	16-17	22-24	65-71
60-69	16-19	16-18	18-19	25-28	72-79
70-79	20-21	19-21	20-21	29-32	80-89
80-89	22-24	22-25	22-25	33-39	90-103
90-99	25-28	26-40	26-36	40-75	104-179
Severe					

Online versions with scoring may be accessed via the following links:

English: http://www.surveygizmo.com/s3/1329619/Autism-Treatment-Evaluation-Checklist-revised
Spanish: http://www.surveygizmo.com/s3/1329619/Autism-Treatment-Evaluation-Checklist-revised?snc=1533336792_5b64dcd8a17dc4.92328844&sg_navigate=start&sglocale=es

ATEC (Global)

The ATEC will be required **three times per year** for **students in all Communication and Education Support classrooms (CES) or other setting receiving Behavioral Support Services who have ASD** as a primary disability category. **DCPS requires administration of the scale with a teacher an and a caregiver.** The ATEC (Global) scale score screen for BOY, MOY and EOY entry is embedded as a standalone scale.

ATEC (EBT)

If any student with ASD receives **Unstuck and On Target!,** The ATEC (EBT) is administered only at **baseline and post intervention** and supplants the ATEC (Global). The ATEC (EBT) is anchored to the intervention in Frontline/Accelify whereas the ATEC (Global) is a stand-alone scale, not linked to any intervention. Both ATEC data screens are identical.

III: PROGRESS MONITORING- WHEN AN INTERVENTION STARTS LATER IN THE YEAR

If a student is receiving an evidence-based intervention during the school year, please indicate the EBT on the electronic SDQ form in the provider management application for each administration. The Baseline (BL), Middle of Year (MOY) and End of Year (EOY) assessment dates for the SDQ might not always align with the intervention period of a manualized EBT. Providers should record the assessment number as "**Alternative Baseline**" for students added to their caseload at any period during the year and record the corresponding assessment period during the next administration of the scale. For example, if a student was added to your caseload during the MOY assessment period in February, you would record BL (baseline) as your initial measure and record EOY in the next administration of scale during the following (final) assessment period. Intervention-specific scales such as the CPSS-V align with an intervention duration and are administered at pre-intervention and post-intervention.

IV: INTERVENTION-SPECIFIC PROGRESS MONITORING MEASURES

Trauma-Focused Interventions

Bounce Back, CBITS, GTI, SPARCS

The Child PTSD Symptom Scale (CPSS) -V SR and Trauma History Interview is a diagnostic instrument used to measure post-traumatic stress disorder severity in children aged 8-18. It is recommended to administer the instrument as a semi- structured interview.

The CPSS--V is a modified version of Child PTSD Symptom Scale self-report (CPSS-SR) for DSM-5 diagnostic criteria. The 20 PTSD symptom items are rated on a 5-point scale of frequency and severity from 0 (not at all) to 4 (6 or more times a week /severe). The 7 functioning items are rated on yes/no.

Scores greater than or equal to 31 indicate clinically significant symptoms of PTSD and may support a diagnosis of PTSD. The CPSS-V is used to measure efficacy of mental health interventions for **all trauma focused intervention.**

CPSS SYMPTOM SEVERITY RANGES	
Minimal	0-10
Mild	11-20
Moderate	21-40
Severe	41-60
Very Severe	61-80

The CPSS-V is administered twice, at pre- and post-intervention. The trauma history interview is completed once with the CPSS-V at pre-intervention. *For elementary-age students, parents complete the questionnaire, adolescents complete the self-report version.* A copy of the Child PTSD Symptom Scale (CPSS) -V Caregiver Completed and Trauma Screen-Child Completed form can be found in the appendix.

Respondents who reported an **identified trauma and** endorsed a **CPSS-V score of 31 or higher and/or** an **SDQ** diagnostic predictor for medium or high risk for any disorder are appropriate candidates for SPARCS, CBITS, Bounce Back or GTI.

Data from the CPSS-V and trauma screen will be captured in an electronic form in the Frontline/Accelify EBT Module.

Child-Centered Play Therapy

Brief Behavior Rating Scales (BBRS) will be used to measure outcomes of Child-Centered Play Therapy. BBRS are abbreviated rating scales that contain change sensitive items and assess selected domains of a student's emotional and behavioral functioning.

Each of the 5 Likert scales is a sum score. Scores on the individual items can be interpreted independently to assess progress because each item inquiries about a distinct behavior within the domain. Except for social skills, lower item and domain scores indicate higher functioning. Scores are inverse for social skills.

Play therapy providers will select one or more scales of the following problem domains that represent the main areas of concern for a student (as determined by SDQ data):

- Social Skills
- Depressive Behaviors
- Anxious Behaviors
- Disruptive/Inattentive Behaviors
- Aggressive Behaviors

BBRS are teacher-driven scales. BBRS are administered twice, at pre-intervention/baseline and post-intervention, and rating forms must be recorded in the Frontline/Accelify Provider Management Tool.

Cognitive Behavioral Therapy (Grades 2-5)

The School Mental Health team designed a brief treatment protocol (8-10 sessions) for CBT based on the *Think Good-Feel Good curriculum* to standardize implementation of CBT in elementary schools.

CBT providers will administer **Brief Behavior Rating Scales (BBRS)** based on the presenting problem(s) to measure their outcomes pre-and post-intervention. The BBRS is completed by teachers. CBT providers will select one or more BBRS scales of the following problem domains that represent the main areas of concern for a student (as determined by SDQ data and or observation):

- Social Skills
- Depressive Behaviors
- Anxious Behaviors
- Disruptive/Inattentive Behaviors
- Aggressive Behaviors

Each of the 5 Likert scales is a sum score. Scores on the individual items can be interpreted independently because each item inquiries about a distinct behavior within the domain. Apart from Social Skills, lower item and domain scores indicate higher functioning. Scores are inverse for social skills.

BBRS are administered twice, at pre-intervention/baseline and post-intervention, and rating forms must be recorded in the Frontline/Accelify Provider Management Tool.

Cognitive Behavioral Therapy (Grades 6-12)

The School Mental Health team designed a brief treatment protocol (8-10 sessions) for CBT based on the book *Cognitive Therapy for Adolescents in a School Setting* to standardize implementation of CBT for middle and high school students.

Providers will administer the **Children's Automatic Thoughts Scale (CATS) and one or more of the Brief Behavior Rating Scales (BBRS)** based on the presenting problem(s) to measure their outcomes pre-and post-intervention. **The CATS is a self-report and the BBRS is completed by teachers.**

The Children's Automatic Thoughts Scale (CATS) is a 40-item developmentally sensitive, general measure of negative self-statements across both internalizing and externalizing problems. Four separate subscales of cognitive content are assessed including physical threat, social threat, personal failure, and hostility. The CATS is designed for children and adolescents between 8 and 17 years of age.

Each subscale is scored by summing the relevant responses (each worth between 0 and 4). Subscales have a range of 0-40. The total score is the sum of all subscales (range 0-160).

Scale	Child	Range	Clinical Cut-off
Physical Threat	4, 7, 9, 12, 16, 20, 24, 33, 36, 39	0-40	≥ 16
Social Threat	1, 6, 8, 14, 18, 21, 25, 29, 31, 32	0-40	≥ 20
Personal Failure	3, 11, 13, 17, 23, 26, 28, 30, 34, 38	0-40	≥ 18
Hostile Intent	2, 5, 10, 15, 19, 22, 27, 35, 37, 40	0-40	≥ 23
Total Score	All	0-160	≥ 70

CBT providers will select one or more BBRS scales of the following problem domains that represent the main areas of concern for a student (as determined by SDQ data and/or observation):

- Social Skills
- Depressive Behaviors
- Anxious Behaviors
- Disruptive/Inattentive Behaviors
- Aggressive Behaviors

The full CATS and BBRS scales may be entered directly into the Frontline/Accelify EBT module.

Substance Use Interventions

The Seven Challenges, Cannabis Youth Treatment (MET/CBT-5)

The DSM-5 Level 2—Substance Use—Child Age 11–17 will be used to measure substance use treatment of students in grades 6-12. It is an adapted version of the NIDA-Modified ASSIST. The 15-item measure is used to assess the pure domain of alcohol, tobacco/nicotine, prescription medicine, and illicit substance use in children and adolescents. Each item asks the child to rate the severity of his/her/they

use of various substances during the past 2 weeks. This measure also integrates questions from the CRAAFT screening tool to specifically assess cannabis use.

Each item on the measure is rated on a 5-point scale. The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for "Clinician Use" (scores are calculated on the form in the Frontline/Accelify EBT Module). *Scores on the individual items should be interpreted independently because each item inquiries about the use of a distinct substance. The rating of multiple items at scores greater than 0 indicates greater severity and complexity of substance use.*

The clinician may enter self-report directly into the Frontline/Accelify EBT module. The DSM-V Level 2 Substance Use measure is **administered at baseline and post intervention.**

Love is Not Abuse (LINA)

The LINA Healthy Relationships Survey is administered to participants pre and post intervention. It is a brief knowledge test about dating violence based on the content delivered in LINA lessons.

Unstuck and On Target!

If any student with Autism receives **Unstuck and On Target!**, The Autism Treatment Evaluation Checklist ATEC (EBT) is administered at **baseline and post intervention** and supplants the ATEC (Global). The ATEC (EBT) is anchored to the intervention in Frontline/Accelify whereas the ATEC (Global) is a stand-alone scale, not linked to any intervention. Both ATEC data screens are identical.

Other Evidence Based Interventions

Many providers are implementing other types of structured, evidence-based interventions. Minimally, **the Brief Behavior Rating Scales (one or more scales) is required for "other" EBTs pre and post integration.**

The above progress monitoring tools, as well as the Ohio Youth Problem and Functioning Scales, and a screen to enter scores from the Autism Treatment Evaluation Checklist (ATEC) are available in the Social Work Evidence Based Intervention Module in Frontline/Accelify, as tools to measure progress of other EBTs, as applicable.

The Ohio Scales for Youth are brief measures of outcome for youth receiving mental health services ages 11-17. The scales include a 20 item Problem Severity scale and a 20 item Functioning scale rated from the youth, parent, and agency worker perspective. In addition, the youth and parent rate scales of Satisfaction with treatment and Hopefulness. To access the Ohio Scales, visit https://sites.google.com/site/ohioscales/the-scales.

Obtaining Print Versions of Scales

A copy of all progress monitoring instruments will be made available on Canvas: https://dcps.instructure.com/courses/2025/pages/student-support-school-mental-health

V: PROGRESS MONITORING GUIDE

Administered for all students on caseload at Baseline/Beginning of Year (BOY), Middle of Year (MOY) and End of Year (EOY)

Assessment Windows:

BOY = Sept 1 – Oct 31
MOY = Jan 1 – Feb 28
EOY = May 1 – Jun 9

Instrument	Grades	Student Population	Times Administered	Required Administration With
SDQ (Primary Grades)	PK-5	General Education/Special Education	3	Caregiver(s) Teacher(s)
SDQ (Secondary Grades)	6-12	General Education/Special Education	3	Student Teacher (optional)
DSM – V Cross Cutting Level I Symptom Measure – Adult	18+	Students aged 18 or older	3	Student
ATEC - Global	K-12	CES and other Students with Autism as primary disability	3	Teacher/ Parent

Intervention-Specific Measures

Intervention/ Program	Grades	Instrument(s)	Times Administered	Respondent
CCPT	PK-5 (age 3-10)	Brief Behavior Rating Scale (1 or more) Social Skills Depressive Behaviors Aggressive/Disruptive Anxious Behaviors Inattentive Behaviors	Twice (pre/post intervention)	Teacher
GTI Bounce Back	3-5	Trauma History Interview (Caregiver) CPSS-V - Caregiver	Once (at pre-test) Twice (pre/post intervention)	Parent Parent
I am Little Red Al's Pals	3-5	BBRS	Twice	Teacher

Tell Your Friends	6-8	BBRS	Twice	Teacher
SPARCS **CBITS**	6-12	Trauma History Interview CPSS-V (Self Report)	Once (at pre-test) Twice (pre/post intervention)	Student Student
LIGHTS	9-12	BBRS	Twice	Teacher
CYT **The Seven Challenges**	9-12	DSM – V Cross Cutting Measure –Youth Moving On - Continuing Care Summary	Twice (pre/post intervention) Once (post intervention)	Student Provider
CBT (Elementary)	2-5	BBRS	Twice (pre/post intervention)	Teacher
CBT (Secondary)	6-12	CATS BBRS	Twice (pre/post intervention)	Student Teacher
Love is Not Abuse (LINA)	9-12	LINA Healthy Relationship Survey	Twice (pre/post intervention)	Teacher

Theater Troupe	9-12	Personal Development Survey Troupe Member Survey Audience Assessment	Twice (pre/post intervention) Once (post intervention) Twice (pre/post performance)	Troupe Member Troup Member Student Audience
Other Structured EBT or RTI Behavioral Service Prescription	**K-12**	**BBRS (Required)** **Additional Choice Of:** **ATEC - EBT** **CATS** **CPSS-V** **THQ** **Ohio Scales** **Trauma History Questionnaire**	Pre/Post Pre/Post Pre/Post Pre/Post Pre/Post Pre/Post Pre	Teacher Teacher/Parent Teacher/Parent Student Student Teacher/Parent/ Worker

VI: EVIDENCE-BASED TREATMENT IMPLEMENTATION DEADLINE

Completion of manualized evidence-based treatments is contingent on implementation early in the school year. **The deadline for screening completion and commencement of implementation for all evidence-based behavioral interventions for which providers have been trained is October 26, 2021.**

SECTION X:
TRAINING AND SUPPORT

Training and Support

Objectives for Training and Support

DCPS seeks to create a culture in which all school-based personnel have a clear understanding of what defines excellence in their work, are provided with constructive and data-based feedback about their performance and receive ongoing support to increase their effectiveness. The objectives of these efforts are to do the following:

- Clarify and outline clear performance expectations.
- Define service providers' specific roles and responsibilities.
- Provide clear and concise feedback to enhance performance.
- Facilitate collaboration among service providers, school staff and parents to create the foundation for student success.
- Deliver professional development to supply service providers with the necessary evidence-based resources and support to enhance their role.
- Retain excellent service providers that can work with DCPS on increasing student achievement.

Monthly Case Conferences and Professional Development

As a means of providing continued support and training to all DCPS social workers, this year we will meet each month to provide a time for consultation on student cases and ongoing training and support in a small group format. These monthly case conference groups meet each month for 2 hours, during the 3rd week of each month, as scheduled by the assigned program manager. Attendance at monthly case conferences is MANDATORY for all DCPS social workers. *All monthly case conference meetings will occur virtually during distance learning.*

Each school social worker will be placed in a small group focused on providing ongoing clinical support as well as ensuring that evidence-based interventions are used to deliver specialized services to address the needs of students in DCPS. Case conference groups will be developed based on cluster assignments, as well as evidenced-based intervention assignments. Additional information will be shared by the assigned program manager.

Professional Development Days (PD)

Professional development days are scheduled to provide additional opportunities for training around best practices for working with students. According to DC Public Schools Calendar there are 3 full days of professional development facilitated by the School Mental Health Team. Your school leadership team will lead **4 half-days which** will take place **at your school** to provide you with additional time to work with your school-based colleagues and engage in collaboration and career growth.

The School Mental Team will continue their goal to assist and support our schools in becoming trauma responsive. We will look at offering other professional development opportunities throughout the year to increase your knowledge and strengthen your practice in your schools. This additional information will be shared with you on our ***Key Dates*** calendar, shown below.

Date		Time	Event/Training	Location	Participants
AUG	24-25	8:00am-3:30pm	– Pre-Service Week- Working Together to Support Students Across the Continuum/Effective Social Work Practice	Virtual	All providers
SEPT	1-3	8:00 a.m. – 3:30 p.m.	Building Blocks for Social Work Practice (Mandatory for New Providers)	Virtual	New providers
	1	8:00 a.m. – 12:30 p.m.	Frontline/Accelify for Returning School Social Workers	Virtual	All providers
	2	8:30 a.m. – 12:30 p.m.	Frontline/Accelify for Returning School Social Workers	Virtual	All providers
		12:30 a.m.-3:30 p.m.	Frontline/Accelify for Returning School Social Workers	Virtual	All Providers
		8:30am-12:30pm	Frontline/Accelify for Returning School Social Workers		All providers
		12:30pm-3:30pm	Frontline/Accelify for Returning School Social Workers	Virtual	All Providers
	7	8:00 a.m. – 12:00 p.m.	Frontline FBA Training Model for Social Workers	Virtual	All Providers
		12:30 p.m. – 3:30 p.m.	Frontline FBA Training Model for Social Workers	Virtual	All Providers
	8	8:00a.m. – 3:30 p.m.	Frontline for NEW Social Workers	Virtual	New providers
		8:00a.m. – 12:00 p.m	Frontline FBA Training Model for Social Workers	Virtual	All Providers
		12:30p.m.-3:30 p.m.	Frontline FBA Training Model for Social Workers	Virtual	All providers
	9	8:30am-12:00pm	Frontline FBA Module Training for Social Workers	Virtual	All Providers
		12:30pm-3:30pm	Frontline FBA Module Training for Social Workers	Virtual	All Providers

		8:30am-12pm	Frontline for RETURNING Social Workers	Virtual	All Providers
		12:30pm-3:30pm	Frontline for RETURNING Social Workers	Virtual	All Providers
		8:30am-12:00pm	Frontline FBA Module Training for Social Workers	Virtual	All Providers
		12:30pm-3:30pm	Frontline FBA Module Training for Social Workers	Virtual	All Providers
	22-23	8:00am-3:30pm	Evidence-Based Training for SPARCS, CCPT, and Seven Challenges	Virtual	All New and Select Providers
	29	1:00pm-3:30pm	Monthly Meeting	Virtual	All Providers
OCT	8	8:00am-3:30pm	How do we know if students are making progress? National norms vs. Student specific growth	Virtual	All Providers
	12-14	9:00 a.m. – 11:00 a.m. 1:00 p.m. – 3:00 p.m	Clinical Case Conference	Virtual	All Providers
	20	8:00 a.m. – 3:30 p.m.	Evidence Based Intervention Trainings	Virtual	All providers
	20	. 1:00 p.m. – 4:00 p.m.	Self-Care SeriesII (Optional)	Virtual	All providers
	27	1:00pm-3:30pm	Monthly Meeting	Virtual	All providers
	29	8:30 a.m. – 3:30 p.m.	Frontline/Accelify for NEW School Social Workers	Virtual	New providers
NOV	9-12	9:00 a.m. – 11:00 a.m. 1:00 p.m. – 3:00 p.m	Clinical Case Conference	Virtual:	All Providers
	17	1:00 p.m. – 3:30 p.m.	Self-Care Series (Optional)	Virtual	All providers
	24	1:00 p.m. – 3:30 p.m.	Clinical Case Conference	Virtual	All providers
DEC	7-9	9:00 a.m. – 11:00 a.m. 1:00 p.m. – 3:00 p.m.	Clinical Case Conference	Virtual	All providers

JAN	19	1:00 p.m. – 4:00 p.m.	Self-Care Series (Optional)	Virtual	All providers
	21	8:30 a.m. – 3:30 p.m.	Frontline/Accelify for NEW School Social Workers	Virtual	New providers
	26	1:00 p.m. – 3:30 p.m.	Monthly Meeting (Mandatory)	Virtual	All providers
FEB	8	9:00 a.m. – 11:00 a.m. 1:00 p.m. – 3:00 p.m.	Clinical Case Conference	Virtual	All providers
	16	1:00 p.m. – 4:00 p.m.	Self- Care Series (optional)	Virtual	All providers
	17	8:30 a.m. – 3:30 p.m.	Frontline/Accelify for Returning School Social Workers	Virtual	All providers
	23	1:00pm-3:30pm	Monthly Meeting (Mandatory)	Virtual	All providers
MARCH	8-10	9:00 a.m. – 11:00 a.m. 1:00 p.m. – 3:00 p.m. .	Clinical Case Conference	Virtual	All providers
	11	8:00am-3:30pm	Discipline Specific	Virtual	All providers
	16	1:00 p.m. – 4:00 p.m.	Self-Care Series (Optional)	Virtual	All providers
	23	1:00 p.m. – 3:30 p.m.	Monthly Meeting (Mandatory)	Virtual	All providers
	25	8:00 a.m. – 3:30 p.m.	Frontline for NEW School Social Workers	Virtual	New providers
APRIL	5-7	9:00 a.m. – 11:00 a.m. 1:00 p.m. – 3:00 p.m.	Clinical Case Conference	Virtual	All providers
	18	8:00am.m. – 3:30 p.m.	Discipline Specific	Virtual	All providers
	27	1:00-3:30pm	Monthly Meeting (Mandatory)	Virtual	All providers
MAY	10-12	9:00 a.m. – 11:00 a.m. 1:00 p.m. – 3:00 p.m.	Clinical Case Conference	Virtual	All providers
	18	1:00 p.m. – 3:30 p.m.	Self Care Series (Optional)	TBD	All providers
	25	1:00 p.m. – 3:30 p.m.	Monthly Meeting (Mandatory)	Virtual	All providers

Continuing Education Units will be offered for both Case Conference & Professional Developments.

CEU Policy

The School Mental Health Team at DC Public Schools takes pride in offering relevant, stimulating continuing education programs for our social work providers. Our programs seek to enhance and support the professional growth and development of social workers as we assist schools improve upon the availability of mental health services to all students. It is our goal that equipping social workers with knowledge and tools will advance our social emotional outcomes throughout the District of Columbia Public Schools.

Our mission is to offer high quality continuing education programs with a focus on useful integration of the most current, effective methods of practice; theoretically based skill development; application of new areas of research; and advancement of evidence-based practices in the school setting. We are committed to our dedicated social workers that provide services and support to our staff and students on a daily basis.

In order to maintain compliance with the DC Department of Health (DOH), we would like to remind providers that you must:

- Arrive on-time for training
- Attend the professional development in its entirety
- Complete required evaluation form and sign-in sheets

All CEUs for trainings sponsored by the School Mental Health team are stored on the Network of Care E-Learning
Website: https://dcpschoolmentalhealth.networkofcare4elearning.org/.The CEUs are located in the "My Certificates" tab.

If you have trouble accessing the system, please contact Your program manager.

If CEU certificates are received from webinars or other sources all providers must maintain their documents. This is your professional responsibility. CEU certificates will not be replaced if lost or misplaced.

PLEASE NOTE: UPON YOUR DEPARTURE FROM DCPS, YOU WILL HAVE 30 DAYS TO DOWNLOAD AND PRINT ALL CERTIFICATES IN THE SYSTEM FOR YOUR RECORD, AS THEY WILL BE PERMANENTLY DELEATED FROM THE SYSTEM AFTER 30 DAYS.

SWIPE Program Overview

Vision and Guiding Principles

DCPS Social Work Intern Practice and Education program was created to centralize the internship process for students interested in completing their field experience within a DC public school. We believe in facilitating a hands-on learning environment conducive to educating future social workers for school social work, as well as general social work practice.

Objectives and CSWE Standards

Field education prepares students to enter the social work profession by meeting the following objectives:

To integrate academic learning with direct practice work

To increase proficiency in the required 10 core competencies for social work education as it relates to field work

To develop the ability to understand and utilize a broad range of modalities and interventions in micro, mezzo and macro practice with diverse populations

To focus on building the knowledge for generalist practice in the 1st year in order to establish a broad foundation for direct practice work

To develop a deeper knowledge and depth of skills needed for beginning professional practice in a designated area of concentration in the 2nd year

The Council of Social Work Education 10 Competencies are as follows:

1. Identify as a professional social worker and conduct oneself accordingly.
2. Apply social work ethical principles to guide professional practice.
3. Apply critical thinking to inform and communicate professional judgments.
4. Engage diversity and difference in practice.
5. Advance human rights and economic justice.
6. Engage in research-informed practice and practice-informed research.
7. Apply knowledge of human behavior and the social environment.
8. Engage in policy practice to advance social and economic well-being and to deliver effective social work services.
9. Respond to contexts that shape practice.
10. Engage, assess, intervene, and evaluate with individuals, families, and groups.

Field Instructor Assignments

Local colleges and universities with social work programs are encouraged to contact the DCPS SWIPE Program to discuss placement opportunities on behalf of their students. Upon the completion of an application review, a Supervisor will send a list of candidates for Field Instructors to interview. Field Instructors will make the final decisions on which student(s) they will work with. The student will be assigned to a Field Instructor rather than a specific school.

Internship Hours

Social work interns begin the DCPS SWIPE Program in the fall semester. Masters-level concentration year social work interns are required to complete 20 hours per week in the field, while 16 hours per week is required for foundation year and BSW students. DCPS general school hours are 8:30-3:30 pm. The beginning and end of the internship day will depend on the assigned school and the field instructor's availability. This will be agreed upon before a placement will be made.

Roles and Responsibilities

Field instructors

Field instructors will be responsible for the direct service field instruction required for their assigned intern. He/she/they will assist the intern with creating a schedule to meet the requirements for the intern's field hours, review and provide feedback for process recordings, provide guidance for the intern's learning agreement, and facilitate an appropriate learning environment to meet the CSWE field standards. Field instructors are also responsible for ensuring interns have a sufficient blend of macro, mezzo and micro assignments, as well as a consideration for a theoretical model to guide their practice. Similarly, it is the field instructor's responsibility to introduce students to quantitative research and a data-driven practice model. All field instructors are required to attend any required trainings for the student's assigned college/university.

School Mental Health Team Supervisors

Designated program managers (PM) will be the first line of communication with the colleges/universities. They will assist with the application process and onboarding experience, oversee the field experience, collaborate with field instructors and provide macro level field instruction, when appropriate. PMs may also conduct site visits at assigned placements and/or with field directors at each college/university to address any concerns including logistics regarding appropriate office space and equipment access for student interns and other concerns that might arise during the field experience.

Interns

All DCPS SWIPE interns are expected to carry a caseload; complete process recordings, social histories and FBA/ABP; support evidenced-based interventions, individual/group support, and RTI; co-facilitate staff advisory presentations; and complete other assignments as appropriate. Macro students may also have opportunities to participate in administrative functions, grant writing, program development, website development and support, marketing, pilot data support, analysis and literature reviews. Interns are expected to comply with all required DCPS policies and procedures.

Intern Supervision

Interns will receive direct supervision from their Field Instructor or school social worker. They will also receive general supervision from the clinical specialist through participation in various special trainings, service activities and case conferences.

Orientation and Ongoing Training

A training and orientation program will be held each year during professional development for all DCPS school social work providers before the school year begins. Interns are welcome to attend this time of training if available. However, a variety of web-based learning opportunities will be provided to help interns prepare for their roles and responsibilities (i.e., SPED 101, FBA, EASYIEP, etc.) and meet the

objectives of their learning agreement. Interns are also encouraged to attend monthly case conference meetings to increase their awareness of evidence-based interventions utilized by social workers in DCPS.

Policies and Procedures

SWIPE interns are encouraged to download a copy of the Mental Health and Behavioral Support Services Guidebook, which outlines policies and procedures relevant to providing behavioral support within DC Public Schools. Students will also be required to complete an application and fingerprinting through Human Resources and provide a signed confidentiality agreement before being placed at a school.

Placement Process

Each semester, new interns will be on-boarded using the following process:

- Universities will communicate their interest in placing students with DCPS.
- Universities will direct prospective student interns to the DCPS Graduate Internship Application https://octo.quickbase.com/db/bf2ix82ez.
- DCPS will review applications to determine acceptance, define skill level and make recommendations for Field Instructors.
- Field Instructors will schedule interviews with prospective interns and notate in Quickbase which intern(s) they would like to work with, based on the needs of the student, the capabilities of the field instructor, and the availability of both the Field Instructor and the student.
- Student interns will complete the DCPS Volunteer application and submit supporting documentation, as well as complete the required DCPS clearance process which includes a Tuberculosis test, fingerprinting, and a background check.

APPENDICES

APPENDIX 1: CONFIRMATION OF RECEIPT

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

1200 First Street, NE
11th Floor
Washington, DC 20002

CONFIRMATION OF RECEIPT

I have received the August 2021 School Mental Health: Social Work Guidebook. I understand I am responsible for the information included in this provider guidebook.

_____
Print Name

_____
Signature

_____
Date

APPENDIX 2: EMPLOYMENT INFORMATION FORM

1200 First Street NE
11th Floor
Washington, DC 20002

SCHOOL YEAR _____

EMPLOYMENT INFORMATION FORM
(Please type or print information)

_____
Name (LAST, FIRST, MI)

_____
Address (Include City, State and Zip Code)

_____ _____
Home Telephone Cellular Telephone

_____ _____
Date of Birth (Month and day) Personal Email Address

School Placement (s) _____

Any ailment(s) you would like on record, or would like for us to consider if so please list:
_____
_____
_____

In case of emergency contact:

_____ _____
Name Relationship

_____
Contact Number

APPENDIX 3: ART THERAPY REFERRAL FORM

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Mental Health and Behavior Support Services Team

Art Therapy Referral/Consultation Form

Student:	Local Student ID #:		Gender:	DOB:
Grade:	Teacher:	Room#:	☐ General Ed	☐ IEP/Special Ed Classification
Referral Completed by:		Title:	School:	
Parent/Guardian:		Phone #:	Date:	

I. Reason for Referral:

☐ Student often expresses self through art

☐ Student appears to have difficulty expressing self verbally

☐ Student does not seem to be a good candidate for verbal therapy

☐ Art therapy adjunctive to verbal therapy may be beneficial for this student

☐ Other (please list)

Please provide information relevant to the referral, including interventions that have been attempted or are currently in place, and why art therapy may be the most appropriate or preferred method of intervention for the student:

Existing Student Support Services

☐ School-based Mental Health Provider (please list)

☐ Community Mental Health Provider (please list)

II. <u>Strengths:</u> Please check all of the following that apply for this student

☐ Artistic and/or enjoys art

☐ Cooperative

☐ Creative

☐ Focused/Goal Directed

☐ Good sense of humor

☐ Handles conflict well

☐ Hard Worker

☐ High expectations for self

☐ Motivated

☐ Organized

☐ Positive Attitude

☐ Leadership Qualities

☐ Respectful

☐ Responsible

☐ Takes pride in appearance

☐ Transitions well

☐ Trustworthy

☐ Works well in groups

☐ Works well independently

☐ Other:

Additional Comments/Strengths:

III. <u>Areas of Concern:</u> Please check all of the following that apply for this student

☐ Grief and/or Loss

☐ Peer conflict (please describe below) ☐ History of Trauma or Abuse (please describe below)

☐ Extreme Mood (high/low/mood swings)

☐ Poor Attendance or Frequent Tardiness

☐ Physical Aggression

☐ Verbal Aggression

☐ Inattention

☐ Hyperactivity

☐ Bullying others

☐ Being Bullied

☐ Family conflict (please describe below)

☐ Social isolation/withdrawn

☐ Hygiene Issues

☐ Criminal behavior

☐ Neighborhood concerns

☐ Housing/Food/Finance Concerns

☐ Inappropriate sexual behavior

☐ Weight change (significant loss or gain)

☐ Difficulty sleeping

☐ Other:

Describe Areas of Concern/Additional Comments:

IV. Brief Clinical History: Please provide more detailed information about your concerns including the frequency and severity of the behavior concerns, developmental milestones, family history/living situation, trauma, abuse, significant losses, medical issues, etc.

V. Academic Concerns: include information relevant to the referral and current or previous interventions

VI. Parent Communication and Outreach: describe frequency and type of communication and interaction with parent and other supports to the family

VII. Additional Supporting Data:

Please list and attach to this document (or make available) any additional supporting data, such as SDQ, Ohio Scales, social history, psychological evaluation, suspensions, office referrals, anecdotal notes, etc. that may be helpful in making a determination or services.

Please submit completed forms to: tamara.dukes@k12.dc.gov

APPENDIX 4: AUTHORIZATION FOR RELEASE OF INFORMATION

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Medical Provider - School Information Release

This form will authorize the exchange of information between the student's health care provider and school professionals as it relates to the diagnosis/condition listed. Once complete, this form should be returned to the school, at which time it will be uploaded to the EasyIEP database.

The District of Columbia Public Schools (DCPS) adheres to the standards and obligations set forth under the Family Educational Rights and Privacy Act (FERPA) (20 USC § 1232g) and the Health Insurance Portability and Accountability Act (HIPAA) (42 USC § 1320d) protecting the privacy of student information.

When completed, this form should be handed or mailed to the school designee.

Release of Information

Patient/Student's First & Last Name:	Parent/Guardian's Name:	Phone number:
Patient/Student's School & District:	Principal's Name (if known):	School phone number:
I, the undersigned, authorize the release of information relating to the diagnosis/condition listed below regarding the above-named student to the District of Columbia Public Schools and appropriate school personnel and authorize the school to release and discuss information and reports with the named physician and/or his/her/they assigned office personnel.		
Parent/Guardian's Signature:	Date:	If applicable, my consent expires:
Not included in this release are:		

Physician Contact Info

Medical Provider (PCP, CNMC, PIW, other) Name:	Phone Number:	Fax Number:
Mailing Address:	E-mail address:	
If not you, who is the best contact person:	Phone Number:	Fax Number:
Mailing Address:	E-mail address:	
Preferred Method and Time for Contact:		

Diagnosis

Diagnosis/Condition:	
Will this condition adversely affect the student's educational performance? YES Briefly describe impact: NO	
Medical Provider Signature:	Date:

School Info

District of Columbia Public Schools	School Name:	
School Contact:	Position:	
Phone:	Email Address:	Fax:

APPENDIX 5: BEGINNING OF SCHOOL YEAR PROCEDURES CHECK-IN FORM

BEGINNING OF SCHOOL YEAR PROCEDURES SY 201-2022
CHECK-IN FORM

Social workers should complete each item on the checklist and forward items to their assigned Program Manager by the due dates listed.

☐ **Caseload Verification –** All social workers should verify their assigned caseload and check with their LEA at their assigned schools to ensure that all students have been assigned to them in SEDS by **September 3rd.**

☐ **Frontline/Accelify: Initial Setup-** All social workers should create their student caseload in Frontline/Accelify by **September 3rd.**

☐ **Individual Therapy Schedules** – All social workers should develop a weekly therapy schedule in Frontline/Accelify (with copy submitted to their Principal) by **September 3rd.** These should be as detailed as possible and include BSS and general education caseload students, meetings, duty, documentation and planning time.

☐ **School Health and Wellness Team Directory –** In an effort to increase collaboration in our schools, social workers are being asked to complete the new School Health and Wellness Team Directory and submit to your Program Manager and Principal by **September 3rd**. Only one directory is needed per school. Please be sure to include the name of your school as well as the days and time that Mental Health Team Meetings will take place this school year *(for example, Mondays at 1pm, or every other Wednesday at 8am, etc.)*

This tool serves a dual purpose – (1) to ensure that staff in health and wellness roles are familiar with one another and can use these relationships to ensure a system of care within the school, and (2) for social workers to use this list when facilitating regular Mental Health Team Meetings.

☐ **Consent for Social Emotional Services Forms-** All social workers should gain access to the Consent for Social Emotional Services Form included in this year's enrollment package by **September 3rd**. Your school Registrar will most likely have this form. During your FIRST SCHOOL MENTAL HEALTH TEAM MEETING, prioritize review and triage of these students.

☐ **Intro Letters to Parents/Guardians of Caseload Students** –
All social workers should send home intro letters (on correct school letterhead) to each student on their caseload **by September 3rd & within one week when new students are added to one's caseload.**
The correspondence should contain the following information:

- Your name
- Days assigned to school
- Day student is scheduled for BSS
- Your contact information (ex. Email or school phone number and extension)

The SW must then document this action in the communications log of each student in SEDS.

☐ **Intro Letters to Classroom Teachers**
Each social worker is required to send or hand-deliver an introductory letter to each teacher of the students on his/her/they caseload no later than **September 3rd.** The correspondence should contain the following information:

- Your name
- Days assigned to school
- Day student is scheduled for BSS
- Your contact information (ex. Email or school phone number and extension)

The SW must then document this action in the communications log of each student in SEDS.

☐ **Create List of Caseload Students' IEP Due Dates** -
Check the student's most recent IEP to create a list of IEP due dates and also check the accuracy of service frequency actually written on the IEP, as well as entire IEP – **by September 3rd.**

☐ **Create List of Caseload Students' Eligibility Due Dates** -
Make sure to check actual most recent eligibility paperwork in SEDS – **by September 3rd.**

☐ **Create List of Caseload Students' Eligibility Classification (e.g., Intellectual Disability (ID), Autism, Multiple Disabilities (ID/OHI)…** -
(upon checking originals in cum. file; make sure to check actual most recent eligibility paperwork in Assessment Section of cum. file that delineates eligibility classification) – **by September3rd**

☐ **Complete Individualized Distance and Hybrid Learning Plan** -

Complete for all students on your caseload with an Individualized Education Program (IEP) to communicate how student supports and services will be delivered during distance or hybrid learning. – **by September 3rd.**

☐ **Review Caseload Students' Cumulative Files** –
Review all assessments, previous progress reports, Functional Behavior Assessments/Behavior Intervention Plans, etc., as applicable
– **by September 10th.**

☐ **Licensure Upload to Frontline/Accelify-** All social workers should verify both their DOH license and OSSE Certification by uploading them into Frontline/Accelify (in PDF format) by **September 10th**. Please pay close attention to the OSSE Certification expiration date and begin the renewal process If the date of expiration is within 90 days.

APPENDIX 6: BEHAVIOR SUPPORT SERVICES: DIRECT SERVICE VS. CONSULTATION FAQ

Behavior Support Services: Direct Service vs. Consultation FAQ

1) What is the difference between direct services and consultation?

   In direct service, a related service provider works directly with a student on IEP objectives. The service provider can do this in a group or individually. He or she could work with the student in the community, in a classroom, lunchroom, or therapy room. A variety of activities, such as developing coping skills, improving classroom behavior, reading, eating, playing, riding a bus, or walking down the hall, can be used. Direct service is best for a student who has needs that only a professional can meet efficiently and appropriately. An orientation and mobility expert is the professional who should establish use of a cane. A speech therapist may work on developing swallowing skills. A school social worker may work on developing behavioral self-regulation. Notice that what direct service does best is establish a skill that the student may go on to use in a variety of different environments and activities.

   Consulting is how a related service provider can help other professionals meet a student's IEP goals and objectives. *The recipient of consulting is not the student but another professional.* Consulting is a type of service delivery that is best used to ensure that a student has multiple opportunities in a day to use a learned skill. For example, a school social worker may consult with a classroom teacher about behavioral strategies that are appropriate for a student and share tips for implementing a behavior plan and introducing/supporting replacement behaviors. Using these strategies, the classroom teacher can have the student work on the behavioral skills during all classroom activities, not just when the school social worker is present.

2) What do I complete in SEDS when adding consultation to an IEP?

   As with direct service, a provider needs to determine eligibility for BSS consultation. Therefore, the Analyzing Existing Data (AED) section in SEDS should be completed. In addition, consultative services require that the Present Levels of Achievement and Functional Performance (PLAAFP) section be completed, and SMART Goals included.

3) Do I document consultation in the service tracker as I would direct service, even though consult is with the teacher?

   Yes, since consultation addresses specific goals, these services should be documented in the Service Tracker in GARP format.

APPENDIX 7: BEHAVIOR SUPPORT SERVICES ELIGIBILITY CRITERIA CHECKLIST

Behavior Support Services Eligibility Criteria Checklist
Page 1 of 2

Student Name:	Student ID:
Date of Birth:	Date of IEP/504:
Attending School:	Provider:

In order to establish eligibility for behavioral support services as a related service on a student's IEP/504 Plan, ***all*** the following criteria must be met, as determined by a social worker and/or school psychologist. In addition, please identify and attach supporting documentation.

☐ Emotional/behavioral concerns are occurring at a high frequency, severity or duration compared to what is developmentally typical.

Method of Documentation
At least two forms of documentation required.

- ☐ Anecdotal data
- ☐ Quantitative data
- ☐ Observation – Clinician
- ☐ Observation – Teacher/Staff

Briefly describe/list the concerns:

☐ Symptoms are significantly impacting school motivation and/or educational performance.

Method of Documentation
At least two forms of documentation required.

- ☐ Anecdotal data
- ☐ Quantitative data
- ☐ Observation – Clinician
- ☐ Observation – Teacher/Staff

Briefly describe the adverse effect the concerns have on the student's ability to access their educational program:

☐ The student will be a willing participant in counseling services. *(Student report only.) If not, please explain. Team should explore consultation if student is unwilling or goals centered on engagement in services a focus area.*

The following are not mandatory, but are helpful in determining eligibility and course of treatment:

☐ The student has received school-based intervention(s) to address the social, emotional, and/or behavioral concerns.

Describe the school-based interventions provided to date:

☐ There are potential stressors (family, social, physical, etc.) that warrant on-going mental health and/or behavioral support services.

Method of Documentation

- ☐ Anecdotal data
- ☐ Social history
- ☐ Parent/family report
- ☐ Student report

Describe potential stressors and the adverse effect this/these have on the student's ability to access their educational program:

This checklist and supporting documentation should be maintained by the service provider.

APPENDIX 8: BEHAVIOR SUPPORT SERVICES EXIT CRITERIA CHECKLIST

Student Name:	Student ID:
Date of Birth:	Date of IEP/504:
Attending School:	Provider:

Behavioral support services (BSS) are designed to restore social and emotional functioning such that students can adequately access all of the benefits offered through school. It is expected that through effective intervention(s) over brief periods of time, many students can discontinue services because they are equipped with the skills and replacement behaviors necessary to function well across school settings.
In order to exit a student from BSS, one or more of the following criteria must be met as determined by the social worker that has been working with the student. Please identify and attach supporting documentation:

☐ The student successfully demonstrates mastery of identified goals and no new social/emotional concerns warrant service continuance.

Method of Documentation

- ☐ Easy IEP/Frontline (Accelify) progress notes
- ☐ Anecdotal data
- ☐ Quantitative data
- ☐ Observation – Clinician
- ☐ Observation – Teacher/Staff

☐ There is a significant decrease in the frequency, intensity, and/or duration of externalizing behaviors (i.e. acting out, fighting).

Method of Documentation

- ☐ Easy IEP/Frontline (Accelify) progress notes
- ☐ Anecdotal data
- ☐ Quantitative data
- ☐ Observation – Clinician
- ☐ Observation – Teacher/Staff

☐ There is a significant decrease in the frequency, intensity, and/or duration of internalizing behaviors (e.g., withdrawal or social isolation).

Method of Documentation

- ☐ Easy IEP/Frontline (Accelify) progress notes
- ☐ Anecdotal data
- ☐ Quantitative data
- ☐ Observation – Clinician
- ☐ Observation – Teacher/Staff

☐ It is determined by the IEP/504 team that the extent of the student's behavioral, social, or emotional problems can be best addressed by instructional staff within the confines of the classroom setting.

Method of Documentation

- ☐ Easy IEP/Frontline (Accelify) progress notes
- ☐ Anecdotal data
- ☐ Quantitative data
- ☐ Observation – Clinician
- ☐ Observation – Teacher/Staff

☐ The student's parent/guardian has requested that services be discontinued.

☐ There is a consistent, willful, refusal by the student to engage in counseling.

Due diligence is expected prior to the dismissal of a student from services, particularly when absenteeism is an issue. Documentation that supports due diligence, as well as appropriateness of terminating services, must be uploaded into SEDS in all cases as standard practice.

For students exiting from mental health or behavioral support services based on poor attendance or lack of progress, please attach documentation that proves the following steps have been taken:

- ☐ After three (3) consecutive missed service sessions, the parent/guardian was notified via telephone, followed by written notification documenting the phone conference.

- ☐ After nine (9) missed service sessions, a meeting was scheduled with the parent/guardian to discuss the feasibility of accessing services.

- ☐ After continued lack of progress following that meeting, it was communicated in writing with explanation to the parent/guardian that services would be discontinued – this was sent through certified mail.

APPENDIX 9: BEHAVIOR SUPPORT SERVICES- IEP REVIEW CHECKLIST

IEP Review Checklist

Student Name:	Student ID:
Date of Birth:	Date of IEP:
Attending School:	Provider:
Related Service:	Current Prescription:

Please review the following prior to completing your IEP draft each year.

- ☐ Review previous goal(s) to assess mastery
- ☐ Review current progress monitoring data (e.g., SDQ, DSM-V Level 1 Cross Cutting Measure, etc.) to determine identified areas of strength and need when formulating new goals
- ☐ Review progress reports to assess areas of strength and areas of need throughout IEP year.
    - Has the student demonstrated a plateau of skills? Regression? Progression?
- ☐ Review a sample of service trackers
- ☐ Review any recent assessments to determine any new areas of concern
- ☐ Review Exit Criteria to determine if services are still needed; is the student still impacted in the academic setting by the areas of need?

Please review upon completion of draft IEP Goals:

- ☐ Are the goals written in a SMART format?
    - Specific? Measurable? Achievable within one IEP year? Educationally relevant?
- ☐ Have you utilized current progress monitoring data to update the PLAAF? (Same data should be used for quarterly progress reporting and assessments.)
- ☐ Are goals written in family accessible language?
- ☐ Is the frequency listed correctly?
- ☐ Is the service frequency appropriate for the student's goals?
    - Could the student's needs be met with a decrease in time? Would consult be more appropriate at this time?
- ☐ Is the appropriate provider identified on the IEP?

APPENDIX 10: BEHAVIOR SUPPORT SERVICES - INITIAL PARENT LETTER (Sample)

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Dear Parent of _____

ID #: _____

Welcome to School Year 2021-2022! I am excited about the opportunity to work with your child on addressing his/her/their Behavior Support Service (BSS) goals.

As the parent, you also serve as a crucial partner in the success of your child. At times, I will send home strategies or suggestions on activities you can implement to help with the reinforcement of the skills he/she/they are working on in Behavior Support Services (BSS). If you should have any questions about any of the activities sent home, please don't hesitate to contact me.

I am assigned to _____ school on _____, _____, and _____. You can reach me by phone at the school on my assigned days or via email at _____.

In closing I want to invite you to contact me at any time during the year.

Once again, welcome to a new School Year. Let's work together to make this a productive school year for your child.

Sincerely,

_____

School Social Worker, Date

To Remember: Please fax a copy into EasyIEP using a miscellaneous cover sheet, and then change the label to "SW Parent Initial Letter".

APPENDIX 11: CLOSING OUT AN ASSESMENT IN SEDS

Closing Out an Assessment in SEDS

Upon completing an assessment, the report must be faxed and closed out in SEDS. The following steps should be completed to enter and submit assessment results.

Entering Assessments Results:

- To enter results for a completed assessment, click the *Results* button in the appropriate assessment type column.
- You will be taken to a separate details page for the assessment type you selected.
- Enter the date assessment completed.
- If applicable, you may indicate which tools you used as part of the assessment by selecting from the drop-down menu and clicking the *Add Assessment Tool* button.
- In the areas addressed by this assessment section, select the appropriate areas being considered for the student (ex. FBA or Social History).
- For each area selected, complete a statement of strengths and concerns identified by the results of the completed assessments.

TIP: The list of areas that appears is based upon what was selected on the *Analyzing Existing Data* page as an area where more information was needed.

Submitting Assessment Reports

To close out your assessment in EasyIEP:

- Open the student's record in EasyIEP,
- Select *Eligibility Process,*
- Click *Additional Assessments**,***
- Identify the assigned assessments,
- Click *Results**,***
- Enter the date the assessment was completed,
- Enter the assessment tools used. This area is not always required and can be left blank,
- Check the box indicating the area addressed by the assessment,
- Enter the *Summary of Strengths*,
- Enter the *Summary of Concerns*,
- Select *Fax* as method for submitting your assessments.
    - Please don't be distracted by this verbiage. Reports should be **uploaded** and not faxed into SEDS. However, you access the upload feature by clicking on "fax".
- Generate a *Cover Sheet**,***
- Click ***Upload***,
- Name and upload your document. When uploading your document be sure to insert your signature and save/upload your document as a PDF.
- Once your assessments are visible in the student's record, select *Submit Assessment Results**.***

Emailing the Case Manager

- Click the *Email Case Manager* button to access the *Send Email* composition page.
- The *To* and *From* address fields are pre-populated based on the user information available in the system.
- The subject link will be *Assessment Completed*.
- In the body of the email, the text will indicate the type of assessment that has been completed, along with the *Date of Request*, the *Date Due,* and the *Date Completed*.
- Add additional comments in the text field if applicable.
- Click the *Save & Continue* button to send the email and return to the previous page.

It is expected that all providers upload/fax their completed assessments into SEDS 45 days from the date of consent. Timeliness will be determined from the initial upload/fax date, which should correspond with the date entered. All reports that are late or are incomplete will be considered untimely. Please be sure to document and contact your program manager if there are any barriers to completing assessments in a timely fashion.

Please refer to your SEDS manual for additional information located at the following website:

https://osse.pcgeducation.com/dcdcps?redirect=1345054208.98934&redirectfrom=osse.easyiep.com

APPENDIX 12: COMPLETION OF SERVICES FORM

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

COMPLETION OF SERVICES FORM

STUDENT: _____ DATE: _____

ADDRESS: _____SCHOOL: _____
Street# Street Name Apartment # ADDRESS: _____

_____
CITY STATE ZIP CODE TELEPHONE: _____

ID#: _____ DOB: _____ GRADE: _____

A multidisciplinary team meeting is required to determine whether a student has completed special education and related services identified on the IEP, including the consideration of information from the evaluation (for which you provided consent) in the area(s) to be considered. Complete the sections below identifying the services.

COMPLETION OF SERVICES(S) (Check all service that are being considered)

SERVICE	Goals/ Obj. Completed	Results of Evaluation	Date
☐ Speech-Language Therapy	☐Y ☐N		
☐ Orientation & Mobility	☐Y ☐N		
☐ Occupational Therapy	☐Y ☐N		
☐ Physical Therapy	☐Y ☐N		
☐ Behavior Support Services	☐Y ☐N		
☐ Adaptive PE	☐Y ☐N		
☐ Audiology	☐Y ☐N		
☐ Transportation	☐Y ☐N		
☐ Other (specify)	☐Y ☐N		
☐ Specialized Instruction	☐Y ☐N		
	☐Y ☐N		
	☐Y ☐N		
	☐Y ☐N		

REASON FOR COMPLETION OF SERVICES:

☐ Graduated ☐ Completed Services ☐Aged Out ☐Transferred Out of District
☐ Dropped Out
☐ Other:

_____

☐ I agree with the proposed termination of the special education and related service(s) identified above.
☐ I have been provided with my procedural safeguards and questions answered. I understand that my consent is voluntary, and that I have the right to appeal the decision of the multidisciplinary team (MDT).

Signature: _____ Date: _____
Parent/Eligible Student

(Student if age of majority has been reached and the transfer of rights has been officially documented)

APPENDIX 13: CONSENT FOR SERVICES FORM

Parent Permission Form for Short-Term Counseling

Date_____

Dear Parent(s)/Guardian(s):

As we discussed, your child has been referred for short-term **Individual** or **Group** (Please circle one) counseling. With your permission, I will meet with him or her weekly for approximately _____ minutes beginning on _____. The time he or she is out of the classroom will be coordinated with the teacher.

The goal(s) of the counseling sessions is/are:

_____
_____
_____
_____

I will track your child's progress on these goals by using the Strengths and Difficulties Questionnaire (SDQ), a tool DCPS uses to assess how students are functioning and responding to interventions received in school (such as individual and group counseling). You know your child best, so please complete and return the attached Parent SDQ Form.

If you have any questions or concerns, please feel free to call me at _____.

Please indicate if you give your permission by signing below and returning the bottom portion of this letter, along with the SDQ parent version, by _____.

Sincerely,

_____
School Social Worker

Individual Counseling **Group Counseling** **(Circle one)**

Student _____

Teacher_____

____ I give permission for my child to participate in counseling.
____ I do not give permission for my child to participate in counseling.

Parent/Guardian Signature _____ Date _____

APPENDIX 14: EARLY CHILDHOOD OBSERVATION FORM

Name: _____ School: _____

Student ID: _____ D.O.B. _____ Age: _____ Grade: _____

The purpose of this observation is to provide information regarding this student's performance in the school setting and behaviors in the area(s) of concern. Observe the student, complete this form and email to the Early Stages requestor. Attach additional sheet if necessary.

Date of Observation:	Start Time of Observation:	End time of Observation:
Setting of Observation:		
Describe the lesson/activities occurring during the observation session (e.g., lesson, discussion, independent seatwork, small group work) and the observed student level of participation and engagement. Include any special supports or conditions during this observation (e.g., student seated away from group, uses interpreter, etc.):		
Identify any instructional strategies and/or behavior supports used during the activity/instruction: ☐wait time ☐repetition ☐visual supports ☐graphic organizers ☐rephrasing ☐manipulatives ☐positive reinforcement ☐re-direction ☐teacher ☐other_____		
Describe the student's reaction to instructional strategy(ies) and/or the behavior supports provided:		
Describe the student's behavior during the observation session:		
Describe the student's academic, social, emotional, and/or behavioral functioning during the observation session:		
Summary of additional comments or concerns:		

_____ _____

Print Name and Signature of Person Completing Observation

Job Title

APPENDIX 15 - FAQ: CORPORAL PUNISHMENT

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Frequently Asked Questions on Corporal Punishment

1. What is the definition of Corporal Punishment?

Corporal Punishment is the use or attempted use of physical force upon, or against, a student, either intentionally or with reckless disregard for the student's safety, as a punishment, or discipline. An employee also commits Corporal Punishment when s/he directs another to use force against a student.

Examples of Corporal Punishment include pushing, grabbing, hitting, and unreasonable restraint.

2. Am I ever allowed to use force against a student to protect myself or others?

Yes. An employee will not be disciplined if her/his use of force was prompted by reasonable efforts at self-defense or the defense of others, was necessary to maintain or regain order, or was necessary for the safety of the educational environment. DCPS will consider the student's conduct, whether the employee's conduct was proportionate to the student's, and whether less intrusive steps could have been taken to control the situation.

3. What factors will DCPS consider in determining whether the nature and amount of force used to maintain or regain order or to protect the safety of the educational environment was appropriate?

DCPS will consider whether the employee tried all other reasonable alternatives before using or attempting to use physical force and whether the force ultimately used was as mild as possible.

4. Are all attempts by an employee to use physical force against a student Corporal Punishment?

No. Force that is not used for discipline or punishment does not fall within the definition of Corporal Punishment. Such conduct, however, may constitute Discourteous Treatment, in violation of another DCPS rule, and, depending on the severity, could also violate criminal law.

5. If a student is not injured by the use of force, is it still Corporal Punishment?

Yes. Even the attempted use of force can constitute Corporal Punishment.

6. Can I use Corporal Punishment if a student's parent gives me permission?

No. The use of Corporal Punishment by DCPS staff is strictly prohibited even if authorized by a parent.

7. What should I do if I suspect an employee has engaged in Corporal Punishment?

You are obligated to report instances of Corporal Punishment to the Metropolitan Police Department and the Child and Family Services Agency (202-671-SAFE). Please consult the Frequently Asked Questions on Mandated Reporting of Child Abuse or Neglect for DCPS Employees for more information on reporting abuse or neglect.

8. Where can I turn for guidance on the appropriate means of using force to defend myself or others?

The Office of the State Superintendent of Education offers monthly training on Nonviolent Crisis Intervention. For information, go to: http://osse.dc.gov/event/nonviolent-crisis-intervention-training-0.

9. What are the consequences of engaging in corporal punishment?

Employees who engage in corporal punishment shall be subject to disciplinary action, up to and including termination.

10. Where should I go if I'm feeling overwhelmed by student behavior?

Your Principal, Dean of Students (or other onsite behavior specialist), and the Student Discipline and School Climate team in the Office of Youth Engagement are good resources to consult about student behavior. Additionally, the DCPS Employee Assistance Program (COPE) provides free, confidential counseling to DCPS employees on matters including workplace stress. COPE can be reached at 202.628.5100.

Definition of Corporal Punishment

5-E DCMR 2403

For purposes of this section, "corporal punishment" is defined as the use, or attempted use, of physical force upon, or against, a student, either intentionally or with reckless disregard for the student's safety, as a punishment, or discipline.

The use of corporal punishment in any form is strictly prohibited in and during all aspects of the public school environment or school activities. No student shall be subject to the infliction of corporal punishment by any teacher, other student administrator, or other school personnel.

No teacher, administrator, student or other person shall subject a student to corporal punishment or condone the use of corporal punishment by any person under his or her supervision or control.

Permission to administer corporal punishment shall not be sought or accepted from any parent, guardian, or school official.

Conduct prohibited by this section include actual or attempted use or physical force against a student in accordance with § 2403.1, provided that the conduct is not prompted by reasonable efforts at self-defense or the defense of others; is necessary to maintain or regain order; or is necessary for the safety of the educational environment. Examples of prohibited conduct include, but are not limited to, the following:

(a) Shoving;
(b) Striking;
(c) Grabbing;
(d) Shaking;
(e) Hitting;
(f) Throwing of objects, and
(g) Unreasonable restraint.
(h) Directing others to inflict any of the above on a student.

The nature and the amount of physical contact reasonably necessary for self- defense, defense of others, protection of the educational environment, or to regain or maintain order shall be dependent upon the factual circumstances of each case. When reviewing those circumstances, the following shall be considered.

(a) If the action was taken in self-defense or the defense of others, whether the action taken against the student was (1) proportionate to student's conduct, and (2) the least intrusive means of controlling the situation.

(b) If the action was taken against a student for the protection of the educational environment or regain or to maintain order, whether the action taken against the student was (1) taken as a last resort after all other reasonable means had been exhausted, and (2) the least intrusive means of controlling the situation.

All allegation of the use of corporal punishment shall be promptly investigated. Discipline shall be administered against any employee who violates this section. Students shall be permitted, but not required, to testify at any proceeding relating to the allegation of corporal punishment.

Employees found to have violated this provision will be subject to discipline in accordance with § 1401 these Board Rules, 5 DCMR 1401, and the appropriate collective bargaining agreement, if applicable.

APPENDIX 16: FAQ: FERPA AND HIPAA

FERPA and HIPAA: Frequently Asked Questions (FAQs)

This document serves as guidance for health service providers and other school professionals and answers some frequently asked questions. Please note that this guide is not meant to be comprehensive in any way. This document is only a snapshot of what FERPA and HIPAA means for health service providers. For more information, please email schoolmentalhealth@k12.dc.gov.

What is FERPA?

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of student information and gives parents and eligible students greater access to education records.[1] Under FERPA, schools may not disclose the education records of students or personally identifiable information (PII) from education records without a parent or eligible student's (age 18 or over) written consent.[2]

What are education records?

Education records are all records directly related to a student and maintained by the school or a school partner. This includes a student's immunizations records and any other health records maintained by the school nurse as well as psychotherapy records maintained by school mental health providers.[3]

What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) applies to health care providers and addresses the electronic transmission, protection and privacy of personal health information.[4] The HIPAA Privacy Rule requires covered entities to protect individuals' health records and other identifiable health information by requiring appropriate safeguards to protect privacy.[5]

What law applies to me as a DCPS-employed school-based mental health provider?

The records of any health care that is provided to students in the normal course of business at school—from the school nurse, school psychologist, DCPS-employed school social worker, etc.--

[1] 20 USC § 1232g
[2] US Department of Health and Human Services and US Department of Education, Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and the Health Information Portability and Accountability Act of 1996 (HIPAA) to Student Health Records (2008). Visited on August 17, 2016. Available at http://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf.
[3] Id.
[4] 42 USC § 1320d
[5] US Department of Health and Human Services and US Department of Education, Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and the Health Information Portability and Accountability Act of 1996 (HIPAA) to Student Health Records (2008). Visited on August 17, 2016. Available at http://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf.

are considered "education records" under FERPA. HIPAA does not apply to school-based mental health providers.[6]

Can I talk to a parent about the records of a student that I am giving direct service to?

Yes. Under FERPA, all records kept by school mental health providers are "education records." Therefore, parents have a right to inspect and view these records. If a parent requests the following documents, we are obligated under FERPA to provide them: any and all evaluation reports such as psychological evaluations, FBA/BIPs, service trackers and progress reports.[7]

Can I speak with a student's primary care physician or another attending physician?

FERPA requires parental consent for the disclosure of education records to third parties. However, education records can be released without consent if the information is necessary to protect the health and safety of the student or other individuals. FERPA also allows information to be shared with a third-party healthcare provider providing treatment to the student. The information shared can only be used for providing treatment.[8]

Can I speak with a student's outside mental health provider?

FERPA requires parental consent for the disclosure of education records to third parties. However, education records can be released without consent if the information is necessary to protect the health and safety of the student or other individuals. FERPA also allows information to be shared with a third-party healthcare provider providing treatment to the student. The information shared can only be used for providing treatment.[9]

Can I speak with other school staff?

FERPA allows for the disclosure of necessary and relevant information to teachers and other school officials without written consent if these school officials have legitimate educational interests.[10]

Can a student's physician communicate with me (the licensed clinical social worker or licensed psychologist) without parental consent?

Yes. HIPAA covers healthcare providers and HIPAA allows for disclosure to school nurses, physicians or other health care providers for treatment purposes without the authorization of the student or student's parent.[11]

[6] Id.
[7] Id.
[8] Id.
[9] Id.
[10] Id.
[11] Id.

Can a third party mental health provider (e.g., a DBH clinician; school-based clinician of a community mental health partner, ex. Mary's Center, First Home Care, etc.; or other mental health provider outside of DCPS) communicate with me (the licensed clinical social worker or licensed psychologist) without parental consent?

Yes. HIPAA covers healthcare providers and HIPAA allows for disclosure to school nurses, physicians or other health care providers for treatment purposes without the authorization of the student or student's parent.[12]

In the case of an emergency, who can information be disclosed to without consent?

According to FERPA, no consent is required if school-based staff are faced with situations where a student becomes a harm to himself or herself and to others. In that case, a student's information may be shared with any official who is tasked to mitigate harm (e.g., law enforcement, school administrator, the target of the threat, or family members).[13]

In the same situation, HIPAA also allows covered entities to share health information with anyone who can mitigate or prevent harm. According to HIPAA, no consent is required if a public health emergency requires it to be disclosed. In that case, a student's information may be shared with any official who is tasked to mitigate harm (e.g., law enforcement, school administrator, the target of the threat, or family members).[14]

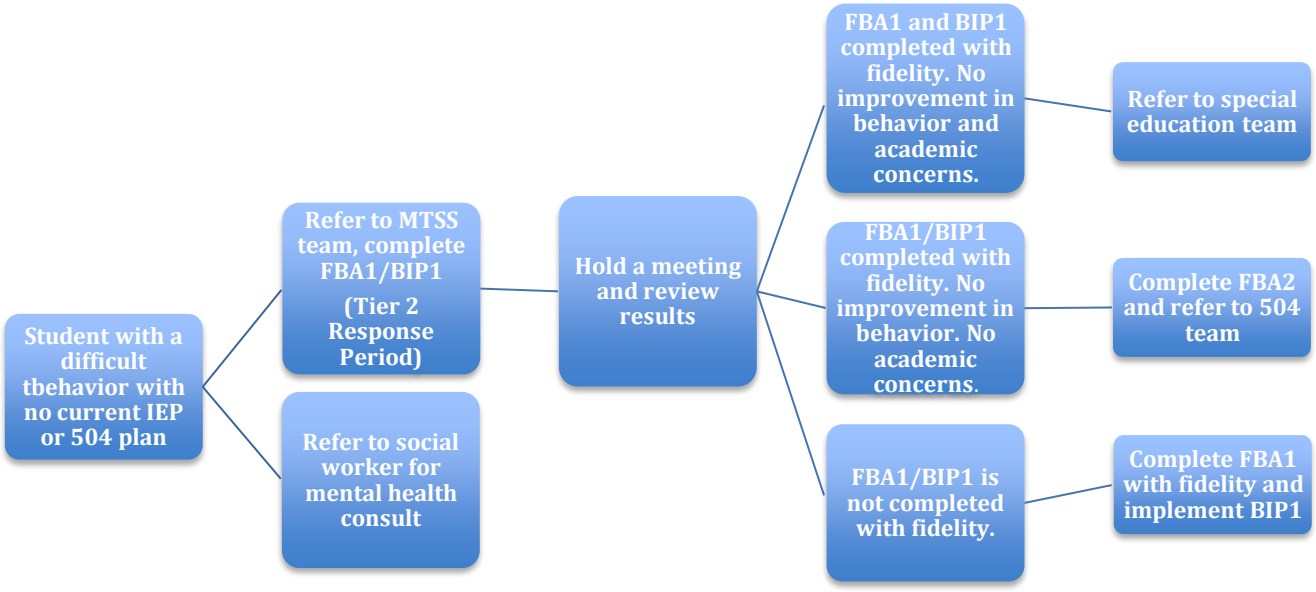
[12] Id.
[13] 34 CFR § 99.31
[14] 45 CFR § 164.512

APPENDIX 17: FBA 1 AND FBA 2 CHECKLISTS

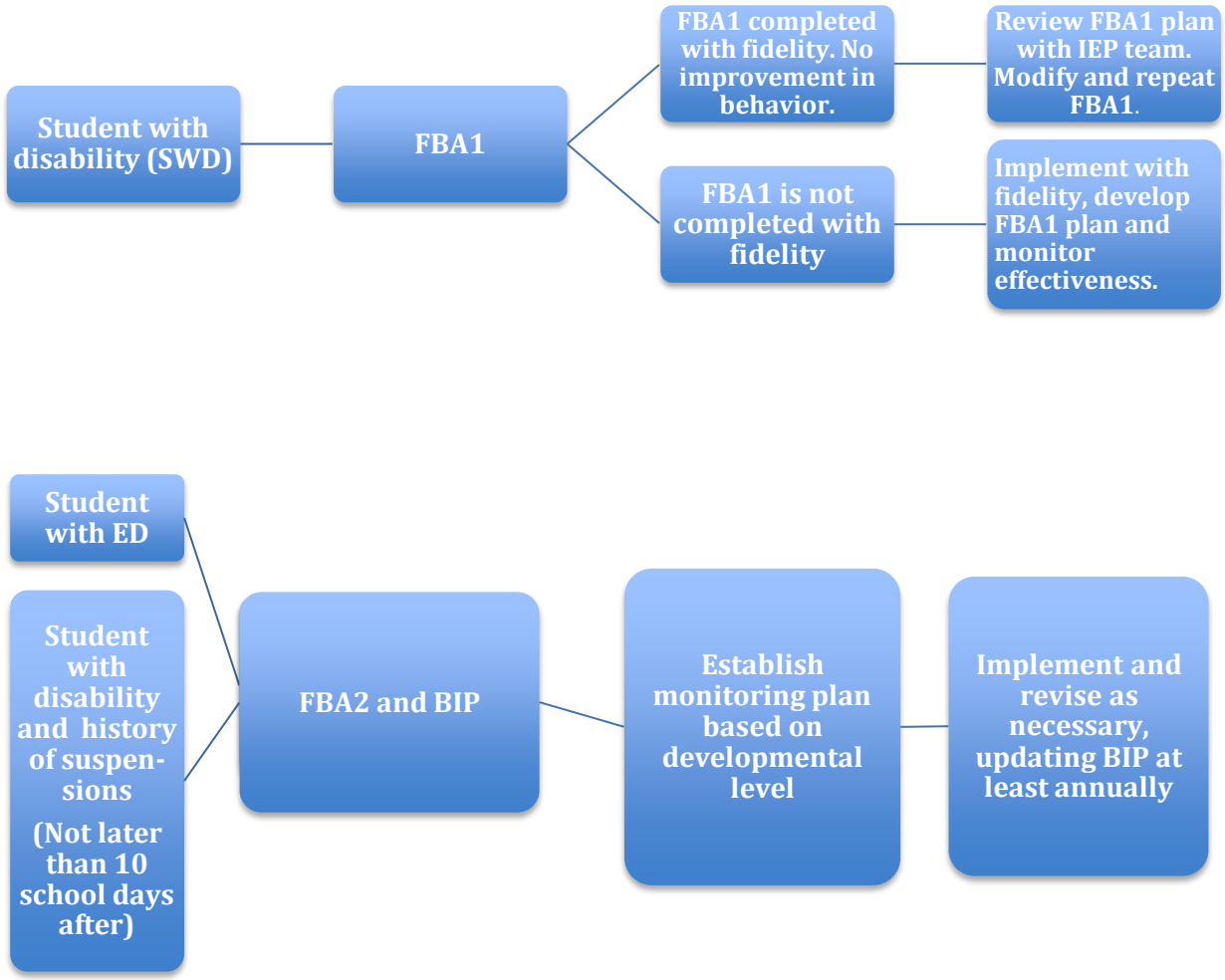
FBA 1 Checklist

✓	Criterion
	Document was completed for the correct student as identified in the FBA Guidebook.
	Document was completed using an DCPS branded template in Frontline/Accelify.
	Document includes responses from a teacher who has a current relationship with the student.
	Document includes responses to all 19 questions.
	Document is free of spelling and grammatical errors.
	Document was faxed into SEDS with a miscellaneous cover sheet that has been properly re-labeled, "MM-DD-YY FBA1"
	Document is accompanied by abehavior intervention plan (BIP 1) that addresses the behavior(s) identified in the FBA1 and offers replacement behaviors and/or coping strategies and **a method (with sample) for tracking progress using data**.

General Education Student with Behavioral Concern



Special Education Student with Behavioral Concern



FBA 2 Checklist

✓	Criterion
	The document has been ordered in SEDS.
	The document was completed using an DCPS branded template in Frontline/Accelify – not a SEDS generated document using the FBA tab.
	The document includes indirect and direct data from a minimum of three resources.
	Indirect data comes from at least two of the following sources: • an interview with student, teacher(s) and/or parents • a baseline measure such as the SDQ • previous assessments such as a psychological assessment, psychiatric assessment, et cetera from collateral sources

	• attendance reports, behavioral incidents, and other pertinent information gleaned from a comprehensive record review.
	The Social Worker's failed attempts to complete interviews are noted on the document.
	Indirect data clearly defines the student's problem behavior(s).
	Direct data sources (e.g., ABC chart or Scatterplot) include a minimum of three observations of at least twenty minutes each.
	FBA-2 includes a data triangulation statement that considers the results of all the data collected and reviewed.
	A hypothesis statement based upon the current data that has been reviewed and is proposed.
	The hypothesis statement specifically states the suspected function of the student's targeted behavior(s).
	The document includes a summary of all reported information and their education implications.
	The document is free of spelling and grammatical errors.
	The document is signed (inclusive of credentials) and dated.
	The document is faxed into SEDS and properly closed out.
	The document is accompanied by a behavior intervention plan (BIP) that addresses the purpose of the behaviors identified in the FBA2 **and includes sample(s) of data tracking tools.**

APPENDIX 18: FUNCTIONAL BEHAVIOR ASSESSMENT II TEMPLATE

FUNCTIONAL BEHAVIOR ASSESSMENT

Student:_____ DOB: _____ Date: _____

School: _____ Grade:_____ Special Ed Coordinator:_____

Examiner: _____ Age: _____ Student ID#:_____

Student Pronouns: _____

Describe and Verify the Seriousness of the problem:

Frequency: Daily **Intensity:** Low **Duration:** Varies

Identify specific characteristics of the behavior that is interfering with learning

Collect information on: Time when behavior does/does not occur, location of behavior; conditions when behavior does/does not occur; individuals present (when most/least likely to occur); events or conditions that typically occur before the behavior; events or conditions that typically occur after the behavior; common setting events; other behaviors that are associated with problem behavior.

What environmental condition may affect the behavior?

What does the student view as positive reinforcement?

What interventions were previously attempted, and what are the results?

Collect information on possible functions of the problem behavior

Direct Assessment
Scatter plots **x ABC charts** **Rating Rubric** **Amount versus quality of behavior**

Indirect Assessment
x Interview **x Questionnaires** **Surveys** **Clinical Progress Report**

Analyze information using triangulation and/or problem pathway analysis

Generate a hypothesis statement regarding probable function of problem behavior.
Test the hypothesis statement regarding the function of the problem behavior.

Summary of Information Gathering/Evaluation Methods

Recommendations

Based on these findings, the following recommendations are suggested:

- The school should convene a multi-disciplinary team meeting to consider the evaluation results and findings of the Functional Behavior Assessment.
- Develop and implement a behavior intervention plan.

_____ _____
Date

This is a confidential report that should be used in conjunction with other DCPS multidisciplinary assessments for the purpose of educational planning for the identified student.

***** This functional behavior assessment report consists of 5 pages. The tampering with and unauthorized disclosure of mental health information violates the provisions of the District of Columbia Mental Health Act of 1978.***

APPENDIX 19: FAQ-CONSENT FOR SOCIAL EMOTIONAL SERVICES FORM

Frequently Asked Questions

1. **What is the purpose of the Consent for Social Emotional Services Form?**
   The Consent for Social Emotional Services Form was designed to give parents and families a method of communicating with the school mental health team about their child's social emotional needs upon enrollment. It is meant to proactively support students who may be experiencing stress and other symptoms that could affect their time at school. It is also intended to begin a positive relationship between families and the social emotional support professionals at each DCPS school. Upon completion, consent forms will be shared with the school mental health team and a team member will contact the parent, if indicated by their form responses.

2. **Are parents required to complete the consent for social emotional services form?**
   No, parents/caregivers are not required to complete the Consent for Social Emotional Services form. It is completely voluntary. They may choose to complete some of it, all of it or none of it.

3. **Does completing this form mean parents are automatically signing their child up for therapy or other social emotional services?**
   No, completing this form does not mean parents are signing up their child for services. Social emotional supports can be provided in many ways. Examples of supports could be helping a student who is having a difficult day, crisis intervention, observations to identify classroom based supports, screening to determine suggested interventions and/or referral to the school's Multi-Tiered System of Support (MTSS) team. If a child is a candidate for an individual or group therapy intervention, additional communication will occur via a phone call or written information that will include specific details about the intervention.

4. **Can parents/caregivers arrange a private meeting with a school mental health team member to discuss their child?**
   Yes, school mental health team members are available to meet privately. School office staff can connect parents to the appropriate team member to schedule a meeting.

5. **If a parent does not sign this form at enrollment will their child still be able to receive social emotional services at school?**

   Yes, all students can receive social emotional services at school, should the need arise during the school year. School staff identify students in need of social emotional supports throughout the year. Parents and caregivers are also able to refer their child for services and supports.

6. **How long does consent last and who will have access to the information on this form?**
   Standard consents typically last for one year from the date of consent. Consent can be withdrawn at any time, via written notification. This form will be shared with the school mental health team, who are licensed and certified professionals (clinical social workers, school psychologists and school counselors).

Frequently Asked Questions: School Staff

School Registrar

1. How can I assist families with questions related to this form?

Please review FAQs to be prepared to respond to questions. The FAQ document will hopefully answer most questions. If you encounter any additional questions, please reach out to a member of your school mental health team for further assistance. If the school mental health team member needs support in answering questions, they should contact their program manager.

2. What do I do with the forms after parents have completed them?

You should make copies of all submitted consent for social emotional services forms and share with your school mental health team. They will follow up with families as indicated by the form.

School Mental Health Team

1. What is our responsibility once we receive the completed forms from the registrar?

Once you receive forms from the registrar, the school mental health team should convene to review the data available in the forms. This data will help teams determine what students should be referred to the Multi-Tiered System of Support (MTSS) team and receive an SDQ screener, as well as what types of groups and interventions may be needed to meet the needs of the student population. This data could also be used to make referrals to community mental health partners.

2. How will we aggregate the data district wide?

School Mental Health teams will be asked to report aggregated data related to the adverse childhood experience question in an electronic database, that will be shared with providers at the start of the school year.

School Administrator

1. How can I assist families with questions related to this form?

Please review FAQs to be prepared to respond to questions. The FAQ document will hopefully answer most questions. As your building's leader, please assure parents that they are important partners in their child's social emotional well-being and that school mental health teams rely on parent and family input when providing services to students. We want parents to know they will be included in treatment decisions. Also, explain the FERPA privacy laws that cover any information they share.

Frequently Asked Questions: Parents/Caregivers

1. **What is the purpose of the Consent for Social Emotional Services Form?**
   The Consent for Social Emotional Services Form was designed to give parents and families a method of communicating with the school mental health team about their child's social emotional needs upon enrollment. It is meant to proactively support students who may be experiencing stress and other symptoms that could affect their time at school. It is also intended to begin a positive relationship between families and the social emotional support professionals at each DCPS school. Upon completion, consent forms will be shared with the school mental health team and a team member will contact you, if indicated by your form responses.

2. **Am I required to complete the consent for social emotional services form?**
   No, you are not required to complete the Consent for Social Emotional Services form. It is completely voluntary. You may choose to complete some of it, all of it or none of it.

3. **Does completing this form mean I am automatically signing my child up for therapy or other social emotional services?**

   No, completing this form does not mean you are signing up your child for services. Social emotional supports can be provided in many ways. Examples of supports could be helping a student who is having a difficult day, crisis intervention, observations to identify classroom based supports, screening to determine suggested interventions and/or referral to the school's Multi-Tier System of Supports (MTSS) team. If your child is a candidate for an individual or group therapy intervention, additional communication will occur via a phone call or written information that will include specific details about the intervention.

4. **Can I arrange a private meeting with a school mental health team member to discuss my child?**

   Yes, school mental health team members are available to meet privately. School office staff can connect you to the appropriate team member to schedule a meeting.

5. **If I don't sign this form at enrollment, will my child still be able to receive social emotional services at school?**

   Yes, your child will still be able to receive social emotional services at school, should the need arise later in the school year. Our school mental health teams work with school staff to identify students in need of social emotional supports throughout the year. Parents and caregivers are also able to refer their child for services and supports.

7. **How long does consent last and who will have access to the information on this form?**
   Standard consents typically last for one year from the date of consent. Consent can be withdrawn at any time, via written notification. This form will be shared with the school mental health team, who are licensed and certified professionals (clinical social workers, school psychologists and school counselors).

APPENDIX 20 - HOME VISITING PROTOCOL

It is the policy of DCPS to ensure the safety of all staff members while conducting home visits. Social workers should be aware that they may likely find themselves in unfamiliar neighborhoods, and/or entering homes in which not all residents welcome their visit. The following is a set of procedures that promote safety before, during and after a home visit and is for use by all DCPS social work staff. Additionally, please refer to the dress code requirements found in Section 2 of the Guidebook.

Prior to leaving the office or school for a home visit, social workers should:

1. Refer to any case files (for example, case management notes) on the student to determine if there are any risk factors associated with the family, home, or neighborhood (e.g., alcohol use, history of violence, history of mental illness, presence of firearms, etc.).
2. Arrange for another staff member to accompany them on the home visit (if possible). This is highly recommended for social workers.
3. Call the person(s) to be visited to make sure they will be home for the visit.
4. Inform your principal of plan for the visit; including reason for home visit, time leaving, length of visit, name and phone number of other staff member, address of home visit, and name of person(s) visiting.
5. Keep personal cell phone powered on and in their possession at all times.
6. Always bring identification.
7. Lock all valuables in the trunk of their car prior to leaving for the visit, including purse, computer, etc.
8. Ensure enough gas is in the car at all times.

When approaching a home, social workers should:

1. Visually inspect the surroundings, including the outside of the home and surrounding residences, for anything that might affect your safety.
2. Look for unsecured animals. The student and their parent or guardian should be informed beforehand that all animals should be secured in order for the home visit to take place.
3. Locate the person's building prior to exiting the vehicle if the residence is in an apartment complex.
4. Park in a well-lit area with the car facing the direction to leave.
5. When possible, park on the street rather than in a driveway to avoid being blocked in.
6. Do not walk around the residence looking in windows if there is no answer at the door.
7. Look and listen for signs of disturbance, such as fighting or crying, involving or affecting people inside or outside of the residence.
8. Be aware of any smells that might be associated with substance use or manufacturing. If signs of substance use are present, do not enter the home.
9. Follow instincts – if a situation feels wrong, request that the visit be rescheduled or moved to another location. Put safety first even if it means cancelling a visit for what seems like "no good reason."

During the home visit, social workers should:

1. Enter through a door that is in plain sight of the street, and knock while standing to the side of the doorway (when possible).
2. Assess any potential hazards which may be present through the open door before entering the home.
3. Not enter the home if asked to do so by someone who is not visible, always wait for the person to present him/herself.
4. Evaluate the attitude, demeanor, and behavior of the student or family member to assess for signs of aggression, violence, substance use, or unusual or suspicious behavior.
5. Not enter a residence if no adult is present. Contact the Child and Family Services Agency (CFSA) if there are unattended children requiring adult supervision in the home. Children 10 years old and under should not be home alone for any length of time. CFSA will accept reports for a child between 10-12 years old if they are left home for more than a couple of hours. They will also accept reports for children over 12 if there is a concern that they are not safe in the home.
6. Not attempt to coerce anyone in the home to allow them to see the student or anyone else. If they refuse to grant access, leave the home and consult with their supervisor.
7. Always sit in a place with easy access to an exit.
8. Always remain aware of who is in the home and the behaviors of those present.
9. Note any fire hazards or unusual smells, including those that could be associated with substance use or manufacturing.
10. Not enter any part of the home without permission.
11. Leave immediately if they perceive any risk to their safety.
12. Be aware of surroundings and have car keys ready when leaving the home. Do not complete any follow up phone calls or notes until away from the area.
13. Observe the back seat before entering the vehicle.

After the home visit, social workers should:

1. Write detailed notes on the home visit as soon as possible and record in the student's communication log or Frontline/Accelify.
2. Update their principal upon return to school or office.
3. Consult with their immediate supervisor to schedule an alternative meeting place for future visits when a visit is not made due to safety concerns, and to ensure that the concerns are passed along to other staff members traveling to that home and/or neighborhood.

**During distance and hybrid learning, the health and safety of students, families, and school staff must be the first priority when considering the delivery of services. The School Mental Health Team will adhere to standards released by infection control experts (e.g., DC Department of Health). Social workers should not conduct services which require face-to-face interaction and that places the health of the student, family, and practitioner at risk due to a substantial risk of contagion. Questions and concerns about homevisits should be discussed with Social Work Program Manager and School Principal PRIOR to conducting the homevisit.*

APPENDIX 21: HUMAN TRAFFICKING DEFINITIONS AND RESOURCES

HUMAN TRAFFICKING

Sex trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age, (22 USC § 7102).

Labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purposes of subjection to involuntary servitude, peonage, debt bondage, or slavery, (*22 USC § 7102*).

For more information on these legal definitions click here to visit the Federal Laws page.

The U.S. Department of Education (DOE) Office of Elementary and Secondary Education (OESE) Office of Safe and Healthy Students (OSHS) website contains valuable information on assessment and intervention with exploited children.

Excerpt:
"Trafficking can involve school-age youth, particularly those made vulnerable by challenging family situations, and can take a variety of forms including forced labor, domestic servitude, and commercial sexual exploitation.

The children at risk are not just high school students—pimps or traffickers are known to prey on victims as young as 9. Traffickers may target minor victims through social media websites, telephone chat-lines, after-school programs, at shopping malls and bus depots, in clubs, or through friends or acquaintances who recruit students on school campuses."

The Office of Safe and Healthy Students published a factsheet that you may access via the link below.
http://www2.ed.gov/about/offices/list/oese/oshs/factsheet.html

The National Human Trafficking Resource Center provides education and resources for clinicians, among others. The link to the website is below.
https://traffickingresourcecenter.org/type-trafficking/human-trafficking

The NHTRC provides an Educator assessment tool (see link below) which does not supersede Mandated Reporting responsibilities. The tool provides red flags and indicators; a decision tree; resources; safety assessment; trafficking assessment and links to more comprehensive tools.

https://traffickingresourcecenter.org/resources/human-trafficking-assessment-tool-educators

APPENDIX 22: INDIVIDUAL STUDENT CRISIS PROTOCOL AND PLANS: INDIVIDUAL STUDENT CRISIS PLAN/SAFETY PLAN/PLAN OF CARE CONFERENCE FORMS

Individual Student Crisis Protocol

This protocol is designed to give specific guidance for those instances of aggressive or passive behavior that is problematic for the student and the school community.

What constitutes an individual student crisis?

- Student runs out of the building
- Out of control behavior that does not de-escalate spontaneously
- Expression (verbal, physical) of self-injury or harm to others
- Severe aggression toward peers (stabbing, weapons)
- Drawings of self-injury or homicidal intent
- Victims of abuse (physical and sexual)
- Symptoms of psychosis
- Symptoms of alcohol or chemical intoxication/overdose
- Passive, withdrawn, isolative behavior (depression, suicidality)
- Weapons (possession)

	SIGNS OF DEPRESSION OR SEVERE EMOTIONAL DISTRESS
	LOW SELF-ESTEEM; A POOR SELF-CONCEPT *May make self-critical remarks like, "I'm no good, or I'm just a burden." Considers self a failure or guilty of some wrong. Says, "I can never do anything right." A series of crisis events may have happened, which leads to feelings of haplessness.*
	SENSE OF HOPELESSNESS AND HELPLESSNESS *Cannot think of any way to make things better; perceives no hope in sight (tunnel vision) even when alternatives exist; despondent about the future.*
	SHAME, HUMILIATION, OR EMBARRASSMENT *Loss of face among peers is a critical problem for youth to cope with. May think that others dislike him/her or are talking about him/her.*
	LISTLESSNESS, TENSION, IRRITABILITY *May react impulsively or be upset about seemingly small events; quick anger.*
	SELF-DESTRUCTIVE THOUGHTS MAY BE EXPRESSED *Intensity and frequency may vary as well as direct or indirect expression.*
	OVERT SADNESS AND DEPRESSION *May often appear sad and depressed or show signs of tension and extreme anxiety.*
	ACTING OUT BEHAVIORS THAT MAY MASK DEPRESSION *Chemical use, refusal to go to school, sexual promiscuity, running away, fighting, recklessness, delinquency, preoccupation with hostility or revenge.*
	UNUSUAL CHANGES IN EATING OR SLEEPING PATTERNS *Noticeable decrease or increase in appetite with significant weight change. Anorexia or bulimia are extreme examples.*
	SUDDEN PERSONALITY CHANGES

	Shy, reserved persons may become aggressive or impulsive. Cautious persons may engage in risk-taking or fighting. Generally inactive persons may become hyperactive. Normally gregarious persons may become shy, withdrawn, or isolated.
	NEGLECT OF PERSONAL APPEARANCE *Formerly well-groomed person may become apathetic about personal appearance and hygiene.*
	ISOLATION AND SOCIAL WITHDRAWAL *Withdrawal from friends, family, and activities formerly enjoyed. May stay in room listening to music with depressing or suicidal themes that intensify mood.*
	UNCHARACTERISTIC DECLINE IN ACADEMIC PERFORMANCE *May suddenly appear disinterested in school or in future goals. May make remarks like, "Don't bother to grade my final, I won't be around," or "It's just not worth it." An unusual decline in grades may be an indication that something is troubling a student.*
	REVERSAL IN VALUATION *Sudden change from loving to hating someone or from self-respect to self-hate.*
	DIFFICULTY IN CONCENTRATING; PERSISTENT BOREDOM *Difficulty in completing tasks or in following through on assignments. May be consistently unable to keep mind on tasks at hand. May appear to think and act very slowly. Simple, everyday decisions may become difficult.*
	VAGUE OR UNEXPLAINABLE PHYSICAL COMPLAINTS *Headaches or stomachaches that visits to a physician do not solve; frequent desire to visit a physician.*
	OUT OF TOUCH WITH REALITY *May be symptomatic of mental illness or chemical use. May also be indicative of a preoccupation with fantasy role-playing games.*
	PREOCCUPATION WITH FATALISTIC OR MORBID THOUGHTS *Excessive thoughts about death or suicide, which may show up in written assignments, drawings, choice of music, literature, or other activities.*
	EXPERIMENTATION WITH SELF-DESTRUCTIVE ACTS *Very dangerous sign. May make superficial cuts on wrists, drive fast and recklessly, burn or otherwise mutilate body, may become very "accident-prone".*

http://www.cobbk12.org/preventionintervention/forms/Suicidal-Homicidal%20Ideations%20Protocol%20-%20121009%20-%20Final%20Copy.pdf

An individual student in crisis may cause severe disruption and a possible threat to safety of self and others. Each school must have a plan to address these potential instances. The most basic plan would detail how members of the mental health team are accessed for timely response. Another facet of the plan may address a particular issue. For example, an elementary school has a number of exits and a history of students absconding. A school wide plan for immediate notification is developed.

Plans should also include expectations for support from and interactions with other school based professionals, and community-based organizations. Communications among the various disciplines-teachers, administrators, mental health teams, health, and security must remain open and constant.

Roles and Responsibilities for Individual Student Crisis

The Point of Contact (POC) (and backup POC)- The clinician who completes the initial assessment. The POC's primary responsibilities are to:

1. Assess
2. De-escalate
3. Create a crisis plan

School Crisis Team (or other supportive individuals identified in the school plan):

1. Communicate with school administrator
2. Contact parents
3. Assist in securing safe environment
4. Contact CHAMPS, if directed

Crisis Team Chairperson:

1. Responsible for managing de-briefing, reporting data and crisis follow-up data.
2. Responsible for contacting the crisis coordinator 202 520 2264 or 202 276 3911 if the crisis requires intervention that cannot be provided in the school setting (per e.g. child to hospital with parent or CHAMPS called)

There are some important caveats to consider in these critical situations.

- Parents must be notified and all efforts to contact parents exhausted
- All "out of control" behavior is not psychiatric or criminal in nature
- The role of CHAMPS is not to hospitalize children but to assist in maintaining the student in the school environment, School Crisis Teams are first responders
- Resolution of these crises is best achieved through teamwork
- De-briefing and crisis planning are integral to the process

Individual Student Crisis Response Plan

If school personnel learn that an individual student is exhibiting behavior that could result in harm to themselves or others, the following steps should be taken. Examples of an individual student crisis situation could be a student coming to school intoxicated, experiencing homicidal ideation, experiencing suicidal ideation, experiencing an emotional and/or behavioral outburst in the classroom that the teacher cannot manage, etc.

a) The staff member should IMMEDIATELY notify the principal or principal's designee, and a school mental health professional. List the school-based mental health professionals you have in your building and how they can be contacted:

Name	Title	How to Contact

*** If none of the above school mental health professionals are on site, **DO NOT CALL MPD**.
Contact the School Mental Health Program Manager who is on-call at 202-505-0733.

b) The school mental health professional will privately question the student and assess the estimated level of risk. This conversation should be documented.

c) The principal or principal's designee, and/or a school mental health professional should call the custodial parent or guardian and ask him or her to come to the school immediately. If the student is age 18 or older or is emancipated, the student will be asked permission to contact a parent or someone else who resides in their household.

d) School personnel should continue to supervise the student until parents can be contacted. The student should NEVER be left alone.

e) If the school mental health professional is able to de-escalate the student and assesses that the student can safely remain in school for the remainder of the day, they may do so ***with a concrete plan***. This plan should be a collaborative effort between the school mental health professional, the student, and any other staff members that have a positive relationship with the student. The plan should include details about how the student will be supervised, identification of specific triggers, coping skills the student

has if they feel themselves escalating, and choices the student has if they feel themselves escalating.

Presenting Problem:
Possible Triggers:
Coping Skills:
If feeling him/herself escalating, the student should: 1) 2) 3) 4) 5)

f) If the school mental health professional deems that the student is not safe to remain in school, the principal, designee or school mental health professional will help the parent/guardian arrange for further assessment.

g) The custodial parent or guardian should leave campus with the student only after she/he has been strongly encouraged to take the student from campus to the facility/treatment provider of his or her choice for a mental health assessment. Explain to the parent(s)/guardian that it is very helpful if they will sign the release of information to allow the facility/treatment provider to release relevant information to the school.

h) Following the crisis, a meeting should be held with all pertinent stakeholders, including the parent and student, to discuss the situation in detail. A plan should be developed with the goal of preventing future crises. This plan should identify specific triggers, ways triggers will try to be minimized, and resources the student has within the school that can be accessed when needed. This plan should be specific, and include details about how the student might access those resources when needed.

INDIVIDUAL STUDENT SAFETY PLAN

An individual safety plan, unlike a typical behavior plan, addresses specific behavior that is dangerous to the student and /or others.	**Date:**

Student Name:	**DOB:**	**Student ID: #**	**Grade:**
Special Education Eligible?	**❑No ❑ Yes**	**If yes, Case Manager:**	
504 Eligible?	**❑No ❑ Yes**	**If yes, Case Manager:**	

Contact Information		
Parent/Guardian:		
Cell Phone:	**Home Phone:**	**Other:**
Emergency Contact:		**Phone:**

Places Student May Be if Missing During School Hours	
On School Grounds:	
Off School Grounds:	

Medical Information
Physician:
Diagnoses:
Medications:
Allergies/Special Considerations:

Description of Specific Unsafe Behaviors (why student's require a safety plan)

CRISIS RESPONSE PLAN	
What to do if student exhibits above described behavior	**Who will do what/backup staff**

Warning Signs/Triggers	Strategies That Work	Strategies That Do Not Work

BEHAVIOR SUPPORTS	
What will staff, student, and family do to lessen the likelihood of unsafe behavior (e.g., supervision, transition planning, transportation to and from school, plan for unstructured time, closed campus, searches, etc.)?	**Who/Back-up person?**
How will plan be monitored?	
How will decision be made to terminate the plan?	

Current Agencies or Outside Professionals Involved		
Name	**Agency**	**Phone**
1.		
2.		
3.		
4.		

Student Safety Team Members		
Name/Signature	**Title**	**Date**

1.		
2.		
3.		
4.		
5.		

Next Review Date: (approximately two weeks from initiation of plan or last review date)

PLAN OF CARE CONFERENCE- (Re-entry Meeting)

(To be completed by a staff member from the clinical team following a student hospitalization, extended absence, and/or whenever a planned response to student reentry is needed)

Date: _____ **Time:** _____
Student Name:_____ **Birth Date:**_____
Reason for Plan of Care Conference:

Meeting Participants

Parent(s)/Guardians	
Social Worker	
Psychologist	
Counselor	
Administrator	
Nurse	
Other	

I. Hospitalization *If student was not admitted to hospital, skip to II**
Reason for hospitalization:_____
_____
Facility/Hospital:_____
Dates of hospitalization:_____
Parent/Guardian Release of Information: Yes_____ No_____
Contact Person (social worker etc.):_____Phone:_____
Fax#/Email: _____
Discharge Information (copy) is attached: Yes_____No _____
II. Medical Plan of Care
Medications (name/dosage/schedule):_____
_____
Physician:_____ Phone:_____
Therapist:_____ Phone:_____

- Next Appointment_____ Special Recommendations_____

III. School Plan

(Describe supports student will need to successfully re-enter school. Attach additional pages as needed.) Social worker will notify teachers, support staff, and administration that student is returning and request updates as indicated.

Is change in class or schedule indicated?_____ Other Needs/Comments:_____

_____

_____

IV. Outside Community Agencies/Supports to contact? If so, list and include in Plan.

District of Columbia Public Schools Release of Information signed: Yes____No_____

Copy of documentation provided to parent/guardian: Yes_____ No_____

Signatures

Parent(s)/Guardian:_____

School Representative:_____

If Plan of Care developed without parent(s)/guardian present, provide explanation below:

Note: This form and related information will be maintained for two years in a confidential file, separate from the student's cumulative folder.

APPENDIX 23: MANIFESTATION DETERMINATION GUIDELINES

When a MDR is Required by Federal Law

A manifestation determination is required every time a change of placement is proposed as a disciplinary action for a student with disability.

The Code of Federal Regulations Section 300 state that a change of placement occurs if:

- The removal is for more than 10 consecutive school days; or
- The child has been subjected to a series of removals that constitute a pattern.[8]

IDEA states that a pattern exists when:

- The series of removals total more than 10 school days in a school year;
- The child's behavior is substantially similar to the child's behavior in previous incidents that resulted in the series of removals; and
- The additional factors exist such as the length of each removal, the total amount of time the child has been removed, and the proximity of the removals to one another.

If the school proposes disciplinary action that includes a removal of the student for more than 10 days in a school year or would constitute a pattern of removals, a manifestation determination must be held *before* the student can be removed from school.

All relevant IEP team members must convene to conduct a MDR:

- Immediately, if possible, but in no case later than 10 school days after the date on which the decision to take that action is made.
- Before the student is removed from the school for more than 10 days (i.e. if the MDR is held 2 days after the incident, the student cannot be removed from school for those 2 days pending the MDR meeting, students must remain in school for those 2 days until the MDR meeting is held).

The team will review all relevant student data to determine:

- If the conduct in question was caused by, or had a direct and substantial relationship to, the child's disability (Note: A direct and substantial relationship to the student's disability is a very rigorous standard and cannot be indirect [e.g. low self-esteem caused the student to misbehave]).
- If the conduct in question was the direct result of the school district's failure to implement the IEP (student was not getting the services indicated in the IEP, ie, student has behavior support services on the IEP, but has not received services because the social worker has been on leave).

The student may not be removed from the school beyond 10 days if an MDR has not yet taken place.

Data to Review During an MDR Meeting

The team will review all relevant student data to determine whether the student's behavior is a manifestation of disability or disabilities. The relevant data may include:

- **Individualized Education Plan** (IEP)
- Evaluations and diagnostic results
- Progress reports
- **Functional Behavior Assessment**(FBA) and **Behavior Intervention Plan** (BIP)
- Observations of student behavior across multiple settings (classroom, recess)
- Relevant information supplied by the parent(s) and/or guardian(s)
- Relevant medical history- any recent short term or long term hospitalizations
- School Discipline record
- Transcript/ current grades
- Attendance record
- Frequency, intensity, and/or duration of behavior

Guiding Questions for MDR Meeting

The following questions should be used to guide and facilitate the MDR meeting. Discuss the guidelines and complete the Manifestation Determination Worksheet (see *Appendix A*).

1. Disability Type:
    a. What are the behavioral characteristics of the student's disability?
    b. Are the behavioral characteristics of the student's disability related to the student's misconduct?
2. Behavioral History:
    a. Is there a record of behavior subject to disciplinary actions?
    b. Is this an isolated or reoccurring behavior? If reoccurring, is this behavior typically in the same location? Does this behavior take place in other locations?
3. Potential Contributing Factors:
    a. Was the behavior affected by psychological/social event(s) unrelated to the disability (e.g. illness, death, family conflict, substance abuse)?
    b. Is there any pertinent medical information (e.g. did the student miss a dosage of medicine)?
4. FBA/BIP:
    a. Does the student have an FBA and BIP?
    b. Date of most current FBA and BIP
    c. What are the targeted behaviors and interventions included within the BIP? Is the BIP still relevant?
    d. Do all teachers and staff members working with the student have access or a copy of the BIP? Have they been implementing the BIP?
5. Current IEP:
    a. Date of last evaluation
    b. Date of last IEP
    c. Are behavioral goals included on the IEP? (required for all ED students) If yes, do they address the behavior subject to disciplinary action?

   d. If yes, is there documentation of interventions in place prior to disciplinary action? **Note**: **It's the responsibility of instructional staff members with whom the student spends the most time.**

6. IEP Implementation
   a. Have services been consistently provided?
   b. What interventions have been implemented to address student behavior? Has the BIP (if applicable) been implemented?

Determination Criteria and Decision

In order to constitute a manifestation of a disability, the behavior must be "caused by" or "have a direct and substantial relationship" to the student's disability, and/or the behavior must be the "direct result" of the failure to implement the IEP.

For more information regarding Manifestation Determination requirements, please refer to the Guidelines for School Discipline of Students with Disabilities: Manifestation Determination Review on Canvas.

APPENDIX 24: MENTAL HEALTH SCREENING PLAN

Early Warning Indicators

- Attendance
- Behavior
- Academics: Reading

School Mental Health Screening Plan SY 20-21

Screening allows schools to identify students who are at risk for academic and/or behavioral challenges using early warning indicators and standardized screening tools. Using screening data, the MTSS team can develop interventions tailored to meet student needs in a proactive and highly efficient manner. DCPS strives to fully implement MTSS for Social Emotional and Behavior.

Screening Process

- Schools will utilize the Multi-Tier System of Supports (MTSS) process to identify students in need of further Social Emotional screening based on Early Warning Indicators and the **MTSS Referral Form**.
- School psychologists will conduct screening using the Strengths and Difficulties Questionnaire (SDQ) for all students ages 3 and above.
- If trauma was reported on the MTSS Referral Form, then the Trauma History and the Child PTSD Symptom Scale (CPSS) **MUST be administered.**
- MTSS Teams, which will include psychologists, social workers, teachers and all other relevant stakeholders will make recommendations and develop intervention plans and referrals (as needed) based on screening results and all other relevant data.

abuse and/or anti-social behavior.

- School psychologists will collaborate with social workers to assist in the identification of additional concerns, interpret data results, and provide additional measuring tools for academic and behavioral progress monitoring. The school psychologists will also lead the MTSS process for the school.
- If trauma was reported on the MTSS Referral Form, then the Trauma History and the Child PTSD Symptom Scale (CPSS) MUST be administered.
- MTSS Teams, which will include psychologists, social workers, teachers and all other relevant stakeholders, will make recommendations and develop intervention plans and referrals (as needed) based on screening results and all other relevant data.

Data Responsibilities by Role

- School Psychologist: Responsible for collaborating with relevant stakeholders to assist in the interpretation of the progress monitoring data, make recommendations based on the data, and screen for additional academic and PBIS relevant interventions.
- School Social Worker: Responsible for all administrations of the SDQ, DSM-V Level 1 Cross Cutting Measure and CPSS (and entering in the appropriate databases) for students referred to an evidence-based intervention or receiving ongoing, direct behavioral support services and progress monitoring at the tier III level.
- Teaching Staff: Responsible for completing all progress monitoring tools, when requested by mental health team, in a timely manner.
- Administrator: Ensures staff fulfill their responsibilities in the screening process and hold team accountable for their screening roles.

Overall Expected Deliverables

1. All of the students that have been screened for SY 21-22 can be identified by their name, student ID number, grade, and school.
2. Using data entered into Frontline/Accelify, the School Mental Health Team will be able to report the number of students screened, by school.
3. As a result of the screening, for each individual student, the tailored intervention(s) and/ or recommended services should be identified and included in the MTSS plan, housed in ASPEN**.
4. If your school administrators have pre-grouped/assigned students into the various tiers based on academic data, the expectation will be that you utilize the EWI report, supplied by your program manager, to identify students to be screened based on the EWI matrix***. The assumption is that screening data will allow the MTSS team to develop more targeted interventions before elevating to a referral for special education.

* It is expected that all students that have been screened this year (SY 21-22) using the **SDQ** or DSM-V Level 1 Cross Cutting Measure be captured and logged accordingly. This ensures the appropriate aggregated data for the entire school year.
**MTSS plan should include information about any changes in intervention plan or movement to a higher or lower tier or service.

Data Compliance Measures

In an effort to ensure that the screening tools are being administered with consistency and fidelity to the screening plan, a frequency correlation will be conducted between the SDQ/ DSM-V Level 1 Cross Cutting Measure (Total # of SDQ/ DSM-V Level 1 Cross Cutting Measure administrations) and the Early Warning Indicator data reported by the central MTSS team (Total # of students at Tier II for behavior). ***Total # of students identified as Tier II via EWI data = Total SDQ/*** DSM-V Level 1 Cross Cutting Measure ***initial screenings completed.***

APPENDIX 25: MENTAL HEALTH TEAM MEETING GUIDANCE AND SCHOOL HEALTH AND WELLNESS DIRECTORY

School Mental Health Team Meeting Guidance

This document provides clarity on each section of the sample School Mental Health Team Meeting Agenda. Feel free to utilize this sample during your team meetings, or to made edits/additions to best reflect the make-up and needs of your school.

Section	Guidance
Team Composition	At minimum, the School Mental Health Team should be comprised of the School-based Behavior Health Coordinator,school social worker, Community Based Organization, school psychologist, school counselor and school nurse. In addition, utilize your School Health and Wellness Team Directory to ensure that the appropriate staff members are aware of meeting days and times, and invited when necessary.
Upcoming MTSS & IEP Meetings	The team should discuss upcoming MTSS and IEP meetings to (1) ensure that the appropriate team members who should attend those meetings are aware and available, (2) ensure all mental health related data has been collected and is ready to review, and (3) all necessary assessments have been completed timely and are ready to review. Any outstanding needs should be discussed and assigned to a team member.
Assessment Check-In	The team should review all open school social work and school psychology assessments to (1) ensure a provider has been formally assigned the assessment in SEDS, (2) ensure the consent date is current, and (3) collaborate and share information as necessary. For example, the team may discuss a Behavior Intervention Plan that is being developed for a student with complex challenges.
Individual Student Crisis Check-In	The team should discuss students who experienced an individual student crisis in the previous week and determine if an Individual Student Crisis Plan is necessary. The team can also use this time to collaborate on the development of those plans and to disseminate them to all necessary staff members. The team

	should also review completed plans to see if updates are warranted.
School Nurse Report	The school nurse should share information with the team, and elicit feedback, about student-specific concerns and/or larger initiatives.
Community-Based Organization(s) Report	The community-based organization(s) should give updates on students they are working with and update the team on caseload (i.e., if they are at capacity or if they have capacity to support additional students).
Case Management Updates/Needs/Transition	The team should share updates on (1) families who may have expressed a need, (2) resources available and (3) discuss students transitioning out of school-based services and connect to community mental health, i.e., students graduating.
New Referrals and Consent for Social Emotional Services Form(s)	The team should review new referrals and Consent for Social Emotional Services Form(s) to determine which team member has the capacity, and is most appropriate, to provide support.

SCHOOL HEALTH AND WELLNESS TEAM DIRECTORY – SY 20-21 (Elementary)

School: _____

Day and Time of Scheduled Mental Health Team Meetings: _____

Team Member	Best Way to Contact
School Behavioral Health Coordinator:	
504 Coordinator:	
Administration of Medication (AOM) Trained Staff:	
DBH Clinician:	
Early Childhood Education (ECE) – Clinician:	
Early Childhood Education (ECE) - Family Services Coordinator:	
LEA Representative (Special Education Coordinator):	
School Counselor(s):	
School Nurse:	
School Psychologist:	
School Social Worker(s):	
Wellness Champion:	
Medicaid Managed Care Organization POCs:	
External Providers (CBOs, etc.) Active in School:	

- ***School Behavioral Health Coordinator (SBHC)-DCPS staff that leads the school mental health team***

- ***504 Coordinator*** *– Manages the 504 Process at the school to ensure students receive appropriate accommodations.*
- ***Administration of Medication (AOM) Trained Staff*** *– DCPS staff trained to administer medication when nurse is unavailable.*
- ***DBH Clinician*** *– Promotes social and emotional development and addresses psycho-social and mental health problems that become barriers to learning. The clinician serves youth, families, teachers and school staff using a public health approach to provide mental health prevention, early intervention, and treatment services to students.*
- ***Early Childhood Education – Clinician***
- ***Early Childhood Education - Family Services Coordinator***
- ***LEA Representative*** *– Manages the IEP Process at the school to ensure students receive appropriate accommodations.*
- ***School Counselor*** *– Provides academic planning support to schools, implements and facilitates the delivery of counseling services with students in areas of need, and conducts group counseling with students in areas of educational, career or personal need.*
- ***School Nurse*** *– Promotes a healthy school environment, providing for the physical and emotional safety of the school community. Nurses also assist students with chronic and acute medical needs, provide routine health screenings and assessments, coordinate school response to communicable diseases, and identify suspected child abuse, illegal drug use or depression and determine appropriate intervention.*
- ***School Psychologist*** *– Administers individual psychological measures (including cognitive, processing, memory, visual-perceptual, visual-motor, social/emotional and behavioral measures) to referred students, develops interventions and strategies to assist students in academic growth and school adjustment, collaborates with the MDT and other stakeholders in developing treatment programs for referred students, and contributes to the total school population through MTSS effort.*
- ***School Social Worker*** *– Engages in preventive work with students, staff, and families that promotes a positive school climate and social/emotional well-being, including consultations with school staff and parents. The school social worker provides early intervention services, including mental health services, crisis counseling, case management and collaboration, and provide behavioral support services to students with disabilities. They also contribute to the total school population through collaborative work with parents and teachers, resource development, and crisis intervention.*

- ***Wellness Champion*** *- Builds a culture of health and wellness in the school environment, motivates and supports members to promote wellness in the school community, and leads the charge to develop and maintain the School-Based Wellness Council.*
- ***Medicaid Managed Care Organization POC*** *- Although not school-based, each Medicaid Managed Care Organization (AmeriHealth DC, Health Services for Children with Special Needs, MedStar Family Choice, and Trusted Health Plan) has identified a point of contact to aid schools in care coordination for medical, dental, or behavioral health services that students enrolled in Medicaid may need. These individuals are being included in this list as a resource to assist when external services are needed for students who are also enrolled in the Medicaid Managed Care Organization. They should not be included in school-level meetings or collaboration activities, unless it pertains to a particular student who is also a member of the Medicaid Managed Care Organization.*

School: _____

Day and Time of Scheduled Mental Health Team Meetings:_____

Team Member	Best Way to Contact
School Behavioral Health Coordinator:	
504 Coordinator:	
Administration of Medication (AOM) Trained Staff:	
DBH Clinician:	
LEA Representative (Special Education Coordinator):	
LGBTQ Liaison:	
New Heights Coordinator:	
School Based Health Center POC:	
School Counselors:	
School Nurse:	
School Psychologists:	
School Social Workers:	

Sexual Health Liaison:	
Wellness Champion:	
Medicaid Managed Care Organization POCs:	
External Providers (CBOs, etc.) Active in School:	

- ***School Behavioral Health Coordinator (SBHC)-DCPS staff that leads the school mental health team.***

- ***504 Coordinator*** *– Manages the 504 Process at the school to ensure students receive appropriate accommodations.*
- ***Administration of Medication (AOM) Trained*** *Staff – DCPS staff trained to administer medication when the nurse is unavailable.*
- ***DBH Clinician*** *- Promotes social and emotional development and addresses psycho-social and mental health problems that become barriers to learning. The clinician serves youth, families, teachers and school staff using a public health approach to provide mental health prevention, early intervention, and treatment services to students.*
- ***LEA Representative*** *– Manages the IEP Process at the school to ensure students receive appropriate accommodations.*
- ***LGBTQ Liaison*** *– Serves as a visible ally to lesbian, gay, bisexual, transgender, and/or questioning students, staff, and families in the school community. The LGBTQ liaison strives to find ways to support students and facilitate safe/supportive learning environments for all students.*
- ***New Heights Coordinator*** *- Provides expectant and parenting DCPS students (male or female) with the assistance, support, and guidance they need to handle the responsibilities of raising a child and graduating from high school. The program seeks to keep students engaged in school, improve the graduation rates of these students, prepare them for college or career, and prevent subsequent pregnancies.*
- ***School-Based Health Center Point of Contact*** *– School-based health centers are comprehensive primary care clinics located inside the school. Each SBHC offers a full range of medical, oral, social and mental health services and education to enrolled students, and to the children of enrolled students. Parental consent is required for students to receive services, with the exception of sexual health, substance abuse and mental health services (covered by Minor Consent Law).*
- ***School Counselor*** *– Provides academic planning support to schools, implements and facilitates the delivery of counseling services with students in areas of need, and conducts group counseling with students in areas of educational, career or personal need.*

- ***School Nurse*** *– Promotes a healthy school environment and provides for the physical and emotional safety of the school community. The nurse also assists students with chronic and acute medical needs; provides routine health screenings and assessments; coordinates school response to communicable diseases; and identifies suspected child abuse, illegal drug use or depression and determines appropriate intervention.*
- ***School Psychologist*** *– Administers individual psychological measures (including cognitive, processing, memory, visual-perceptual, visual-motor, social/emotional and behavioral measures) to referred students, develops interventions and strategies to assist students in academic growth and school adjustment, collaborates with the MDT and other stakeholders in developing treatment programs for referred students, and contributes to the total school population through MTSS effort.*
- ***School Social Worker*** *– Engage in preventive work with students, staff, and families that promotes a positive school climate and social/emotional well-being, including consultations with school staff and parents. The school social worker provides early intervention services, including mental health services, crisis counseling, case management and collaboration, and behavioral support services to students with disabilities. The school social worker also contributes to the total school population through collaborative work with parents and teachers, resource development, and crisis intervention.*
- ***Sexual Health Liaison*** *– Serves as a resource points for students, school staff, and the larger community on sexual health—specifically condom/ barrier method distribution and some education (but not in place of current health curriculum implemented in classrooms).*
- ***Wellness Champion*** *- Builds a culture of health and wellness in the school environment, motivates and supports members to promote wellness in the school community, and leads the charge to develop and maintain the School-Based Wellness Council.*
- ***Medicaid Managed Care Organization POC*** *- Although not school-based, each Medicaid Managed Care Organization (AmeriHealth DC, Health Services for Children with Special Needs, MedStar Family Choice, and Trusted Health Plan) has identified a point of contact to aid schools in care coordination for medical, dental, or behavioral health services that students enrolled in Medicaid may need. These individuals are being included in this list as a resource to assist when external services are needed for students who are also enrolled in the Medicaid Managed Care Organization. They should not be included in school-level meetings or collaboration activities, unless it pertains to a particular student who is also a member of the Medicaid Managed Care Organization.*

APPENDIX 26 - MENTAL HEALTH TEAM MEETING AGENDA (SAMPLE)

School Mental Health Team Meeting Agenda

Date: _____

Team members present:

_____

_____

1. Upcoming MTSS & IEP Meetings

Date	Time	Student	Outstanding Needs

2. Assessment Check-In

School Psychology Assessments

Student	Assigned Provider	Consent Rec'd Date	Due Date	Underway (U) or Completed (C)?

School Social Work Assessments

Student	Assigned Provider	Consent Rec'd Date	Due Date	Underway (U) or Completed (C)?

3. Individual Student Crisis Check-In

_____

_____

_____

_____

4. **School Nurse Report**

_____
_____
_____
_____

5. **Community-Based Organization(s) Report**

_____
_____
_____
_____

6. **Case Management Updates/Needs/Transition**

Student	Needs/ Concerns	Assigned School Contact

7. **New Referrals and Consent for Social Emotional Form(s)**

Student	Presenting Concerns	Assigned Provider/ Plan

APPENDIX 27: NATIONAL PROVIDER IDENTIFICATION NUMBER REQUIREMENT

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

MEMORANDUM

To: Related Services Providers
Program Managers and Clinical Specialists
From: Dr. Nathaniel Beers, Chief of the Office of Specialized Instruction
Cc.: Phuong Van, Medicaid Analyst, Office of Specialized Instruction
Re.: **National Provider Identification Number**
Date: February 19, 2014

Welcome to the District of Columbia Public Schools' (DCPS) Office of Specialized Instruction Inclusive Programming Division. Your commitment and dedication to helping our students reach their maximum potential is much appreciated.

The purpose of this memo is to inform you of an important step in ensuring your good standing as a Related Services Provider (RSP). A mandated service provider regulation passed on April 12, 2012, through the Affordable Care Act (rule 42 CFR Parts 424 and 431), requires all providers of medical services to obtain a National Provider Identifier (NPI) within one week of their employment start date. The NPI acts as a unique provider identifier for Medicaid claims submitted to the Medicaid Agency, and is necessary to the operations of both Medicaid and Related Services.

In order to properly conduct Medicaid claiming and to remain a provider employed in any capacity, all providers rendering services on behalf of DCPS must obtain their NPI number. Providers may verify their existing NPI number or obtain an NPI number online at https://nppes.cms.hhs.gov/NPPES. After securing an NPI within seven days of employment, please provide the number to your assigned Program Manager or Clinical Specialist.

Please review the attached National Provider Identifier FAQs and directions. For any other questions concerning your NPI number or any difficulties experienced while attempting to obtain your NPI number, please notify your assigned Program Manager or Clinical Specialist and contact the NPI Enumerator.

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

MEMORANDUM

TO: Related Services and Early Stages Program Managers

Cc: Dr. Art Fields, Senior Director of Related Services
Deitra Bryant Mallory, Director Related Services Quality
Regina Grimmett, Director Related Services Operations
Sean Compagnucci, Executive Director Early Stages

FROM: Dr. Nathaniel Beers, Chief, Office of Specialized Instruction

RE: **National Provider Identifier Requirement for Providers Employed or Contracted with DCPS**

As a result of the Affordable Care Act, the Centers for Medicare and Medicaid (CMS) issued a final rule (42 CFR Parts 424 and 431) on April 12, 2012 requiring all providers of medical services to obtain a National Provider Identifier (NPI). The NPI acts as a unique provider identifier for Medicaid claims submitted to the Medicaid Agency. In order to properly conduct Medicaid claiming, all providers rendering services on behalf of the District of Columbia Public Schools must obtain their NPI number.

Providers may verify their existing NPI or obtain an NPI for the first time online at https://nppes.cms.hhs.gov/NPPES

Frequently Asked Questions (FAQ's):

1. What is an NPI?
An NPI is a 10-digit number used by Medicaid to uniquely identify providers.

2. Why is the NPI required?
In order to properly submit Medicaid claims for special education services rendered, individual provider NPI's must be included in claims.

3. Why is this required now and not in past?
The Affordable Care Act (ACA) reinforced the 1996 HIPAA requirement that certain providers obtain an NPI, making the NPI requirement universal. The Centers for Medicare and Medicaid Services issued a final rule (42 CFR Parts 424 and 431) requiring all providers of medical services to obtain an NPI. As a result, states must provide the individual NPI when claiming.

4. If I'm providing services as part of my private practice, will this affect my ability to collect Medicaid?
As long as a provider is not submitting claims for services rendered on behalf of DCPS, then there should be no effect on a provider's ability to claim outside of these services.

5. Who is liable if DCPS is the Medicaid claimant?
Liability will be shifted away from providers, because DCPS conducts Medicaid claiming on behalf of providers and providers have no part in claiming themselves.

6. Will this be an annual requirement or just one time?
Obtaining an NPI is a one-time requirement.

7. When do I need to obtain an NPI/enroll with DC Medicaid?
DCPS requires providers to obtain an NPI within 7 days of employment. Please provide your NPI number to your discipline Program Manager.

8. What's the process to obtain an NPI?
Providers must access the National Plan and Provider Enumeration System (NPPES) at https://nppes.cms.hhs.gov/NPPES
Time to complete is an estimated 20 minutes. Required credentialing and identifying information is listed on the website.

9. Does it cost anything?
There is no cost to obtaining an NPI.

Any questions or concerns?

Contact:

Phuong Van
Gloria VanHook
Medicaid Analyst, OSI Eligibility and Enrollment Specialist, OSI
Email: phuong.van@dc.gov Email: gloria.vanhook@dc.gov
Desk: (202) 442-4487 Desk: (202) 7276196

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

TO: Related Services Providers

Cc: Dr. Art Fields, Senior Director Related Services
Deitra Bryant Mallory, Director Related Services Quality
Regina Grimmett, Director Related Services Operations
Sean Compagnucci, Executive Director Early Stages

FROM: Medicaid Team, Office of Specialized Instruction

RE: **Directions to Apply for a National Provider Identifier**

All providers rendering services on behalf of DCPS must obtain a National Provider Identifier (NPI). Individuals are eligible to receive one NPI regardless of the number of specialties practiced. Please follow the steps below if you never received an Entity Type 1 NPI.

Contact the NPI Enumerator (helpdesk) at 1-800-465-3203 or customerservice@npienumerator.com for questions about the application.

Open the hyperlink https://nppes.cms.hhs.gov/NPPES

Section 1:

- Select Entity Type 1: "An individual who renders health care"
- Is the individual a sole proprietor? Select No

Section 2:
Complete 1-19.

Section 3:
3-A and B: Input DCPS address for *Business Address* and *Business Practice Location*.

1200 First St NE, 9th Floor
Washington, DC 20002

3-C. Fill out if applicable

3-D. Provider Taxonomy Code

1. Click **Add Taxonomy**
2. Select **Provider Type Code**, click **Next**
3. Select **Taxonomy Code Area**, **Highlight** the appropriate code
4. Click **Save** and then click **Next**

The table below provides some Taxonomy Codes. For a complete list, please visit http://www.wpc-edi.com/reference/ **and click on *Health Care Provider Taxonomy Code*.**

Classification	Provider Type Code	Taxonomy Code
Audiology	23	231H00000X
Occupational Therapy	22	225X00000X
Occupational Therapy Assistant	22	224Z00000X
Physical Therapy	22	225100000X
Physical Therapy Assistant	22	225200000X
School Psychologist	10	103TS0200X
Clinical Psychologist	10	103TC0700X
Speech Language Pathologist	23	235Z00000X
School Social Work	10	1041S0200X
Clinical Social Work	10	1041C0700X

Section 4: Certification Statement.

Section 5: Provide your contact information.

****NPI information can be updated online. ****

APPENDIX 28: PLAN OF CARE CONFERENCE: (Re-entry Meeting)

Plan of Care Conference: (Re-entry Meeting)

(To be completed, by a staff member from the mental health team, following a student hospitalization, extended absence, and/or whenever a planned mental health response to student reentry is needed)

Date: _____ Time: _____

Name of student involved: _____ Birth Date: _____

Reason for Plan of Care Conference: _____

_____

_____

Meeting Participants

Parent(s)/Guardians_____ Social Worker _____

Administrator_____ Counselor _____

School Nurse _____ Other _____

I. Hospitalization *If student was not admitted to hospital, skip to II**

Reason for hospitalization:_____

Name of Hospital_____ Dates of hospitalization_____

Contact Person (social worker etc.) _____ Phone _____

Discharge Information (copy) is attached: Yes _____ No_____

II. Medical Plan of Care

Medications (name/dosage/schedule): _____

Medical Doctor _____ Phone_____

Therapist _____

Next Appointment_____ Special Recommendations_____

III. School Plan

(Describe supports student will need to successfully re-enter school. Attach additional pages as needed) Social worker will notify teachers, support staff, and administration that student is returning, and request updates as indicated.

_____

_____

_____

_____

_____

_____

Is change in class or schedule indicated? _____ Other needs/ comments: _____

IV. Outside Community Agencies/Supports to contact? If so, list and include in Plan.

District of Columbia Public Schools Release of Information signed: Yes_____ No_____

Copy of documentation provided to parent/guardian _____

Signatures: Parent/Guardian _____

School Official _____

If Plan of care developed without parent present, explain why

_____

_____

_____

Note: This form and related information will be maintained for two years in a confidential file, separate from the student's cumulative folder

Please list any interventions previously taken to address the concerns or any additional comments on the back of this form.

APPENDIX 29: PLAN TO MAKE UP MISSED SERVICES

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

PLAN TO MAKE-UP MISSED SERVICES

Student:
Date of Birth:
Service:
Date:

Student ID Number:
School:
Provider Name

Instructions:
(1) Follow DCPS guidelines regarding Missed Related Service Sessions and Due Diligence Guidelines (2) Notify the student's parent and teacher of make-up plan, and document in Communications Log in SEDS (3) Work with teachers to determine best times for providing make-up services (4) Submit a copy of this form to the Program Manager by the end of the month.

Reason for Missed Service	Options for Making-Up Services
Select: T1 – Provider unavailable due to student/district/building meetings T2 – Provider – illness; personal; professional development T3 – Not provider to cover school S1 – Student unavailable for scheduled service (field trip, assembly, school closing) S2 – Student refusal	***Select:*** 1. Add time before or after the student's scheduled session 2. Add a session another day 3. Incorporate the student into other students' sessions 4. Integrate service into classroom activities 5. Schedule before/after school if permissible by the district

Dates of missed sessions	Amount of time missed (in minutes)	Reason	Option selected for make-up services	Dates services will be made up	Estimated completion date	Make up plan confirmed with teacher	Date make-up was completed and documented

APPENDIX 30: PROGRESS REPORT EXAMPLE

Emotional, Social, and Behavioral Development

Goal: When participating in an activity, with preferential seating, a visual task schedule and no more than 3 visual or verbal prompts, Student will actively work on the assigned task(s), use attentive posture (e.g., sitting up), and will refrain from off-task behaviors (e.g., disrupting other students, daydreaming, walking around) for the duration of the activity, for 4 out of 5 activities.

- **Comments for Reporting Period 4 (04/11/2016 - 06/16/2016)**
  Social Worker, 06/06/2016:
  Student continues to demonstrate the ability to engage in small group activities and tasks, computer-based assignments, and assignments with 1:1 assistance from teacher, but continues to struggle when having to engage in assignments or tasks that are independent or whole group. He will put his head down or become distracted with objects in his desk and not engage in or work on assigned task. This behavior is persistent even when attempts to reengage by teacher or social worker (breaks offered, assignment choices, daily behavior tracker reinforcement) are attempted. Though Student is disengaged during independent or whole group about 50% of the time; he is able to refrain from disruptive behavior or walking around and is able to stay at his seat 95% of the time according to scatterplot observational data. The end of the year follow-up Strengths and Difficulties Questionnaire (SDQ) administered May 2016 shows a regression in the area of "Behavioral Difficulties." He has gone from a risk score of "slightly raised," in February (mid-year data) to "very high." For the area of "Hyperactivity and Concentration Difficulties," Student's risk score has remained the same at "slightly raised," which is a continued improvement when compared to the beginning of the year risk score of "very high."

Goal: During transition times or another academic or social setting where Student previously displayed oppositional behavior (e.g. inappropriate comments, distracting behavior, ignoring adult directives) when communicating with adults, Student will use at least 1 self-control strategy (e.g. using self-talk or belly breathing) to gain self-control within 2 minutes of be- coming agitated, communicate his thoughts respectfully (e.g. "I feel ... ") and refrain from using negative communication (e.g. inappropriate comments, distracting behavior, ignoring adult directives) for 3 of 4 social interactions with adults.

- **Comments for Reporting Period 4 (04/11/2016 - 06/16/2016)**
  Social Worker, 06/06/2016:
  Student is able to transition without displaying oppositional behavior most of the time with teachers/staff he is familiar with. He does display trouble when he is asked by a teacher or staff that he is not familiar with and will then display oppositional behavior. When he is escalated, he is able to use calming strategies about 65% of the time, with adult reminders, according to behavior tracker data. This is a regression since the last term data was collected. Last term, it was evidenced by behavioral tracker data that he was able to transition, with adult reminders, 70% of the time. Student is shown the ability to manage his emotions and self- regulate more effectively, but when in the moment has trouble transferring learned skills to situations. SDQ data indicates a risk score of "slightly high" in the area of "Overall Stress" in current end of the year data. This is an improvement from the mid-year follow-up data (collected February 2016) that indicated a score of "very high." This improvement may suggest that he is better able to cope with stress and self-regulate more effectively.

APPENDIX 31: PROVIDING DOCUMENTS TO PARENTS BEFORE & AFTER MEETINGS

Changes to DCMR Special Education Legislation

- **Providing documents to parents before and after Eligibility/IEP meetings**
- **Translation of post-meeting documents**

D.C. Acts 20-486, 20-487, and 20-488) were signed into law as of March 10, 2015, amending certain parts of the DC Municipal Regulations (DCMR) and introducing new pieces of legislation that have direct implications on how we provide special education in the District.

This document will address changes that went into effect on March 10th, 2015.

***Process for Providing Documents Before Meetings*:**

1. At least ten (10) business days before scheduled meeting, **all documents** that will be discussed during that meeting **must be sent home to parents.**
2. A pre-meeting letter that explains the contained information should be sent with packet. This can be found on Ed Portal
3. After all documents have been provided to parents, the **Pre-Meeting Checklist must be completed and uploaded/faxed into SEDS.** Use *Miscellaneous Cover Sheet* and rename as *Pre-Meeting Materials Checklist*.
4. A **communications log entry** must be completed after providing parents with documents.

Documents to Provide Before an <u>Eligibility</u> Meeting

Before eligibility meetings, the following materials must be provided to parents:

- Analyzing Existing Data Report
- Copies/ results of any formal or informal assessments and/or evaluations (educational, FBA, speech, psychological, etc.)
- Any other additional relevant documents that will be discussed at the meeting.
- Mandatory IEP Meeting Excusal Form (If any of the IDEA required IEP team members will be unable to attend or participate by phone)

Documents to Provide Before an <u>IEP</u> Meeting

Before IEP meetings, the following materials should be provided to parents:

- Draft IEP
- ESY Criteria Worksheet
- Post- secondary transition plans and any informal vocational assessments or surveys (for students 14 and older)

- LRE observation reports (if applicable)
- Transportation forms (if applicable)
- Dedicated aide observation reports (if applicable)
- Any data/documents related to possible change of service hours
- Any other documents that will be discussed in the meeting
- Mandatory IEP Meeting Excusal Form (If any of the IDEA required IEP team members will be unable to attend or participate by phone)

Process for Providing Documents After Meetings:

1. *Within 2 business days* after an Eligibility or an IEP meeting, the school must send the **finalized documents to parents.**
    - Finalized Eligibility or IEP
    - Signed Eligibility or IEP signature page
    - Eligibility or IEP PWN
2. *Communications log entry* must be completed after providing parents with documents.

Providing Documents to Parents-FAQs

What meetings are subject to these new requirements?

- All Initial Eligibility, Initial IEP, Reevaluation, and Annual IEP meetings.

How should documents be sent to parents?

- Documents must be mailed, sent home in backpack, or handed to parents.

Who is responsible for sending documents, uploading cover sheets, and creating a communications log entries?

- The case manager is responsible for sending documents, uploading cover sheet, and creating communications log entries.

How do I access the Pre-Meeting Criteria Checklist?

- The Pre-Meeting Criteria Checklist is available in the Ed Portal.

APPENDIX 32 - REFERRAL FOR SERVICES FORM

Adult Referral Form for Student Mental Health and Counseling Support

Student Name	Grade Level	Gender	Date Form Completed

Name of Person Making Referral	Contact # or Email for Person Making Referral
Contact # or Email for Parent/Guardian	Do you want the student to know you made the referral? Yes ☐ No ☐

Has the student or family asked for:

Information about services? ☐ Yes ☐ No

An appointment to initiate help? ☐ Yes ☐ No

Someone to contact them to offer help? ☐ Yes ☐ No

Please rate the urgency of this request by circling the appropriate number:

Not Urgent 1 ☐ 2 ☐ 3 ☐ 4 ☐ Moderately Urgent 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Very Urgent

Please check area(s) of concern that are demonstrated on a consistent/frequent basis:

ACADEMIC

- ☐ Grades falling significantly
- ☐ Skipping classes
- ☐ Excessive tardiness
- ☐ Low motivation/effort
- ☐ Does not complete homework
- ☐ Has low reading skills
- ☐ Has difficulty with math skills
- ☐ Has difficulty with written language
- ☐ Inverts/reverses numbers/letters
- ☐ Possible auditory/ vision difficulties
- ☐ Difficulty with peers in classroom
- ☐ Unable to follow directions
- ☐ Inability to stay on task/complete assignments
- ☐ Easily distracted
- ☐ Falling asleep in class
- ☐ Requires frequent one-on-one attention
- ☐ Other:

APPEARANCE

- ☐ Appearance/hygiene neglected
- ☐ Bloodshot eyes
- ☐ Needle or burn marks
- ☐ Other: Bruises (dramatic/sudden)
- ☐ Weight loss/gain
- ☐

BEHAVIOR

- ☐ Abusive language/ profanity
- ☐ Alcohol/drug abuse (suspected or known)
- ☐ Argumentative
- ☐ Attention seeking
- ☐ Bizarre thoughts or behaviors (i.e., hearing voices, seeing things, eating inedible objects, rocking, head banging)
- ☐ Cutting/scratching/ hurting self
- ☐ Destruction of property
- ☐ Disruptive
- ☐ Eating problems (too much or too little)
- ☐ Excessive or uncontrollable crying
- ☐ Gang involvement
- ☐ Inappropriate displays of affection/ clingy
- ☐ Irritable/angry/hostile
- ☐ Isolated/withdrawn
- ☐ Lethargic/low energy
- ☐ Negative peer influences Physically assaultive toward others/ fighting
- ☐ Pregnant
- ☐ Preoccupied with death
- ☐ Rejected by peers/ picked on
- ☐ Self-esteem problems
- ☐ Separation anxiety
- ☐ Sexually assaultive toward others/vulgar
- ☐ Suffered sexual and/ or physical assault
- ☐ Talks about suicide
- ☐ Threatening/ intimidating remarks/ bullying
- ☐ Worrying/ nervousness
- ☐ Other:

DIFFICULTY MAKING TRANSITIONS

- ☐ having trouble with adjustment
- ☐ new living situation

FAMILY/ENVIRONMENT

- ☐ address, living with others)
- ☐ Inadequate food source
- ☐ (physical, sexual, emotional)
- ☐ Speaks with anger about parents/family
- ☐ (including parent divorce)
- ☐ Other:

Student Self-Referral Form for Mental Health and Counseling Support

Name	Grade Level	Gender	Date Form Completed

Are you a special education student? ☐ Yes ☐ No

How urgent is your request for counseling?

Not Urgent 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Very Urgent

Please check as many of the following that may apply to your situation:

FEELINGS …

- ☐ Really sad
- ☐ Hopeless
- ☐ Worthless
- ☐ Very angry
- ☐ Anxious/worried
- ☐ Grief
- ☐ Extremely afraid
- ☐ Irritable
- ☐ Always crying
- ☐ Rejected by peers
- ☐ Withdrawn/isolated
- ☐ Very distracted
- ☐ Depressed
- ☐ Out of control
- ☐ Always tired/sleepy
- ☐ Hostile/unapproachable
- ☐ Self-esteem problems

BEHAVIORS …

- ☐ Cutting/scratching self
- ☐ Eating then vomiting
- ☐ Not eating
- ☐ Stealing
- ☐ Using drugs/alcohol
- ☐ Suicidal thoughts/threats
- ☐ Grades falling
- ☐ Disrupting class
- ☐ Skipping school
- ☐ Bizarre thoughts
- ☐ Destroying property
- ☐ Excessive absences/tardy
- ☐ Thoughts of death
- ☐ Sudden weight loss
- ☐ Abusive/fighting

OTHER…

- ☐ Sexual abuse
- ☐ Physical abuse
- ☐ Neglect
- ☐ Rape (stranger/date)
- ☐ Physical assault
- ☐ Pregnancy
- ☐ Family drug/alcohol use
- ☐ Homelessness
- ☐ Difficulty with parent
- ☐ Death of family/friend
- ☐ Parents separated/divorced
- ☐ Relationship problems
- ☐ Always sick/tired
- ☐ Negative peer influence
- ☐ Other:

Have you spoken to anyone about any of the above? ☐ Yes ☐ No

If yes, who? ☐ Teacher ☐ Parent/guardian ☐ Principal/administrator ☐ House parent ☐ School nurse ☐ Other:

Are you over the age of 12? ☐ Yes ☐ No

If you are over the age of 12, do you have any concerns about your parents/guardian being contacted to consent to you receiving mental health services? ☐ Yes ☐ No

By law, reports that may indicate abuse or neglect may have to be referred to the Child and Family Services Agency. See the mandated reporting protocol or consult with a member of the school-based mental health team for more information.

PLEASE RETURN FORM TO THE SCHOOL BEHAVIORAL HEALTH COORDINATOR.

APPENDIX 33: REVIEW OF INDEPENDENT ASSESSMENT FORM

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

REVIEW OF INDEPENDENT ASSESSMENT

PART I: STUDENT'S IDENTIFYING INFORMATION

Student: _____ Student ID Number: _____
School: _____ Grade: _____ Date of Birth:_____ Age: _____
Date of Assessment: _____ Date of Review: _____

Type of Independent Assessment (Check One)

Social History _____ Functional Behavior Assessment _____

PART II: REVIEW BY DCPS QUALIFIED PERSONNEL

Name and title of DCPS qualified personnel reviewing assessment:

_____

Name and title of person who completed the independent assessment

_____

Is the evaluator licensed? ____ Yes ____ No ____ Not Indicated_____

Name and title of supervisor (if applicable)

_____

If the IEE was an FBA;

Did the evaluator include a minimum of two sources of indirect data? ____ Yes ____ No

What did you learn about the student from the indirect data? _____

_____

_____

_____

Did the evaluator include a minimum of one direct data source? _____ Yes _____ No

Did the direct source include three separate observations of the student in the academic setting? _____Yes _____ No

What did you learn about the student from the direct data? _____

Did the direct source include three separate observations of the student in the academic setting? _____Yes _____ No

Did the evaluator offer a hypothesis for the student's behavior? _____ Yes _____ No

Was the hypothesis supported by the data? _____ Yes _____ No

If a Behavior Intervention Plan (BIP) was recommended, did the evaluator complete a BIP? _____ Yes _____ No

If the IEE is a Social History, did the evaluator share information related to the student's development over time ***and*** its impact on student's academic functioning? _____ Yes _____ No

Is the report written, dated, and signed by the individual examiner who conducted the assessment or an appropriate designee? _____ Yes _____ No

Is the report written on agency/company letterhead? _____ Yes _____ No

PART III: SUMMARY OF ASSESSMENT

Describe the student, the reason for the referral, any observations and the concerns presented by the referring source. Provide data/supporting documentation (ie: attendance records, legal hx) of what is influencing the student's academic and/or social/emotional functioning. Based on the information obtained through various sources, provide recommendations based on the data to validate your agreement/disagreement with the findings of the independent evaluation that do not compromise the DCPS agency regarding services, accommodations, and/or modifications that may be helpful in planning for the student.

Submitted by:

_____ _____

Social Worker, Credentials Date

APPENDIX 34: SCHOOL-BASED SOCIAL WORKER POSITION DESCRIPTION

SCHOOL-BASED SOCIAL WORKER POSITION DESCRIPTION

Position: School-Based Social Worker

Grade(s): ET-0184-11

The School-Based Social Worker is part of the Office of Specialized Instruction (OSI) team and is based at local schools. Social Workers are responsible for providing services to students with special needs and the general education student population. As such, the Social Worker is involved in the following six (6) key areas: (1) preventive work with students, staff, and families that promotes positive school climate and social/emotional well-being; (2) program development to meet the unique needs of the school; (3) program planning that contributes to the development of school-wide policies; (4) advocacy that supports students and families; (5) direct services to students and families; and (6) and special education.

Essential Duties and Responsibilities:

Preventive work with students, staff, and families

- Providing consultation to school staff and parents to facilitate student educational, social, and emotional growth.
- Obtaining information concerning the effects of environment, including family, cultural, and economic disadvantages that may be adversely affecting student progress.
- Conducting home visits that encourage home/school communication.
- Working collaboratively with the Student Support Team (SST) to develop plans of assistance for students at risk of academic and/or behavioral difficulty.
- Coordinating school and community services.
- Serving as the home-school-community liaison responsible for effective resource utilization and positive relations with stakeholders.

Program Development

- Conducting needs assessments.
- Planning for support services both within and outside the school.
- Facilitating special support groups, i.e. students with incarcerated parents, grief and loss, divorce, teen parents, conflict resolution, etc. as needed.
- Managing family resource centers, where parents/guardians can access needed information and participate in opportunities to learn how to support their student(s).

Program Planning

- Working with administrators to implement effective policies that address school safety, school attendance, substance abuse, teen pregnancy, child abuse, and neglect.

Advocacy

- Serving as a mediator within the school.
- Communicating with other agencies involved with students.
- Attending court hearings as a DC Public Schools representative.
- Making appropriate referrals for community resources.

Direct Services

- Providing individual counseling.
- Providing group counseling.
- Providing psycho-education.
- Providing crisis intervention.
- Providing parent training.

Special Education

- Serving as a member of the multi-disciplinary team (MDT).
- Conducting social work evaluations and other related assessments for initial evaluations and re-evaluations.
- Providing related services as prescribed by Individualized Education Plans (IEPs), including social skills, life skills, and transitional skills that can be transferred from school to community.
- Participating in MDT, IEP, manifestation determination, and other related meetings.
- Working collaboratively within the classroom setting to implement student IEPs.
- Collecting data for the purpose of monitoring social/emotional progress and evaluating effectiveness of services.
- Providing technical assistance on strategies that improve outcomes for special education students.
- Coordinating the design and implementation of behavior intervention plans and functional behavior assessments.
- Keeping thorough records of each student receiving services.
- Completing student progress reports.

Qualifications

- Master's degree in Social Work (MSW).
- District of Columbia Government, Department of Health Professional License, which must be renewed every two (2) years by obtaining the required continuing education units:
    - Licensed Independent Clinical Social Worker (LICSW)
- District of Columbia Certification as a School Social Worker, which must be maintained throughout employment with DC Public Schools.
- At least three (3) years of work experience as a Social Worker in an urban school/setting with a track record of high student achievement.
- Ability to conduct clinical interviews and write comprehensive social history evaluations.
- Ability to administer, interpret, and analyze related assessment instruments.

APPENDIX 35: SOCIAL HISTORY ASESSMENT TEMPLATE

(ALL REPORTS GENERATED BY DCPS EMPLOYEES SHOULD BE PRINTED ON DCPS LETTERHEAD)
CONFIDENTIAL

SOCIAL HISTORY ASSESSMENT REPORT

Student Demographics

Name: Date of Birth: Age:
School: Student ID#: Grade:
Student Pronouns:
Biological Mother's Name:
Biological Mother's Address:

Biological Father's Name:
Biological Father's Address:

Guardian(s) student resides with/relationship:
Address: Telephone #:
Primary Language: Referral Source:
Reason for Referral:
Person(s) Interviewed: Date of Interview:
Interviewer: Previous Evaluations:

Developmental/Medical History

Developmental history should include birth history including pregnancy facts, complications, use of alcohol, tobacco, or other drugs, type of delivery (i.e. cesarean, vaginal, breech), and medical issues at birth. Developmental history must also include developmental milestone information, when learning issues or developmental concerns were first noticed, any early illnesses, surgeries, medical procedures, head injuries, and whether the student has been or is prescribed any medication.

Family Constellation

Describe where the student resides and with whom. Note the frequency of family moves, other family transitions, and their impact on the student's behavior/functioning. Describe the family system, relationships between family members- particularly between the student and parents and student and siblings. Determine and note whether the student has a supportive family network or not.

Describe parental concerns about the student and how those concerns have affected the family. Describe traumatic experiences. If the child has been physically or sexually abused, witnessed violence in the home or community it should be noted. Describe behavioral concerns as they relate to trauma and make note of any treatment that has been received to address trauma.

Psychiatric History

Describe any evaluations, prescribed psychotropic medications or psychiatric hospitalizations. Note any self-reported or parent-reported hallucinations or suicidal or homicidal ideation, suicidal attempts or self-injurious behaviors.

Community Connections
Describe community agency affiliations, public agency affiliations, and community involvement activities. Where possible, determine what services are being provided and by whom (i.e., social services, legal services, medical services, psychological services, school counseling, tutoring, educational advocate or attorney).

Personal Functioning
Indicate student's ability to perform self-care activities (e.g., bathing, grooming, dressing, travel, etc.). Describe household responsibilities or other age appropriate responsibilities. Note student interests and strengths; vocational interests; and, where appropriate, work experiences.

Social/Behavioral Characteristics & Interpersonal Relationships
Note social and behavioral characteristics of the student. Describe strengths in the interpersonal area and behavioral challenges. If behaviors vary by setting, note the differences between home, school, and community observed behaviors.

School History
List schools in which the student has previously attended and information regarding those school experiences. Indicate the present school and grade, any retentions if applicable, and information regarding school adjustment and academic performance. Describe the level of parental involvement in the student's education and any supports that have proven successful in working with the student within the academic setting. If there has been a history of suspensions and disciplinary actions describe any themes. Provide a brief overview of any pertinent information within the school record and include information on attendance if it is a concern to the school. Include a brief summary of interviews with teachers about present concerns and strengths. Include the perspective of the student regarding present school adjustment and performance. Information obtained from classroom observation(s) should also be included in this section.

Psychosocial Analysis and Educational Implications
This is the most important area of the social work evaluation because the analysis of information provides the insight that the MDT needs to understand the child, environment, and school impact. Describe the student, the reason for the referral, and the concerns presented by the interviewee(s). Provide an impression of what is influencing the student's academic and/or social/emotional functioning.

Based on the information obtained through the interview, provide recommendations that are clinically appropriate and do not compromise the DCPS agency regarding services, accommodations, and/or modifications that may be helpful in planning for the student.

- *Regarding the current placement/services (if applicable)*
- *Regarding academic needs*
- *Regarding emotional functioning*
- *Other recommendations*

Referrals:

Submitted by:

_____ **_____**
School Social Worker, Credentials **Date**

This is a confidential report that should be used in conjunction with other DCPS multidisciplinary assessments for the purpose of educational planning for the identified student.

APPENDIX 36: SOCIAL WORK ASSESSMENT CHECKLIST

Social Work Assessment Checklist

✓	Criterion
	Document has been ordered in SEDS
	Document was completed using a DCPS branded template
	Document includes up to date demographic information
	Document reports student's current/accurate living arrangements
	The reason(s) for referral are included in the document
	Dates of interviews and interview attempts are captured
	Social worker interviewed student, student's parents, teachers and/or collateral resources such as community-based therapists, mentors, etc.
	Interview(s) are comprehensive and include information related to student's: • developmental history • medical history • family constellation • psychiatric history • involvement with community-based providers/agencies such as CFSA, DBH, educational advocates, tutors, extracurricular activities, et cetera • personal functioning, to include a trauma screening if indicated by data • social/behavioral characteristics • peer relationships • school history
	Social Worker Assessment includes a psychosocial analysis defined as a summary of the impact of the reported information on the student's learning, social/emotional functioning, and student's participation in academic activities.
	Social worker provides recommendations for the educational setting that are achievable utilizing DCPS resources and/or resources available in the public domain.
	Recommendations for the caregiver that are achievable utilizing DCPS resources and/or resources available in the public domain are included.
	Social Work Assessment includes a discussion of student's strengths and weaknesses.
	Assessment includes data from previous assessments or collateral resources if they exist.
	Document is free of spelling and grammatical errors.
	Document is signed (inclusive of credentials) and dated.
	Document is faxed into SEDS and properly closed out.

APPENDIX 37: STUDENT SAFETY AGREEMENT-ELEMENTARY

Student Safety Agreement

Elementary Schools

I, _____, promise that I will not kill, or hurt myself, or do or try anything that could hurt me. If I begin to think about dying or hurting myself, I promise to talk to an adult who can help me stay safe, examples of this would be a parent, a teacher, a social worker, counselor, or a doctor. I can call someone at one of the numbers listed below at any time.

Student:_____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____

Names/numbers of people I can contact:

_____

_____

24-hour phone numbers:

911- Emergency
Access Helpline: 1-877-793-4357

Crisis Link 1-800-273-7255

APPENDIX 38: STUDENT SAFETY AGREEMENT-MIDDLE AND HIGH SCHOOL

Student Safety Agreement

MS/HS

I, _____, agree that I will not kill myself or harm myself. If I feel very sad or angry, I can choose to do the following in order to not bring harm to myself. _____

_____

If at any time I should feel unable to resist suicidal impulses, I agree to call and seek support. I will talk to my parents, my social worker, a counselor, a doctor, a teacher, or someone at one of the numbers below.

Student:_____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____

Names/numbers of people I can contact:

_____

_____

---

24 hour phone numbers:

911- Emergency
Access Helpline: 1-877-793-4357

Crisis Link 1-800-273-7255

APPENDIX 39: TIMELINESS EXPECTATION CHECKLIST

DCPS School Social Work
TIMELINESS EXPECTATION CHECKLIST 2021-2022

✓	**Functional Behavior Assessment & Behavior Intervention Plan** **DUE DATE:_____**	**Days before due date:**	**Enter actual dates below:**
	Social worker assigned an FBA to complete	45	
	Collect data from teachers and support staff	35	
	Complete observations	35	
	Review previous documentation	30	
	Draft FBA/BIP	20	
	Make necessary revisions	10	
	Enter FBA/BIP into EASYIEP	2	
	***Send a copy of assessment home to parents, 10 days before the Eligibility or IEP meeting.**	*	
✓	**Social History** **DUE DATE:_____**	**Days before due date:**	**Enter actual dates below:**
	Social worker assigned a Social History to complete	45	
	Collect data from teachers and support staff	35	
	Complete observations	35	
	Review previous documentation	30	
	Draft Social History	20	
	Make necessary revisions	10	
	Enter Social History into EASYIEP	2	

	***Send a copy of assessment home to parents, 10 days before the Eligibility or IEP meeting.**	*	
✓	**Quarterly Progress Reports** **DUE DATES:**	**Days before due date:**	**Enter actual dates below:**
	Provide intervention services	Ongoing	
	Identify current performance on IEP goals	15	
	Draft Quarterly Report	10	
	Use data to support "mastered," "progressing," "no progress," or " regressing" progress status (i.e., review and compare SDQ Scores and assess for changes in disciplinary infractions)		
	Indicate the student's specific progress on the goal (do not use a general statement.)		
	Provide information on each goal on the IEP report card.		
	If an IEP goal was not addressed during the quarter, state that the goal was not addressed during the reporting period.		
	Make necessary revisions	5	
	Enter Quarterly Report into EASYIEP	2	
✓	**IEP Goals** **DUE DATE:_____**	**Weeks before due date:**	**Enter actual dates below:**
	Review previous goals and assessments	5	
	Draft IEP goals	4	
	Use data to support identified goals		
	Be sure to use the following format when creating or modifying treatment goals: **S-** Specific **M-** Measurable **A-** Achievable/Attainable **R**-Realistic and relevant **T** -Time-limited		
	Make necessary revisions	2	
	Enter IEP goals into EASYIEP	1	

	***Draft IEP goals should be provided to parents 10 days before the IEP meeting**		
✓	**Weekly Progress Notes** **Due:** 12:00pm Monday after services provided		
	Provide intervention services	Ongoing	
	Complete SEDS progress notes using GARP format: **G-** Goal **A-** Activity **R-** Response **P-** Plan	12:00pm Monday after intervention	
✓	**Service Tracker** **Due Date: 5th day of the month following services provided**		
	Provide intervention services	Ongoing	
	Complete weekly progress notes		
	Generate service tracker	5th following month	
✓	**504/MTSS Interventions (in Frontline/Accelify)** **Due:** 12:00pm Wednesdays after services provided		
	Provide intervention services (All Tier 2 Services and Crisis Intervention services for students not on your caseload)		
	Complete 504/MTSS intervention progress notes using GARP format: **G-** Goal **A-** Activity **R-** Response **P-** Plan	12:00pm Wednesday after intervention	
✓	**RMTS** **Due Date:_____**		
	Assigned a "moment" 5 days, 1 day, & 1 hour before its due via email		
	Complete questionnaire	ASAP following the from the moment or 1 day before it's due	

✓	**Strengths and Difficulties Questionnaire-SDQ (Ages 3-18)** **Due Dates:**	**Days before Due dates:**	**Enter actual dates below:**
	Provide ongoing intervention	Ongoing	
	Communicate the purpose of SDQ to parents and teachers	20	
	Assist parents with completing "Parent" form (either on paper or on worker's computer)	15	
	Assist teacher with completing the "Teacher" form (either on paper or on workers computer)-	10	
	Enter scores into online scoring site	5	
	Enter all forms in SDQ Frontline/Accelify application	5	

REMEMBER…

→ At least ten (10) business days before scheduled meeting, **all documents** that will be discussed during that meeting **must be sent home to parents.**

→ **Within 2 business days** after an Eligibility or IEP meeting, the school must send the **finalized documents to parents.**

This is a change to DCMR:

D.C. Acts 20-486, 20-487, and 20-488) were signed into law as of March 10, 2015, amending certain parts of the DC Municipal Regulations (DCMR) and introducing new pieces of legislation that have direct implications on how we provide special education in the District.

APPENDIX 40: TRANSLATING DOCUMENTS AFTER MEETINGS

If a parent requests that a finalized Eligibility or IEP be translated, the final copy shall be provided to parents no later than **15 business days** after an Eligibility or an IEP meeting.

1. For requests that the IEP be translated into Spanish or Amharic, please first finalize the IEP in SEDS, then go to the "Main Menu" of SEDS and download the Spanish or Amharic version of the IEP.
2. Contact your school support liaison for next steps and support in getting the rest of the document translated.

- For all other language requests, contact your school support liaison first.

This is a change to DCMR:
D.C. Acts 20-486, 20-487, and 20-488) were signed into law as of March 10, 2015, amending certain parts of the DC Municipal Regulations (DCMR) and introducing new pieces of legislation that have direct implications on how we provide special education in the District.

APPENDIX 41: USING THE SDQ TO SHOW INDICATORS OF PROGRESS

Using the Strengths and Difficulty Questionnaire (SDQ) to Document Indicators of Progress

****Reference SDQ Outcomes on IEP Report Cards & Present Levels of Performance (PLOPs)**

Social, Emotional & Behavioral Development

Social Emotional Goal (Using SDQ): By the end of the school year, John will demonstrate improved school behavior by decreasing the frequency of disruptive behavior (e.g., tantrums/outbursts, aggression toward adults and peers) by 25% as measured by pre- and post-assessments of the Strengths and Difficulty Questionnaire and classroom observation data.	Reporting Period 3
Comments for Reporting Period 3: 02/02/2012 – 04/25/2012 **Helpful Person, School Social Worker, 4/30/2012** *John has made significant progress on this goal. At the beginning of the intervention, his teacher and parent-rated scores on the SDQ Behavioral Difficulties Sub-scale, totaled seven and five, respectively. Scores of the most recent parent and teacher ratings of the SDQ suggest he has improved his behavior in this area, as the score for the Behavioral Difficulties Sub-scale now totals five on the teacher rating (28% reduction) and three on the parent rating a (40% reduction). His overall teacher rating on the overall stress portion of the SDQ is 12, down from an initial score of 20.* Classroom observations using behavior frequency charts (scatterplots) shows that John is improving in this goal. During 45 minutes of classroom observation in his reading and math classes during the week of March 30, John displayed verbal aggression and defiance 25% of the observed time period compared with 50% in October 2012 during observations in the same classrooms and time periods. Classroom observations show a 50% reduction in the frequency of verbal outbursts in class. Both sets of data show that John is relying less on defiance and yelling to communicate his needs. *He is exceeding this goal.* Changes in scores on parent and teacher rating of the SDQ show that the view of severity of this problem area has changed from severe abnormal to the borderline range. Continued intervention is necessary to further reduce severity/frequency of targeted behaviors. The provider will continue to work on interventions targeting this goal and determine with the IEP team if further intervention on this goal is necessary.	Achieved

Social Emotional Goal: By the end of the 3rd advisory, John will be able to demonstrate use of one or more positive strategies to cope with feelings of anger and fear at least 5 times per week as evidenced by teacher reports and classroom observations.	Reporting Period 3
Comments for Reporting Period 3: 02/02/2012 – 04/25/2012 **Helpful Person, School Social Worker, 4/30/2012** John has been observed on two occasions, during this advisory, using coping skills such as asking for a cool-off period when he feels challenged on his work. John's math teacher reports that he uses this skill two-three times per week but not consistently on a daily basis. John is showing some progress on this goal.	Progressing
Social Emotional Goal: By the end of the 3rd advisory, John will be able to identify at least four feeling words and use (verbally, written or via play) to communicate his feeling state (positive or negative) without becoming dysregulated (tantrum, aggressive behavior), in at least 50% of opportunities in counseling.	Reporting Period 3
Comments for Reporting Period 3: 02/02/2012 – 04/25/2012 **Helpful Person, School Social Worker, 4/30/2012** This goal was recently introduced and John has been able to correctly identify 4 feeling words. He uses two consistently to self-describe his feeling state. We will continue to work on this goal in counseling sessions.	Progressing

SDQ Subscales:

Parent Completed

Scale	Normal	Borderline	Abnormal
Overall Stress (*Total Difficulties Score)	0-13	14-16	17-40
Emotional Distress (Emotional Symptoms Score*)	0-3	4	5-10
Behavioral Difficulties (*Conduct Problems Score)	0-2	3	4-10
Attention Difficulties (*Hyperactivity Score)	0-5	6	7-10
Getting Along with Other Children (*Peer Problems Score)	0-2	3	4-10
Helpful Behavior (*Prosocial Behavior Score)	6-10	5	0-4

Teacher Completed

Scale	Normal	Borderline	Abnormal
Overall Stress (*Total Difficulties Score)	0-11	12-15	16-40
Emotional Distress (Emotional Symptoms Score*)	0-4	5	6-10
Behavioral Difficulties (*Conduct Problems Score)	0-2	3	4-10
Attention Difficulties (*Hyperactivity Score)	0-5	6	7-10
Getting Along with Other Children (*Peer Problems Score)	0-3	4	5-10
Helpful Behavior (*Prosocial Behavior Score)	6-10	5	0-4

APPENDIX 42: WEEKLY BUILDING INTERVENTION SCHEDULE

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Related Service Provider Weekly Building Intervention/Assessment Schedule
School Year _____ Week of _____

Discipline: **Employee:**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	School: Contact#:	School: Contact#:	School: Contact#:	School: Contact#:	School: Contact#:
A.M.					
8:00					
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
P.M.					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00 (ET 11)					

APPENDIX 43: WEEKLY/MONTHLY REPORT

SCHOOL MENTAL HEALTH: SOCIAL WORK WEEKLY/MONTHLY REPORT

(Recommended to be submitted to Principal/Building Administrator)

MONTH_____ WEEK OF_____, YEAR _____)

Social Worker: _____ School:_____

Service Highlights/Progress in the Last Week

School-wide Prevention, Intervention and Consultation

(Include dates and results of SST and MDT meetings attended/chaired, assessment completion data, dates as well as topics of classroom-based interventions, parent/teacher trainings or consultations, and anecdotal evidence of progress)

- Participated in MDT 11/12/13 and shared social history and FBA data; student found not eligible and referred to SST for BIP implementation
- 12 parents attended "chat-n-chew" on 11/15/13 on cyber-bulling; parents contracted to monitor their child's Facebook account weekly

Attendance Committee Activities

(Include dates and results of meetings attended/chaired, date and follow-up of home visits, CPS referrals for educational neglect, court referrals, and anecdotal evidence of progress)

- Home visits for 3 students on 11/1; parents will attend attendance conferences on 11/5.

Service Coordination

(Include Neediest Kids Program referrals, homeless liaison activities, status of referrals, anecdotal evidence of collaboration with agencies and community organizations, anecdotal evidence of collaboration with other systems of care in meeting student's/family needs)

- Metro Fare cards distributed to 12 students on 11/1 through
- 25 families received Thanksgiving baskets on 11/22 through social worker's partnership with Giant supermarket.

Crisis Support/Crisis Resources

(Include date & result of crisis intervention for students, date and result of referral to CHAMPS and other mental health agencies, date and result of CPS hotline reports for abuse/neglect, date & result of parent consultations, date and type of referrals to community resources)

- Mediated conflict resolution with two students in Ms. S's class on 11/3 preventing a physical altercation; students signed a peace pledge
- CHAMPS called 11/14/13 for 7th grade student verbalizing a plan for suicide; parent admitted student to Children's on 11/14/13 and discharged on 11/17; MDT referral from treating psychologist; safety plan completed with parent on 11/18/13.

Projected Activities

- Social Worker @ Case conference 12/14/13 8:30-11:30
- Classroom intervention: Bullying, 12/3/13. Mr. Ts Class, 2 p.m.

Service Statistics

Percentage of Service Documented in Easy IEP: 100%

Number of Students Served: 20

Number of Parents Served: 5

Number of Crisis Intervention Hours: 10

Number of Individual or Group Counseling Hours: 15

APPENDIX 44: CONSENT FOR TELEHEALTH SERVICES- **Therapy**

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Informed Consent for Telehealth – Therapy

Telehealth refers to services provided remotely using telecommunications technologies (video conferencing, telephone, etc.). The purpose of this form is to obtain consent to participate in telehealth for the following IEP services:

☐ Audiology
☐ Adapted Physical Education
☐ Behavioral Support Services
☐ Occupational Therapy
☐ Orientation and Mobility
☐ Physical Therapy
☐ Speech-Language Pathology

By signing this form, I understand the following:

1. The laws that protect privacy and the confidentiality of student information also apply to telehealth and no information obtained in the use of telehealth which identifies the student will be disclosed to researchers or other entities without parent/guardian consent.
2. The student/parent has the right to withhold or withdraw consent to telehealth during service provision at any time without affecting the student's right to future service or treatment.
3. The student/parent has the right to inspect all information obtained and recorded during a telehealth interaction and may receive copies of this information.
4. Telehealth may involve electronic communication of personal identifiable information (PII) to other service practitioners who may be located in other areas, including out of state.
5. This consent is only for telehealth services inside the District of Columbia (DC). If my student is located outside of DC, service providers have to follow the regulations and laws of the state where the student is physically located.

Student/Parent Consent for Telehealth

I have read and understand the information provided above regarding telehealth, I have discussed it with the practitioner(s), and all of my questions have been answered to my satisfaction.

☐ I hereby give consent for the services selected above to be conducted via telehealth.

☐ I hereby DO NOT give consent for the services selected above to be conducted via telehealth.

In the event verbal consent is provided, the LEA Rep/Case Manager shall complete the section below.

Was consent given verbally?

☐ Yes No

Student Name	Student USI	Student Date of Birth

Parent/Guardian/Adult Student Name	Parent/Guardian/Adult Student Signature	Date
Practitioner/Case Manager Name	Practitioner/Case Manager Signature	

FOR INTERNAL USE ONLY

For Medicaid purposes, all students must have written and/or verbal consent to receive services remotely. After consent is obtained, consent form must be uploaded to the student's file in the OSSE SEDS database.

APPENDIX 45: CONSENT FOR TELEHEALTH SERVICES- **Assessments**

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Informed Consent for Telehealth - Assessments

Telehealth refers to services provided remotely using telecommunications technologies (video conferencing, telephone, etc.). The purpose of this form is to obtain consent to participate in telehealth for the following assessments/evaluations:

☐ Audiological Assessment	☐ Educational Assessment	☐ Occupational Therapy Screening/ Assessment
☐ Assistive Technology Assessment	☐ Functional Behavioral Assessment	☐ Orientation and Mobility Assessment
☐ Auditory Processing Disorder Assessment	☐ Hearing Screening	☐ Social History Assessment
☐ Adapted Physical Education Assessment	☐ Psychological Assessment/Evaluation	☐ Speech-Language Screening/Assessment
☐ Adaptive Behavior Assessment	☐ Physical Therapy Screening/ Assessment	☐ Vision Screening

By signing this form, I understand the following:

1. The laws that protect privacy and the confidentiality of student information also apply to telehealth and no information obtained in the use of telehealth which identifies the student will be disclosed to researchers or other entities without parent/guardian consent.
2. The student/parent has the right to withhold or withdraw consent to telehealth during service provision at any time without affecting the student's right to future service or treatment.
3. The student/parent has the right to inspect all information obtained and recorded during a telehealth interaction and may receive copies of this information.
4. Telehealth may involve electronic communication of personal identifiable information (PII) to other service practitioners who may be located in other areas, including out of state.
5. This consent is only for telehealth services inside the District of Columbia (DC). If my student is located outside of DC, service providers have to follow the regulations and laws of the state where the student is physically located.

Student/Parent Consent for Telehealth

I have read and understand the information provided above regarding telehealth, I have discussed it with the practitioner(s), and all of my questions have been answered to my satisfaction.

☐ I hereby give consent for the assessments selected above to be conducted via telehealth.

☐

I hereby DO NOT give consent for the assessments selected above to be conducted via telehealth.

In the event verbal consent is provided, the practitioner shall complete the section below.

Was consent given verbally?

☐ Yes ☐ No

Student Name	Student USI	Student Date of Birth
Parent/Guardian/Adult Student Name	Parent/Guardian/Adult Student Signature	Date
Practitioner/Case Manager Name	Practitioner/Case Manager Signature	

FOR INTERNAL USE ONLY

For Medicaid purposes, all students must have written and/or verbal consent to receive services remotely. After consent is obtained, consent form must be uploaded to the student's file in the OSSE SEDS database.

SECTION XII:
SUPPLEMENTS TO THE GUIDEBOOK

Social Work Provider Guidebook Supplements

SUPPLEMENT 1: BILINGUAL ASSESSMENT REFERRAL GUIDELINES

Please see School Mental Health SharePoint for Bilingual Assessment Guidelines.

https://dck12.sharepoint.com/sites/SchoolMentalHealth2/SitePages/Social-Workers.aspx

SUPPLEMENT 2: CRISIS HANDBOOK

Please see School Mental Health SharePoint for Crisis Handbook.

https://dck12.sharepoint.com/sites/SchoolMentalHealth2/SitePages/Social-Workers.aspx

SUPPLEMENT 3: FBA/BIP GUIDELINES

Please see School Mental Health SharePoint for FBA/BIP Guidelines.

https://dck12.sharepoint.com/sites/SchoolMentalHealth2/SitePages/Social-Workers.aspx

SUPPLEMENT 4: MANDATORY REPORTING GUIDELINES

Please see School Mental Health SharePoint for Mandatory Reporting Guidelines.

https://dck12.sharepoint.com/sites/SchoolMentalHealth2/SitePages/Social-Workers.aspx

SUPPLEMENT 5: MISSED SERVICES AND DUE DILIGENCE GUIDELINES

Please see School Mental Health SharePoint for Missed Services and Due Diligence Guidelines.

https://dck12.sharepoint.com/sites/SchoolMentalHealth2/SitePages/Social-Workers.aspx

SUPPLEMENT 6: PROGRESS MONITORING: DOCUMENTS AND GUIDANCE

Please see School Mental Health SharePoint for Progress Monitoring: Documents and Guidance.

https://dck12.sharepoint.com/sites/SchoolMentalHealth2/SitePages/Social-Workers.aspx

SUPPLEMENT 7: Frontline Guidebook

https://dck12.sharepoint.com/sites/SchoolMentalHealth2/SitePages/Social-Workers.aspx