DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
Office of Teaching and Learning

School Year 2023-2024

Dedicated Aide Process

Version 02
Submitted By: Natalia Houston, Manager, Paraprofessional Support

Approved By: Regina Grimmett, Senior Deputy Chief, Specialized Instruction

*The audience this document is intended for are school based staff.

Table of Contents

DCPS Rationale for Student Support

Introduction

Vision

The vision of the District of Columbia Public Schools (DCPS) Division of Specialized Instruction (DSI) is to be the district of choice for students with disabilities. This vision is aligned to our belief that all students, regardless of background or circumstance, can achieve at the highest levels. The intent of this document is to clarify the purpose of dedicated aide support for students with disabilities, increase student independence and self-advocacy with alternatives to dedicated aides, delineate the process for requesting and monitoring dedicated aide support, and fading the dedicated aide, where appropriate.

IDEA

The Individuals with Disabilities Education Act (IDEA) requires school districts to provide a free appropriate public education ("FAPE") to students with disabilities and to meet the unique needs of each individual child[1] within the least restrictive environment.

A primary goal of IDEA is to enable each child to make progress in the general education curriculum.[2] In meeting the unique needs of all eligible children, the IEP Team must ensure placement in the least restrictive environment ("LRE") in accordance with IDEA. Each LEA shall ensure that, to the maximum extent appropriate, children with disabilities, including children in public or private providers of special education, are educated with children who do not have disabilities and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. [3]

IDEA also "allows paraprofessionals who are appropriately trained and supervised, in accordance with State law…to assist in the provision of special education and related services…to children with disabilities".[4]

DCPS Inclusive Programming

Students with disabilities have access to specific curriculum and interventions based on their individual needs. Teachers and staff have access to District and program specific trainings, as well as job-embedded professional development for individualized support. Over the past few school years, DCPS decreased classroom size and the student-staff ratio so that full-time programs can provide rigorous and responsive instruction based on research. We have increased and refined instruction and intervention for students with disabilities to provide FAPE and LRE with a goal of inclusion. DCPS continues to invest in student achievement and teacher support so that students with disabilities make academic progress

---

[1] [20 U.S.C. § 1400(d)]
[2] [34 CFR §300.320(a)(2)(i)(A)]
[3] [34 CFR § 300.114]
[4] [20 U.S.C. § 1412(a)(14)]

in their LRE. The chart below is a breakdown of the staff to student ratios per special education program as well as the specific reading interventions used within those specific programs. Ratios are represented as; students: teachers: classroom instructional paraprofessionals except when noted otherwise:

Program	Staff to Student Ratio Per Grade Level Band						
	PS/PK	K	1-2	3-5	6-8	9-12	Reading Intervention Used
*Behavior Education Supports (BES)	n/a	n/a	10:1:1:1	10:1:1:1	10:1:1:1	10:1:1:1	System 44, Read 180, Reading Wonders, PLATO
Communication Education Supports (CES)	6:1:2	8:1:2	8:1:2	8:1:2	8:1:2	8:1:2	STAR Autism, Reading Mastery, Visualizing/Verbalizing
High Functioning Autism (HFA)	10:1:2	10:1:2	10:1:2	10:1:2	10:1:2	n/a	
Early Learning Supports (ELS)	10:1:2	10:1:2	10:1:2	n/a	n/a	n/a	Lindamood-Bell Learning Processes
Instructional Learning Supports (ILS)	n/a	n/a	10:1:1	10:1:1	10:1:1	10:1:1	Edmark, Failure Free Reading
**Medical Education Supports (MES)	8:1:2:1	8:1:2:1	8:1:2:1	8:1:2:1	8:1:2:1	8:1:2:1	Attainment Company Early Literacy Skill Builder; Edmark;
Sensory Support	12:1:1	12:1:1	12:1:1	12:1:1	12:1:1	12:1:1	Expanded core curriculum
Specific Learning Supports (SLS)	n/a	n/a	n/a	12:1:1	12:1:1	12:1:1	FUNdations; Just Words, Wilson Reading System; Read 180; SpellRead; System 44.

BES Ratios: students: teachers: classroom instructional paraprofessionals: behavior technicians
**MES Ratios: students: teachers: classroom instructional paraprofessionals: nurses*

DCPS Student Supports

There are many considerations for students who are not making educational progress. These include but are not limited to; changes to the student's learning environments, the use of assistive technology, positive behavior support plans, peer supports and changes to the curriculum. Identifying natural supports that are available to assist the student is an effective use of resources. Below is a chart of suggested strategies, resources, and supplementary aids to use before requesting a Dedicated Aide.

Area of Concern	Strategies To Consider
Academic/Instructional	Utilize existing paraprofessionals within the classroom or school building to supplement instruction
	Monitor implementation of targeted strategies and research based interventions.
	Utilize to the fullest extent natural supports like peer grouping, peer supports, etc.
Behavioral	Conduct a Functional Behavior Assessment (FBA) to identify function of student's behavior. Use the findings of the FBA to align support for student through a BIP
	Use de-escalation strategies /attempt rearranging the physical space of the room
	Utilize existing paraprofessionals within the classroom or school building to supplement instruction
Functional Skills	Practice functional skills with student
	Consider the use of Picture Exchange Communication System (PECS) for student
Medical Needs	Consider the need for Assistive Technology
	Utilize the school nurse whenever possible

Dedicated Aides and 504 Plans

Please refer to the Office of Equity Social Emotional Academic Development, Section 504 and Student Accommodations Team for further information

Scholarly Research Base

Designing and implementing special education service delivery models that meet the educational needs of students with a full range of disabilities is often a challenge for both principals and special education administrators. As more students with disabilities receive their education in general education classrooms, one strategy employed has been to hire and assign more dedicated aides. A review of the research literature by Giangreco, Halvorsen, Doyle, and Broer[5] highlights the following concerns that have been found with this service delivery model:

- The least qualified group of staff members, paraprofessionals, sometimes have primary or extensive responsibilities for teaching students with the most complex learning characteristics.
- Inappropriate utilization or excessive proximity of paraprofessionals has been linked to inadvertent detrimental factors (e.g., dependence, interference with peer interactions, insular relationships, stigmatization, and provocation of behavior problems).
- Assignment of individual paraprofessionals has been linked to lower levels of teacher involvement with students who have disabilities, a key factor for successful inclusion in general education classrooms.
- Shifting responsibilities to paraprofessionals may temporarily relieve certain types of pressures on general and special educators that delay attention to needed changes in schools such as: (a)

---

[5] 2004, p. 82-83

improving classroom teacher ownership of students with disabilities; (b) addressing special educator working conditions (e.g., caseload, paperwork); or (c) building capacity within general education to design curriculum and instruction for mixed-ability groups that include students with disabilities.

Giangreco et al.[6] contend that students with disabilities are best served when schools (a) provide appropriate supports for their existing paraprofessionals (e.g., respect, role clarification, orientation, training, supervision); (b) establish logical and equitable decision-making practices for the assignment and utilization of paraprofessionals; and (c) select individually appropriate alternatives designed to increase student access to instruction from qualified teachers and special educators, facilitate development of peer interactions, and promote self-determination in inclusive classrooms. Giangreco, Edelman, Luiselli, and MacFarland[7] found that:

a) The absence of a decision- making process or lack of clarity regarding an existing process increases the potential for conflicts among the various stakeholders who are responsible for educating the same student; and

b) This problem is exacerbated in the absence of a shared understanding about the principles and values upon which any decision- making process is based.

This Dedicated Aide Manual is designed to clarify decision-making processes and create a shared understanding of guiding principles. Two of the key concepts are the need to promote personal independence and to maintain the focus on the child, the environment, and the service options. The Guiding Principles noted herein provide the foundation for the decision -making processes.

Detrimental Effects of Dedicated Aide Overuse
The goal for any student with a disability is to encourage, promote, and maximize independence. Although paraprofessional supports are typically offered with good intentions, recent studies cited by Giangreco, Yuan, McKenzie, Cameron, and Fialka[8] have linked excessive or unnecessary paraprofessional proximity with the following inadvertent detrimental effects.

If not carefully monitored, Dedicated Aide assistance can easily and unintentionally foster dependence and lead to the development of an IEP that does offer of free appropriate public education (FAPE) in the least restrictive environment (LRE). A student's total educational program must be carefully evaluated to determine where support is indicated. Natural supports and existing staff support should be used whenever possible to promote the least restrictive environment.

Detrimental Effects of DA Overuse	Description
Separation from Classmates	Student with a disability and paraprofessional are seated together in the back or side of the room, physically separated from the class.
Unnecessary Dependence	Student with a disability is hesitant to participate without paraprofessional direction, prompting, or cueing.

[6] 2004
[7] 1997
[8] 2005, p. 30

Interference with Peer Interactions	Paraprofessional can create physical or symbolic barriers that interfere with interactions between a student with disabilities and classmates.
Insular Relationships	Student with a disability and paraprofessional do most everything together, to the exclusion of others (i.e., teachers and peers).
Feeling Stigmatized	Student with a disability expresses embarrassment/discomfort about having a paraprofessional; makes him or her stand out in negative ways.
Limited Access to Competent Instruction	Paraprofessionals are not necessarily skilled in providing competent instruction; some do the work for the students they support.
Interference with Teacher Engagement	Teachers tend to be less involved when a student with a disability has a paraprofessional because individual attention is already available.
Loss of Personal Control	Paraprofessionals do so much for the students with disabilities that they do not exercise choices that are typical for other students.
Loss of Gender Identity	Student with a disability is treated as the gender of the paraprofessional (e.g., male student taken into the female bathroom).
May Provoke Problem Behaviors	Some students with disabilities express their dislike of paraprofessional support by displaying inappropriate behaviors.

Focus on the Child, the Environment, and Service Options

When considering who should provide the supports needed by the student, it is important to avoid the temptation to go directly to paraprofessional or specialized service providers and to consider "natural supports" available within the school or classroom setting as an alternative. Human supports that would likely be present even if the student with a disability was not in the school or classroom include the teacher, classmates, other peers, office staff, school nurse or health aide, librarian, school counselor, and/or a campus administrator. The administrator's awareness of the varying requirements for supports at different times of the day may allow scheduling to be adjusted or personnel to be deployed more efficiently. Research cited by Giangreco et al.[9] indicates that the caseload size for special educators and related services personnel can be a major consideration in determining the need for paraprofessional supports. Exploring different natural supports strengthens collaboration between general and special education and builds staff member's capacity to serve students with varying needs in a variety of settings. Consideration of natural supports can occur as part of initial planning and/or explored when attempts are made to fade reliance on paraprofessional supports. When determining the appropriate supports for the students, IEP teams should:

1. Rely on collaborative teamwork.
2. Build capacity in the school to support all students.
3. Consider paraprofessional supports individually and judiciously.
4. Clarify the reasons why paraprofessional supports are being considered.
5. Seek a match between identified needs and the skills of the person providing the supports.
6. Explore opportunities for natural supports.
7. Consider school and classroom characteristics.
8. Consider special educator and related services caseloads.
9. Explore administrative and organizational changes.
10. Consider if paraprofessional support is a temporary measure.

---

[9] 1999

Guiding Principles

Guiding Principles

1. Personal independence of the student is a primary focus of any decision made by the individualized education program (IEP) team.

2. Existing supports should be used to the maximum extent possible. In the case of health and safety emergencies, immediate additional support may need to be provided during the assessment period. All other determinations for need of support shall follow the Dedicated Aide process and be completed by a team.

3. Data-driven decision making identifies the need for Dedicated Aide support based on evaluation, procedures and documentation. The IEP team will follow the Dedicated Aide evaluation process indicated to make an informed decision on the need for Dedicated Aide.

4. The IEP must include a statement of the anticipated frequency and duration for the dedicated aide services and modifications, including
   a. Behavioral concerns: behavioral goals should be expanded into a more specific positive behavioral intervention
   b. Instructional needs: the IEP team needs to explicitly describe the services the Dedicated Aide will be providing in order for the student to progress toward their goals.
   c. Medical needs: a specialized or individualized health care plan will need to be developed.

5. For monitoring and accountability, the IEP team will periodically review the effectiveness of the Dedicated Aide. A systematic, written plan needs to address what interventions will be implemented and how Dedicated Aide support will be monitored and/or appropriately faded.

6. Transition planning for students receiving Dedicated Aide support shall occur prior to and/or after each change in the student's educational environment to review the need for Dedicated Aide support and promote personal independence.

7. Professional development will be provided to Dedicated Aide personnel, teachers and other support staff based on the needs of the child and will be documented in the IEP.

8. DCPS policies and procedures shall be followed in order to ensure timely implementation of Dedicated Aide support.

Process: Requesting Dedicated Aides

Dedicated Aide Process Flowchart

All requests for Dedicated Aide support must be submitted to Paraprofessional Support Team in the Division of Specialized Instruction. Submissions are **ongoing** and can be completed through the IEP development, revision and amendment process.

Request for Dedicated Aide

Has the team implemented evidence-based interventions to address concerns (FBA, BIP, differential grouping, etc.) **AND** collected/analyzed the data?

No	Yes
Discontinue discussion of Dedicated Aide support until the team has exhausted all evidence-based interventions at their disposal to support the student **AND** collect data to refute/support claims of effectiveness. **Reconvene after 30-60 days or time period necessary to collect relevant data.**	• Review the guidelines and procedures outlined in this manual. (*See* pg. 14 for more specific information about the process). • Complete the *Dedicated Aide Referral Packet* in its entirety and attach **ALL** relevant data sheets (e.g. nursing plan, BIP, FBA, weekly progress towards BIP goals, classroom observation forms, etc.). • Submit the *Dedicated Aide Referral Packet* directly to Natalia Houston, Manager of Paraprofessional Support Team via fax at 202 654-6076 or email natalia.houston@k12.dc.gov and upload into SEDS. • The Paraprofessional Support Team will review the submitted *Dedicated Aide Referral Packet*, conduct a record review, interview of staff within 7 days of submission. Schools will be contacted to schedule the observation within that time. • The assigned assessor from the Paraprofessional Support Team will write a report, including recommendations for the IEP Team within 10 days of the observation. The report will be sent to the school and uploaded into SEDS. • The IEP Team holds the IEP Meeting and makes the decision regarding use of Dedicated Aide support. If it is determined that a Dedicated Aide is required to provide FAPE, the IEP Team must describe to what extent the Dedicated Aide is required and create a *Fade Plan*. • Within 3-6 months, the IEP Team will report student's progress regarding Dedicated Aide support, and will implement the *Fade Plan* as appropriate.

Procedures for Requesting Dedicated Aide Support

Dedicated Aide support is provided for a student with a disability when additional support is necessary for the student to meet his or her goals and objectives. The following procedures must be followed when requesting a Dedicated Aide:

Step 1: Procedural Checklist for Requesting a Dedicated Aide
When considering the potential need for Dedicated Aide, team members review and then complete each step of the *Procedural Checklist for Requesting Dedicated Aide*.

Step 2: Complete Dedicated Aide Rubric (see Appendices)

Step 3: Records Review/Referral for Dedicated Aide
A request for Dedicated Aide is made only after other interventions have proven unsuccessful. A student's educational program must be carefully reviewed to determine when and where the additional support is required. If the principal and special education team believe extra support may be necessary to meet a student's IEP goals and objectives, they must conduct a review of the student's needs prior to an IEP meeting to determine the need for this level of support. The *Dedicated Aide Referral Packet* needs to be completed.

If Dedicated Aide support is requested during an IEP meeting without a previous referral, the procedure for requesting Dedicated Aide support must be initiated at that time. The IEP meeting should be completed and the referral for Dedicated Aide should be indicated on the IEP Team Meeting Notes.

DO NOT SELECT DEDICATED AIDE SUPPORT IN SEDS WITHOUT COMPLETING THE REFERRAL PROCESS.

Submit the following forms and additional supplemental documentation to the LEA Representative or designee (e.g., psychologist):
- *Procedural Checklist for Dedicated Aide*
- *Dedicated Aide Rubric*
- *Records Review/Dedicated Aide Referral Packet*
- *IEP Goals and Objectives Charting*
- *Task Analysis Behavioral Data (if applicable)*
- *Review of positive behavioral intervention plan (if applicable)*

Step 3: Observation Report
The *Dedicated Aide Observation Report* will be conducted by the Paraprofessional Support Team and will address the following areas:
- Reason for Referral
- Background Information and Educational Setting
- Summary of Observation
- Recommendations and Rationale

Step 4: Hold IEP Team Meeting
The IEP team will review the results of the observation and recommendations at an IEP meeting. As the IEP team begins the decision -making process to determine need for Dedicated Aide support, it is important to review existing data related to present levels, progress toward goals, the concerns and/or needs of the service providers and parent, and observations. The team reviews the IEP including

accommodations, modifications, positive behavior support plan and/or health plan to determine if the goals and services continue to be appropriate and if they are fully implemented. The IEP team needs to consider and discuss the negative/harmful effects of one-to-one assistance in developing social interaction and independence as noted under rationale section. By law, services to students with special needs must be delivered in "the least restrictive environment" (LRE).

If the IEP team determines a need for a Dedicated Aide, it must be written on the IEP with specific goals and objectives, monitoring strategies, fading strategies, and review dates. Regardless of the circumstances that may indicate the need for support, it is imperative for every IEP to address the skills that will be taught in order for the Dedicated Aide to be faded. The level of support required for the student to advance appropriately toward annual goals needs to be defined. A systematic, written plan should specify how additional support will be utilized and monitored. An IEP meeting should be convened if necessary, to modify the need for Dedicated Aide.

Step 5: Immediate IEP Follow-Up
When the IEP team has determined that a Dedicated Aide is required, the LEA Representative will inform the Manager, Paraprofessional Support Team and submit the Dedicated Aide Fade Plan. Thereafter, a request will be submitted so that the required staff will be in place in accordance with the student's IEP.

Step 6: Six Month Follow-Up
The goal for any student with special needs is to encourage, promote, and maximize independence. Periodic observations and review of data is required to assess the effectiveness of this additional support and to monitor the duration of services. The *Observational Review* Form is used when direct observation of the student occurs. The IEP team is to identify the next scheduled observation date, often within three to six months and no later than the next annual IEP review, to continually monitor the effectiveness of Dedicated Aide support provided to student.

Early Stages Considerations

The Early Stages team or school based IEP team may initiate the referral process at any time. If a student has not been in a school setting and classroom data is not yet available the Paraprofessional Support Team will conduct a records review.

Request for Dedicated Aide For Early Stages

Has the team implemented evidence-based interventions to address concerns (FBA, BIP, differential grouping, etc.) **AND** collected/analyzed the data?

No	Yes
Discontinue discussion of Dedicated Aide support until the team has exhausted all evidence-based interventions at their disposal to support the student **AND** collect data to refute/support claims of effectiveness. **Reconvene after 30-60 days depending on time period necessary to collect relevant data.**	● Review the guidelines and policies outlined in this manual. (*See* pg. 14 for more specific information about the process). ● Complete the *Dedicated Aide Referral Packet* in its entirety and attach **ALL** relevant data sheets such as medical documentation; nursing plan, vision assessment, classroom or home observation, psychological, speech and language, occupational and physical therapy evaluations. Also, the referral packet may include recent BIP or FBA, if applicable. ● Submit the *Dedicated Aide Referral Packet* directly to Natalia Houston, Manager of Paraprofessional Support Team via fax at 202 654-6076 or email Natalia.houston@k12.dc.gov and upload into SEDS. ● The Paraprofessional Support Team will review the submitted *Dedicated Aide Referral Packet*, conduct a record review, interview of staff **within 7 days** of submission. Schools will be contacted to schedule the observation within that time. The observation can be at the student's day care, hospital, home or local school when the student begins attending classes. ● The assigned assessor from the Paraprofessional Support Team will write a report, including recommendations for the IEP Team **within 10 days** of the observation. The report will be sent to the school and uploaded into SEDS. If requested, the observation report can be provided to the Early Stages. The IEP Team will hold an IEP Meeting and make the decision regarding use of Dedicated Aide support. If it is determined that a Dedicated Aide is required to provide FAPE, the IEP Team must describe to what extent the Dedicated Aide is required and create a *Fade Plan*.

● Within 3-6 months, the IEP Team will report student's progress regarding Dedicated Aide support, and will implement the *Fade Plan* as appropriate.

Fading Dedicated Aides

Fading Existing Supports

Providing appropriate and effective educational opportunities for any student is a balance between supported skill building and independence building. Independence is a key factor of adulthood and our public schools must always strive to build independence in our students, particularly as they approach adult life. It is the essential mission of elementary and secondary education to prepare all students for successful adult life, which encompasses the possibilities of independent living, competitive employment, further postsecondary education or training, and participation in the life of your community. In order to attain successful adult life, a student must be as independent as possible in pursuing his/her adult choices in these domains.

Creating a Fade Plan
Fading is a strategy involving the gradual reduction of and/or elimination of special assistance (e.g. phasing out prompts, phasing out service intensity such as one-on-assistance) to foster maximum independence in the performance of a task or the ability to participate in activities. A *Fade Plan* is a document that outlines the timeline and criteria for when Dedicated Aide supports will be faded.

Upload Fade Plan
A Fade Plan must be established at the same time the IEP Team decides to add a Dedicated Aide to the student's IEP. The Fade Plan must be uploaded into SEDs at the same time that the Final IEP is uploaded.

Appendices

Appendix A: Dedicated Aide Procedural Checklist Form

Student Name		Date of Birth		Age	
Primary Disability			Grade		
USID #		School			
Referent		Referent Title			

School Staff Responsibilities—Before Submitting Dedicated Aide Request	
☐ Review and Complete the Dedicated Aide Procedural Checklist ☐ Complete IEP Team Determination Process ☐ Complete Records Review/Referral for Dedicated Aide	_____ date/initials
☐ Review IEP Goals and Objectives Charting	_____ date/initials
☐ Gather Task Analysis Behavioral Data (if applicable)	_____ date/initials
☐ Complete Review of Behavioral Intervention Plan (if applicable)	_____ date/initials
☐ Gather Information from Other Records, as appropriate 　☐ Academic Progress/Assessments _____(initials) 　☐ Student's Schedule _____(initials) 　☐ Psych-Educational Report(s) _____(initials) 　☐ Discipline Referral Information _____(initials) 　☐ Health Records _____(initials)	_____ date/initials _____ date/initials
☐ Send packet to the Manager, Paraprofessional Support Natalia Houston, Program Manager Fax: 202 654-6076 or Email: Natalia.houston@k12.dc.gov	_____ date/initials

School Staff Responsibilities—After Adding Dedicated Aide to IEP	
☐ Create, upload Fade Plan into SEDs and send to Natalia Houston 　☐ Includes specific IEP goals that Dedicated Aide will work on _____(initials) 　☐ Includes benchmarks for fading _____(initials)	_____ date/initials
☐ 6-Month Progress Monitor/Review	_____ date/initials

Appendix B: Records Review and Dedicated Aide Referral Form

Student Name		Date of Birth		Age	
Primary Disability			Grade		
USID #		School			
Referent		Referent Title			

Reason for Referral
☐ **Academic/Instructional**
Explain:
☐ **Behavioral**
Explain:
☐ **Functional Skills**
Explain:
☐ **Other**
Explain:
Relationship Between Concern and Disability
Describe the relationship between the student's disability and the concern(s)/needs(s) listed above.
Interventions
Select interventions used with student and provide explanation of why they have not have or will not satisfactorily address this concern:

☐ BIP	☐ Equipment;	☐ Rearranging staff or student schedules
☐ Positive behavioral supports	☐ Parental involvement	
☐ Instructional strategies	☐ Consultations	☐ Other related services
☐ Different groupings	☐ Peer support	☐ Use of other resources

How is existing staff in your classroom or site utilized?
Dedicated Aide Specification
Work Day
☐ Part-time. Specify period/hours of work:
☐ Full-time. Specify why full- time deployment is necessary.
Period of Employment
_____ time-limited. Specify estimated date when aide will no longer be necessary and intervening activities that will make aide necessary.
_____ indefinite. Explanation:

Appendix C: IEP Goals and Objectives Charting

Student Name		Date of Birth		Age	
Primary Disability			**Grade**		
USID #		**School**			
Requestor		**Requestor Title**			

Level of Assistance Needed	
5 = Independent	**4 = Gesture/Non-Verbal Cue**
3 = Verbal Cue	**2 = Model**
1 = Physical Prompt	**0 = Not Applicable**

Independent – the student is able to perform the task on his/her own with no prompts or assistance

Gesture –adult signifies with a motion that the student is expected to do something (e.g., pointing)

Non-Verbal Cue – adult tells the student that something is expected, but not exactly what (e.g., "Now what?" "What's next?", etc.) or use body language (e.g., expectant facial expression, questioning hand motion with a shrug, etc.)

Verbal Cue – adult tells the student what he/she is expected to do or say (e.g., "Turn your power chair right.")

Model– adult shows the student what you want him/her to do

Physical Prompt – adult provides hand-under-hand guidance to help the student complete the desired task

IEP Goals/Objectives Dates:						
Rater's Initials						
Comments:						

Task Analysis Behavioral Data

Student Name		Date of Birth		Age	
Primary Disability			Grade		
USID #		School			
Referent		Referent Title			

Level of Assistance Needed	
5 = Independent	4 = Gesture/Non-Verbal Cue
3 = Verbal Cue	2 = Model
1 = Physical Prompt	0 = Not Applicable

Independent – the student is able to perform the task on his/her own with no prompts or assistance
Gesture –adult signifies with a motion that the student is expected to do something (e.g., pointing)
Non-Verbal Cue – adult tells the student that something is expected, but not exactly what (e.g., "Now what?" "What's next?", etc.) or use body language (e.g., expectant facial expression, questioning hand motion with a shrug, etc.)
Verbal Cue – adult tells the student what he/she is expected to do or say (e.g., "Turn your power chair right.")
Model– adult shows the student what you want him/her to do
Physical Prompt – adult provides hand-under-hand guidance to help the student complete the desired task

Tasks: Dates:						
Rater's Initials						

Comments (such as Environmental Setting, Location, Peer Grouping, Specific Data, Unusual Situations)**:**

Review of Behavioral Intervention Plan

Form must be completed when Dedicated Aide is requested due to behavioral issues. Attach copy of the student's Behavioral intervention plan.

Student Name		Date of Birth		Age	
Primary Disability			Grade		
USID #		School			
Referent		Referent Title			

What are the target behaviors in the positive behavioral intervention plan?

☐ Yes	☐ No	The request for Dedicated Aide is related to the identified target behaviors in the positive behavioral intervention plan.
☐ Yes	☐ No	All interventions are developmentally appropriate for student.
☐ Yes	☐ No	The positive behavioral intervention plan is written with enough clarity and detail for any new staff to understand and implement.
☐ Yes	☐ No	All implementers have a copy of the plan.
☐ Yes	☐ No	The positive behavioral intervention plan is being fully implemented.
☐ Yes	☐ No	All implementers understand and/or have training in the strategies contained in the plan.
☐ Yes	☐ No	Case Manager support for the plan is adequate.
☐ Yes	☐ No	Student is making progress on the target behaviors. Indicate supporting evidence (e.g., grades, rate of homework completion, and duration of on-task behavior, frequency and quality of social interactions).

Comments:

Actions:
☐ Positive behavioral intervention plan is appropriate, and no modifications are needed.
☐ Revise positive behavioral intervention plan.
☐ Develop positive behavioral intervention plan.
☐ Train support staff. Describe:
☐ Other:

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
Office of Teaching and Learning

Dedicated Aide Support Rubric

Student Name		School		DOB		Age		Grade	
Local ID #		Disability		Date of IEP					
Completed by:		Title		Date Submitted					

Select the number that best describes the student in each rubric category that is appropriate: 0=no concern, 1=mild, 2=moderate, 3=significant, 4=severe

	Health/Personal Care	Behavior	Instruction	Inclusion/Mainstreaming
0 No Concern	☐ Generally good health. No specialized health care procedure or medications taken. No time required for health care at school. Independently maintains all "age appropriate" personal care needs.	☐ Follows adult directions without frequent prompts or close supervision. Handles change and redirection. Usually gets along with peers and adults. Seeks out friends	☐ Participates fully in whole class instruction. Stays on task during typical instructional activity. Follows direction with few to no additional prompts.	☐ Participates in some core curriculum within general education class and requires few modifications. Can find classroom. Usually socializes well with peers.
1 MILD	☐ Mild or occasional health concerns. Allergies or other controlled conditions. No specialized health care procedures. Medication administration takes less than 10 minutes time. Needs reminders to complete "age appropriate" personal care activities	☐ Follows adult direction but occasionally requires additional encouragement and prompts. Occasional difficulty with peers or adults. Does not always seek out friends but plays if invited.	☐ Participates in group at instructional level but may require additional prompts, cues or reinforcement. Requires reminders to stay on task, follow directions and to remain engaged in learning.	☐ Participates with modification and accommodation. Needs occasional reminder of room and schedule. Requires some additional support to finish work and be responsible. Needs some social cueing to interact with peers appropriately.
2 MODERATE	☐ Chronic health issues (ear infections, ADD, diabetes, bee sting allergy). Generic specialized health care procedure and takes medication. Health care intervention for 10 to 15 minutes daily (blood sugar, medication). Needs prompts or assistance for using bathroom, washing hands, etc. Occasional toileting accidents	☐ Has problems following directions and behaving appropriately. Can be managed adequately with a behavior support plan, but unable to experience much success without behavior support plan.	☐ Cannot always participate in whole class instruction. Requires smaller groups and frequent verbal prompts, cues or reinforcement. On task about 50% of the time with support. Requires more verbal prompts to follow directions.	☐ Participates with visual supervision and occasional verbal prompts. Requires visual shadowing to get to class. Needs modifications and accommodations to benefit from class activities. Regular socialization may require adult facilitation.

3 SIGNIFICANT	☐ Very specialized health care procedure and medication. Limited mobility or physical limitations requiring assistance (stander, walker, gait trainer or wheelchair). Special food prep or feeding. Health related interventions 15-45 minutes daily. Frequent physical prompts and direction assistance to participate in personal care. Requires toilet schedule, training, direct help or diapering.	☐ Serious behavior problems almost daily. Defiant and/or prone to physical aggression. Requires a Behavior Intervention Plan (BIP) and behavior goals on IEP. Requires close visual supervision to implement BIP. Medication for ADHD or other behaviors. Safety issues are present	☐ Difficult to participate in a large group. Requires low student-staff ratio, close adult proximity and prompts including physical assistance to stay on tasks. Primarily complies only with 1:1 directions and monitoring. Cognitive abilities and skills likely require modifications not typical for class as a whole. May need discrete trial, ABA, PECS or structured teaching. Signing or assistive technology to communicate for majority of day.	☐ Participation may require direct adult support. Requires direct supervision going to and from class. Always requires modifications and accommodations for class work. Requires adult to facilitate social interaction with peers.
4 SEVERE	☐ Specialized health care procedure requiring care by specially trained employee (G tube, tracheotomy, catheterization). Takes medication, requires positioning or bracing multiple times daily. Health related interventions 45 minutes or more daily. Direct assistance with most personal care. Requires two-person lift.	☐ Serious behavior problems with potential injury to self and others, runs-away, aggressive on a daily basis. Functional Behavioral Analysis (FBA) has been completed and student has a well-developed BIP, which must be implemented consistently to allow safe school attendance. Staff trained in management of assaultive behaviors.	☐ Cannot participate in a group without constant 1:1 support. Requires constant verbal and physical prompting to stay on task and follow directions. Regularly requires specific 1:1 strategies to benefit from the BIP. Cognitive abilities and skills require significant accommodation and modification not typical for the class group.	☐ Always requires 1:1 staff in close proximity for direct instruction, safety, mobility or behavior monitoring. Requires 1:1 assistance to go to and from class 80% of the time. Requires adult to facilitate social interaction with peers and remain in close proximity at all times.

Appendix D: Dedicated Aide Observation Report

Student Name		**Date of Birth**		**Age**	
USID #		**School**			
Requestor		**Observer/Title**			
Date of Observation		**Observation Time**			

Reason for Referral

Background Information

Activity in Progress

- ☐ Teacher Lecture
- ☐ Small Group
- ☐ General Classroom Discussion
- ☐ Individualized Learning Project
- ☐ Group Process
- ☐ Therapeutic Session

- ☐ Seatwork
- ☐ Student Directed Activity
- ☐ Demonstration
- ☐ Independent Project
- ☐ Crisis Intervention

Indicate whether the student displayed each of the behaviors below during the observation:

Child's Affect

Behavior	Observed	Not Observed
Hostile	☐	☐
Pleasant	☐	☐
Happy	☐	☐
Fearful	☐	☐
Withdrawn	☐	☐
Controlled	☐	☐
Sad	☐	☐
Aggressive	☐	☐
Situation Appropriate	☐	☐

Socialization Skills

Behavior	Observed	Not Observed
Cooperates with individual requests	☐	☐
Cooperates with routine	☐	☐
Interacts appropriately with peers	☐	☐
Interacts appropriately with adults	☐	☐
Works independently with minimal directions	☐	☐
Demonstrates self-control	☐	☐
Needs continuous support	☐	☐
Behaviors require limiting seating	☐	☐
Disrupts the group	☐	☐
Contributes positively to the group	☐	☐
Responds positively to the group	☐	☐
Responds appropriately to classroom management system	☐	☐

Communications

Behavior	Observed	Not Observed
Listens and responds appropriately	☐	☐
Expresses self clearly	☐	☐

	Observed	Not Observed
Immature verbal behaviors	☐	☐
Verbal behaviors are intrusive and interfere in the learning process	☐	☐

Task Behaviors

Behavior	Observed	Not Observed
Has needed materials available (e.g. pencil, paper, books, etc.)	☐	☐
Uses materials appropriately	☐	☐
Attempts tasks upon request	☐	☐
Attends to task with minimal monitoring	☐	☐
Completes tasks independently	☐	☐
Request assistance appropriately	☐	☐
Demonstrates mastery of observed task	☐	☐
Demonstrates understanding of observed task	☐	☐
Demonstrates appropriate task-related behaviors	☐	☐
Disrupts lesson	☐	☐
Inability to initiate task related behaviors	☐	☐
Follows directions	☐	☐

Observation Summary

Determination

☐ Use of a Dedicated Aide as a means to support this student **is recommended**
☐ Use of a Dedicated Aide as a means to support this student **is not recommended**

Rationale

Recommendations

Appendix E: Techniques to Promote Independence and Fading of Support

Team Meetings Facilitate/Support the Fading Process

The case manager, teacher, parent(s)/guardian(s) and others involved with the student should meet on a regular basis to evaluate student progress and need for Dedicated Aide. The Dedicated Aide should be given strategies and support for encouraging student independence and fading as much as possible.

Guidelines for planning for fading in the IEP
- Develop goals and objectives that contain reduced levels of support and prompting to be used as measures of need for Dedicated Aide
- Include specific plan for reinforcement of Positive Behavior Support Plan
- Specify accommodations/modifications to be provided as needed or as requested by student
- Indicate specific activities and/or time for Dedicated Aide
- Specify criteria for fading measures to be used, who will review, and how often, in written plan for fading on Prior Written Notice of IEP

Strategies That Work!
- Watch before assisting. Can the student ask for help from teacher or peer? Can the student problem solve on his or her own?
- Give the student extra time to process and respond before assisting.
- Have high expectations as to what the student understands or can do independently.
- Provide consistent classroom schedule (posted, visual, at desk if needed, reinforcement periods included). ***Teach the student how to use it!***
- Start with the least intrusive prompts to get student to respond: gestural, hand or facial signals
  - timer
  - verbal
  - light physical
  - hand over hand

- Prompt, then back away to allow independent time
- Use strengths and weaknesses, as well as likes and dislikes to promote student participation and interest
- Model; guide (watch and assist); check (leave and check back)
- Teach independence skills (raising hand, asking for help, modeling other students)
- Praise for independent attempts
- Direct the student to answer to the teacher

Appendix F: Dedicated Aide Fade Plan

Student Name		**Date of Birth**		**Age**	
Primary Disability			**Grade**		
USID #		**School**			

IEP GOALS /OJECTIVES REQUIRING ASSISTANCE/SUPPORT OF A DEDICATED AIDE (Must also be indicated on IEP)

AREA OF CONCERN	GOAL

Special Education Teacher/General Education Teachers Complete:

Subject Area	Teacher Name	Student Strengths	Student Challenges

Student Completes (with adult assistance):

Subject area	Teacher Name	Challenges with subject or teacher

Parent Input:

In fading the support of your child's dedicated aide what should the primary focus be?

Analyze Existing Data:

1. Based on the combined teacher and student ranking, pick the class(s) and/ or transitions in which the student experiences the most success and finds the least challenging. These are the first classes/transitions where you will target fading strategies and decrease the student's access to his/her dedicated aide.
   _____
   _____
   _____

2. Based on the combined teacher and student ranking, pick the class (s) and/or transitions in which the student experiences moderate success. These are the next classes/transitions where you will use fading strategies and decrease the student's access to his/her dedicated aide. Attention should not turn to these classes/transitions until the support of the student's dedicated aide has been totally removed from the classes/transitions where the greatest success and fewest challenges are experienced.
   _____
   _____
   _____

3. Based on the combined teacher and student ranking, pick the class (s) and/or transitions in which the student experiences the least success or finds the most challenging. These are the last classes/transitions where you will use fading strategies and decrease the student's access to his/her dedicated aide. Attention should not turn to these classes/transitions until the support of the student's dedicated aide has been totally removed from the classes/transitions where the student experiences moderate success.
   _____
   _____
   _____

Select the fading strategies you will use in developing this student's Fade Plan:
- Reduce student's access to dedicated aide based on –
  ➢ IEP goals
  ➢ Class or subject
  ➢ Transition
  ➢ Specific activities
  ➢ Toileting schedule
  ➢ Feeding schedule
- Use of assistive technology
- Use of small group instruction
- Use of one-to-one instruction
- Use of modifications to the learning environment
- Use of instructional accommodations
- Use of testing accommodations
- Use of supplementary aids and services
- Sharing a dedicated aide among students who do not require the support/assistance of a full –time dedicated aide
- Increasing the support/assistance of a classroom paraprofessional
- Use of peer support/assistance
- Use of natural supports

Insert the above classes/transitions into the column below in the order listed	Insert fading strategies you selected from the list above	Insert the last date of that the dedicated aide provide support/assistance to the student in that setting
1		
2		
3		
4		
5		
6		
7		
8		

Critical Components:

- Notify the general /special education teachers of the student's dedicated aide fade plan and provide a hard copy.
- Solicit the general /special education teachers input and concerns – Explain that this is trial and if support is warranted then the plan can be revised.
- As the support is gradually decreased the special education teachers should touch base with the general education teachers weekly to ensure that the student is being successful; problem solving occurs, as necessary; and collaboration takes place on necessary next steps.
- Maintain data on strategies and results.
- Report student progress.

Appendix G: Resources

Freschi, David F., Guidelines for Working with One-To-One Aides. The Council for Exceptional Children, April 1999.

Giangreco, M. F., Halvorsen, A. T., Doyle, M. B., & Broer, S. M., Alternatives to overreliance on paraprofessionals in inclusive schools. (2004) Journal of Special Education Leadership, 17 (2), 82-89.

Giangreco, M. F., Yuan, S., McKenzie, B., Cameron, P., & Fialka, J Be careful what you wish for: Five reasons to be concerned about the assignment of individual paraprofessionals. Teaching Exceptional Children, May/June, 28-34. (2005).

Giangreco, M.F., Edelman, S.W., Luiselli, T.E. and MacFarland, S.Z. "Helping or Hovering? Effects of Instructional Assistant Proximity on Students with Disabilities. Council for Exceptional Children, Fall 1999, Vol. 64, Issue 1, pp. 7-17.

Giangreco, M. F., Broer, S. M., & Edelman, S. W. The tip of the iceberg: Determining whether paraprofessional support is needed for students with disabilities in general education settings.(1999). Journal of the Association for Persons with Severe Handicaps, 24 (4), 281-291.

Mueller, P. and Murphy, F. Determining When a Student Requires Paraeducator Support. The Council for Exceptional Children, 2001, Vol. 33 No. 6, pp22-27.

Contacts

Willina Robson
Director, Academic Programs
Division of Specialized Instruction Office of Teaching and Learning
Email: willina.robson@k12.dc.gov
Phone: 202 309-9405

Natalia Houston
Manager, Paraprofessional Support
Office of Teaching and Learning
Email: Natalia.houston@k12.dc.gov
Phone: 202 442-5480
Fax: 202 654-6076

Rachel Valenzuela
Specialist, Paraprofessional Support
Office of Teaching and Learning
Email: rachel.valenzuela@k12.dc.gov