<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>TERM #</th>
<th>First Appointed</th>
<th>Term Ends</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETTY RAMBARRAN</td>
<td>Parent</td>
<td>TERM #1</td>
<td>2019</td>
<td>06/30/21</td>
</tr>
<tr>
<td>LISA YAMASAKI</td>
<td>Educator</td>
<td>TERM #2</td>
<td>2015</td>
<td>06/30/19</td>
</tr>
<tr>
<td>CATHERINE HARRINGTON</td>
<td>Educator</td>
<td>TERM #1</td>
<td>2018</td>
<td>06/30/20</td>
</tr>
<tr>
<td>KATE TWEDDALE</td>
<td>Parent</td>
<td>TERM #1</td>
<td>2017</td>
<td>06/30/19</td>
</tr>
<tr>
<td>KALISTA HICKMAN</td>
<td>Parent</td>
<td>TERM #1</td>
<td>2017</td>
<td>06/30/19</td>
</tr>
<tr>
<td>JAVIER MACIAS</td>
<td>Educator</td>
<td>TERM #1</td>
<td>2019</td>
<td>06/30/21</td>
</tr>
<tr>
<td>CLAUDIA GOMEZ</td>
<td>Parent</td>
<td>TERM #3</td>
<td>2015</td>
<td>06/30/20</td>
</tr>
<tr>
<td>SUE MASSEY-CLOVER</td>
<td>Educator</td>
<td>TERM #2</td>
<td>2018</td>
<td>06/30/20</td>
</tr>
<tr>
<td>MARCY OKADA</td>
<td>Educator</td>
<td>TERM #2</td>
<td>2017</td>
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</tr>
</tbody>
</table>
MARTHA HANSON  
(H)  
(Cell)  
E-mail: ourkidscan@gmail.com  
Parent  
Washington  
First Appointed: 2018  
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(W)  
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(W)  
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(W)  
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Term Ends: 06/30/20

ASHLEY CRAWFORD  
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(W)  
E-mail: ashley.crawford@wjusd.org  
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Woodland  
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Term Ends: 06/30/20

DEBBIE ROE  
(H)  
(W)  
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Woodland  
First Appointed: 2018  
Term Ends: 06/30/20

PAUL BRIDGE  
(H)  
(W)  
E-mail: paulbridge1@yahoo.com  
Parent  
Woodland  
First Appointed: 2017  
Term Ends: 06/30/19
POLICY 4001

YOLO COUNTY SPECIAL EDUCATION
LOCAL PLAN AREA (SELP A)

SPECIAL CIRCUMSTANCE INSTRUCTIONAL SUPPORT

POLICY:

It shall be the responsibility of each member Local Education Agency (LEA) of the Yolo County SELPA to make provisions for service delivery options for individuals with exceptional needs which are consistent with both state and federal laws pertaining to the continuum of alternative placements and least restrictive environment. IDEA 2004 also defines Related Services as the utilization of aids, services, and other supports that are provided in regular education classes or other education-related settings to enable children with disabilities to be educated with non-disabled children to the maximum extent appropriate. The goal for any student with special needs is to develop maximum independence. The Individualized Education Program (IEP) team is responsible for developing and implementing a program that promotes that independence. Natural supports and existing staff supports should be used whenever possible.

When an IEP Team is considering adding Special Circumstance Instructional Assistance (SCIA) as a related service for a student, all aspects of the student’s program must be considered with the intent of maximizing student independence. A student’s total educational program must be carefully evaluated to determine where support is indicated, such as:

1. Health
2. Personal Care
3. Behavior Support
4. Instruction
5. Least Restrictive Environment

Children require different levels of support and a plan must be developed and monitored in accordance with the individual’s unique needs and the particular setting. It is important for the plan to specify the conditions and circumstances under which special circumstance support appears appropriate for a student. Regardless of the circumstances, which may indicate the need for special circumstance support, it is imperative for every plan to address the roles of teacher, support, plan monitoring, schedule and review for fading the support, with comparative review of independent skill sets. If the IEP Team recommends SCIA support, the team is responsible for developing goals and monitoring the student’s progress so that this additional support can be faded
as soon as possible. If not carefully monitored and evaluated on a regular basis, additional SCIA support can unintentionally foster dependence.

The Yolo County SELPA has developed Procedures to inform the implementation of this Policy. These Procedures address the need for an assessment for the need of SCIA, IEP documentation, monitoring and fading of SCIA and the roles and responsibilities of IEP Team members.

Reference: EC 56205-56208
20 U.S.C. 1412(a) (5)
§300.115
§300.114

Superintendents' Council

Adopted: April 24, 2009
Second Reading: April 24, 2009
First Reading: March 27, 2009
PROCEDURE 4001

YOLO COUNTY SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)

SPECIAL CIRCUMSTANCE INSTRUCTIONAL SUPPORT

PROCEDURE:
By law, special education and related services to students with disabilities must be provided in the “least restrictive environment.” When an Individualized Education Program Team is considering SCIA (Special Circumstance Instructional Assistance) support for a student, all aspects of the student’s program must be considered, with the intent of maximizing student independence. The IEP team is responsible for the design of the student’s program and designating personnel to implement the program. Teams need to complete a careful analysis to ensure that the IEP offers a free appropriate public education (FAPE) in the least restrictive environment (LRE) when addressing the need for a SCIA.

Areas of Need

It is important that the IEP team consider which type(s) of assistance listed below is needed. This information can be used to determine what activities and/or the amount of time that the SCIA will be needed.

1. Health
   a. Specialized Physical Health Care: Some intensive health supports may necessitate SCIA support services for an indefinite length of time
   b. Assistance with medical needs: Some students need additional assistance for medical reasons. If so, the team should consider the doctor’s orders and the time of day and duration. Some medically related supports might be necessary only for brief periods per day/week. The team may consider if nursing assessment is required and/or the health conditions to determine the qualifications of the individual needed for the SCIA support services (ie. Para-educator, Licensed vocational nurse, etc.)

2. Personal Care
   a. Self-help and bathroom needs: If a student needs assistance with toileting or other self-help skills, the team should note the times and duration for this activity. This should only be for brief periods of the day.
   b. Assistance during snack or lunch: If the student requires assistance with feeding, etc., note the type of assistance
needed and note the times and duration required. Encourage reliance on peer helpers (with supervision) or other natural supports as much as possible for obtaining food, opening containers, etc.

3. Behavior
   a. Due to behavior challenges, some students may need intensive support from a SCIA support in order to assist staff in implementing a Behavior Intervention Plan due to high frequency/duration/intensity of the behaviors.
   b. A SCIA support may be needed for a specified period to collect data while regular classroom staff are implementing a Behavior Intervention Plan

4. Instruction
   a. Curriculum adaptation: adaptations of the curriculum (highlighting, copying, enlarging, adding icons, cutting and pasting, etc.) should be done in collaboration with and approval of the teacher. Curriculum adaptation do not need to be done in the classroom or in the physical presence of the teacher.
   b. Instructional Support: A SCIA support can implement teacher-modified curriculum to address gaps in student achievement

5. Least Restrictive Environment
   a. Recess or other activities: Assistance may be necessary if there are safety concerns with the student. It may also be needed when staff is attempting to facilitate social interactions with peers. Care should be taken that the development of natural peer supports and/or use of existing resources are the goals of the SCIA support, otherwise the adult may become the student’s sole recess companion.
   b. Assistance with transitions: If a student has difficulty transitioning from classroom to playground, playground to classroom, or between activities, SCIA support may need to be available to help. When needed, the team should indicate type(s) of transition(s) as well as time of day and duration.
   c. Assistance with classroom centers or other activities: If there is a particular activity or time of day which is difficult for the student, SCIA support may be needed. When needed, the team should specify activity, time of day and duration.

Assessment
Following the request for a SCIA, an assessment plan is developed. The evaluation areas necessary for the SCIA assessment (Health and/or Behavior) should be checked and the examiner or examiners titles entered.

To be completed by the multi-disciplinary team (e.g. special education teacher, general education, school psychologist):
1. School Day Description and Assistance Needed
2. SCIA Rubric
3. Yolo County SCIA Multi-Disciplinary Summary of Referral
4. Independence Plan

The information in all four components are then drafted into an assessment report, along with the other required components of an assessment, including background information, observations, interviews, and review of previous records.

This assessment should consider the current level of support within the classroom for the student, identify when the student requires additional support, and what that support should be. The student’s progress on goals should also be considered when determining if SCIA support is necessary. The IEP team should also review the Yolo County SELPA policy on Class-size ratios for guidance when determining if additional student support is required.

**IEP**

For each area in which SCIA support is being provided due to lack of skill or independence, the IEP team should write a goal. Some areas, such as health/personal care needs may not be appropriate for goals. These supports should be noted on the Accommodations section of the Services page.

If additional SCIA support is required as a result of a student’s behavioral; difficulties, the student’s IEP should include a Behavior Intervention Plan (BIP).

If the decision is made to provide SCIA support, it is written in to the IEP with specific goals, monitoring, fading strategies, and review dates. SCIA must be coded in the Services page. Areas of need should be described in the comments section of the service or on the Notes page.

For areas in which increased independence is possible, note the means for evaluation whether the SCIA support continues to be needed. In these cases, a systematic plan must be written to address how the support will be monitored and faded as independence increases.

When a SCIA is provided to assist a student on a short-term basis (i.e., transition to a new program) the written plan should specify the level of independence to be achieved before the SCIA is faded or removed or a date
when the SCIA will be discontinued. SCIA support is not a person, but a related service.

**Evaluation, Monitoring and Fading**

The student's Case Manager is responsible for the monitoring and fading of SCIA. When it is appropriate to begin fading SCIA support, the Case Manager will meet with the IEP team to develop a fade plan that is included in the student's IEP. The Case Manager will review the data collected as part of this fade plan and provide the SCIA provider(s) with strategies for fading and promoting increased student independence and goal attainment. As a method of evaluation of the SCIA, the SCIA assessment should be occur as determined by the IEP team and as otherwise may be required by law. When fading SCIA support, IEP Teams should consider utilizing the following forms/supports:

1. Independence analysis
2. IEP goals and objectives charting
3. Techniques to promote independence list

**Roles and Responsibilities of the SCIA Provider(s)**

**SCIA Provider**

The role of a SCIA provider includes many aspects of daily classroom activities. When the IEP team determines that paraprofessional is needed to assist a student for special circumstances, as SCIA is assigned and becomes a member of the school staff working with the student. The support to the student can be provided by any of the adults working in the class provided they receive training necessary to meet the student's needs. The SCIA takes direction from the classroom teacher and case manager.

Support to the student is defined in the IEP and through the goals and objectives. It is important for the SCIA provider(s) to become familiar with the expected outcomes and to have a variety of strategies at hand to assist students in achieving their goals. It is the responsibility of SCIA providers to implement the lessons provided by the teacher/case manager and to keep the classroom teacher and case manager informed about the student's progress toward goals.

**Teacher**

Both the general education teacher and the case manager will work together to develop the guidelines for the SCIA provider(s). The teacher remains responsible for student instruction. As the student with the SCIA support gains skills, the teacher must increase their role in the reinforcement of positive behaviors and curriculum adaptations to the student.
Superintendents' Council

Adopted: April 24, 2009
Second Reading: April 24, 2009
First Reading: March 27, 2009
Decision Tree for Need for SCIA Initial Determination

Areas of Focus Identified by the IEP Team

→

Assessment Plan developed and signed

→

Multi-Disciplinary team completes SCIA Referral Packet:
  School Day Description
  SCIA Rubric
  Multi-Disciplinary Summary of Referral

→

Assessment report completed

→

IEP team reviews assessment data and determines need for SCIA

Data Supports SCIA

→

Independence goal and services added to IEP

→

On-going monitoring

Data Does Not Support SCIA

→

IEP Team to review supports, accommodations/modifications, and services
School Day Description and Assistance Needed

<table>
<thead>
<tr>
<th>Student Name</th>
<th>DOB</th>
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<tbody>
<tr>
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<tr>
<td>School</td>
<td>Case manager</td>
</tr>
<tr>
<td></td>
<td>Date/Dates Completed</td>
</tr>
</tbody>
</table>

Please describe the school day, the assistance now provided, and the assistance needed.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Behavior or Need Exhibited</th>
<th>Current Support Provided (please include natural supports)</th>
<th>By Whom</th>
<th>Additional Support Needed (ex: visual supports, health plan, increased supervision, revised BIP, additional adult monitoring)</th>
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</table>

Identified Areas of Need (Indicate all that apply):  Health  Personal Care  Behavior Support  Instruction

Other (specify): ____________________________________________
## Special Circumstances Instructional Assistance Rubric

**Select the number that best describes the student in each rubric category that is appropriate.**

<table>
<thead>
<tr>
<th>Health</th>
<th>Personal Care</th>
<th>Behavior</th>
<th>Instruction</th>
<th>Least Restrictive Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>□ General good health. No specialized health care procedure, medications taken, or time for health care.</td>
<td>□ Independently maintains all “age appropriate” personal care.</td>
<td>□ Follows adult directions without frequent prompts or close supervision. Handles change and redirection. Usually gets along with peers and adults. Seeks out friends.</td>
<td>□ Participates fully in whole class instruction. Stays on task during typical instruction activity. Follows direction with few to no additional prompts.</td>
</tr>
<tr>
<td>1</td>
<td>□ Mild or occasional health concerns. May have allergies or other chronic health conditions. No specialized health care procedure. Medication administration takes less than 10 minutes time. Requires support with 0-25% of their age appropriate health/medical needs.</td>
<td>□ Needs reminders to complete “age appropriate” personal care activities (washing hands, going to the bathroom, wiping mouth, tying shoes, zippers, etc.). Requires support with 0-25% of their age appropriate personal care needs.</td>
<td>□ 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. Can be managed adequately with a classroom behavior management plan. Requires adult assistance for 0-25% of the day to address behavior needs described in Behavior Intervention Plan (BIP) or behavior goal.</td>
<td>□ Participates in groups 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, and adaptations to the curriculum 25-50% of the day.</td>
</tr>
<tr>
<td>2</td>
<td>□ May have chronic health issues, and generic specialized health care procedure. Health care intervention for 10-15 min. daily (diet, blood sugar, medication). Requires support with 26-50% of their age appropriate health needs.</td>
<td>□ Requires reminders and additional prompts or limited hand-on assistance for washing hands, using bathroom, wiping mouth, shoes, buttons, zippers, etc. Occasional toileting accidents. Requires support with 26-50% of their age appropriate personal care needs.</td>
<td>□ Has problems following directions and behaving appropriately. Unable to experience much success without BIP implementation. Requires adult assistance for 26-50% of the day to address behavior needs, implement reinforcement schedules, and teach new positive behaviors.</td>
<td>□ Cannot always participate in whole class instruction. Requires smaller groups and frequent verbal prompts, cues or reinforcement. Requires more verbal prompts to follow directions and adaptations to the curriculum 51-75% of the day.</td>
</tr>
<tr>
<td>3</td>
<td>□ May have very specialized health care procedure and medication. Limited mobility or physical limitations requiring assistance (e.g., stander, walker, gait trainer, wheelchair). Special food prep or feeding. Health related interventions 15-45 min. daily. Requires support with 51-75% of their age appropriate medical needs.</td>
<td>□ Requires reminders and additional prompts. Requires a food prep schedule. Requires toileting schedule, direct help, diapering, etc. Reminders may be required for appropriate eating procedures and pacing. Requires support with 51-75% of their age appropriate personal care needs.</td>
<td>□ Has problems following directions and behaving appropriately. Unable to experience much success without BIP implementation. Requires adult assistance for 26-50% of the day to address behavior needs, implement reinforcement schedules, and teach new positive behaviors.</td>
<td>□ Difficulty participating in a large group. Requires low student staff ratio, close adult proximity and prompts including physical assistance. Primarily provides only with individual directions and monitoring. Likely require modifications not typical for class as a whole.</td>
</tr>
<tr>
<td>4</td>
<td>□ Specialized health care procedure requiring care by specially trained employee (G tube, tracheotomy, catheterization). Requires positioning or bracing multiple times daily. Health related intervention 45 min. daily. Direct assistance with most personal care. Requires two person lift. Direct 1:1 assistance 45 or more minutes daily. Requires 75-90% help with their medical needs.</td>
<td>□ Requires direct assistance with most to all personal care. Has limited ability to assist in any personal care procedures. Requires a two person lift. Requires 75-90% help with their personal care needs.</td>
<td>□ Serious behavior problems with potential for injury to self and others, elopes, aggressive on a daily basis. Staff has been trained in the management of aggressive behaviors. Requires adult support for 76-90% of the day to address behavior needs, implement reinforcement schedules, teach new positive behaviors and/or line-of-sight supervision.</td>
<td>□ Requires constant verbal and physical prompting to stay on task and follow directions. Regularly requires individualized instructional strategies. Requires significant accommodations and modifications not typical for the class group.</td>
</tr>
<tr>
<td>5</td>
<td>□ Specialized health care takes up more than 2.5 hours of the school day cumulatively. Specialized health care is for several medical procedures such as multiple g tube feedings; seizure monitoring; use of multiple equipment throughout the day which is unable to be accomplished with existing staff. Requires over 90% help with their medical needs.</td>
<td>□ Requires continuous monitoring for all personal care (cannot be left unattended) at any point during self care procedures. Requires hand over hand support to eat and lunch takes more than 30 minutes. Requires significant amount of staff support and time to transition to/from various equipment. This level of support is unable to be accomplished with existing staffing. Requires over 90% help with their personal care needs.</td>
<td>□ Requires adult within close proximity at all times because of behavioral concerns of eloping; aggression; or other significant safety concerns. Behavior plan is detailed and has a high level of frequent interventions. Requires adult support for over 90% of the day to address behavior needs, implement reinforcement schedules, and teach new positive behaviors. This level of support is unable to be accomplished with existing staffing.</td>
<td>□ Requires constant verbal and physical prompting to stay on task and follow directions. Cannot participate in a group without individual support over 90% of the time. All instruction is individualized. This level of support is unable to be accomplished with existing staffing.</td>
</tr>
</tbody>
</table>
YOLO COUNTY SCIA MULTI-DISCIPLINARY SUMMARY OF REFERRAL

Student Name:  
DOB:

1. **Reason for Referral:**
Describe any areas rated a 3 or above on the SCIA Rubric. Please indicate severity/frequency/duration.

<table>
<thead>
<tr>
<th>Check all that apply:</th>
<th>Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health:</td>
<td></td>
</tr>
<tr>
<td>Personal Care:</td>
<td></td>
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<tr>
<td>Behavior Support:</td>
<td></td>
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<tr>
<td>Instruction:</td>
<td></td>
</tr>
<tr>
<td>Least Restrictive Environment:</td>
<td></td>
</tr>
</tbody>
</table>

Please describe any other health, personal care, behavior, instruction or Least Restrictive Environment Inclusion issues:

2. **Describe Parent/Guardian Concerns:**
3. **Interventions:**
*For each area checked above, describe in detail the interventions, their effectiveness, and how long they have been in place below. Refer to the Intervention Checklist attached.*

   a. Health:
      i. Is there a Health Plan in place?

      ii. Please describe the health concerns:

   b. Personal Care:

   c. Behavior.
      i. Is there a Behavioral Intervention Plan in place for this student? Attach or describe the data gathered on Behavior Intervention Plan fidelity including frequency/duration data.

      ii. If the student does have an intervention plan, how effective is it in addressing the student’s needs

      iii. Where and when does the behavior occur typically?
d. Instruction:

e. Least restrictive environment:

4. Describe in detail any other related services and supports that were provided to address these issues. Please list dates of service and duration. Specify the interventions used and how the student responded.

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency/Duration of the Service</th>
<th>Effectiveness</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

a. Please describe the student’s participation in these services, and state what gains, if any, were made with regard to the referral issues specified in question #1? Why do you think this level of intervention was unsuccessful? Also address the current staff to student ratio in the classroom.

b. Describe the pupil’s overall educational performance (passing or failing, attendance, relationship with teachers/staff, progress on goals, participation in class, level of inclusion with same age peers, etc.):

c. Has the student recently experienced any changes/or are changes anticipated? (e.g. a change of school placement; change in home situation, etc. or is the team considering a change of placement?)
5. Describe the impact of the student on the other students in the classroom or school.

6. Describe any other information that may be relevant to the Special Circumstance Instructional Support assessment (medication, outside agency involvement, etc.):
Intervention Checklist
Please check all boxes that describe interventions that have been attempted to address the student’s behaviors that are identified on the “Behavior Checklist.”

Tier 1 – (School-wide systems of support. Addresses 75-80% of population).
☐ Positive class-wide behavior management system
☐ Individual instructional supports
☐ Motivational systems
☐ Social support
☐ Counseling on an as-needed basis
☐ General social skills training
☐ Character education
☐ Guidance services or programs (e.g., bullying prevention, safe & drug-free schools, etc...)
☐ Teaching school rules and behavior expectations
☐ Posted class schedule
☐ Changes in class schedule/staff
☐ Parent conferences
☐ Firm, fair, and corrective discipline
☐ PBIS implemented school-wide
☐ OTHER:

Tier 2 – (Targeted classroom and small-group strategies. Addresses 15-25% of population).
☐ Behavior contract
☐ Behavior intervention plan
☐ Increased academic support or differentiated teaching
☐ Instructional pacing
☐ Self-management programs
☐ Social/emotional supports
☐ Moderate supervision/monitoring
☐ School based counseling with social-emotional goal
☐ Toileting schedule
☐ Targeted social skills training
☐ More restrictive placement
   Describe:
   ☐ Adult mentor for checking-in/out
   ☐ Home/school communication
   ☐ Function-based assessment and intervention
   ☐ Increased curriculum assessments
   ☐ Task analysis of health or personal care skills
   ☐ Check In/Check Out
   ☐ Environmental supports
   Describe:
   ☐ Peer support
   ☐ Pragmatic Language
   ☐ IEP behavior goals and support
   Describe:
   ☐ OTHER:

Tier 3 – (Intensive individualized interventions. Addresses 5-10% of population and are over and above current classroom supports).
☐ Curricular modifications
   Describe:
   ☐ Intense, sustained supports
   ☐ Intensive supervision/monitoring
   ☐ Intensive social skills instruction
   ☐ More restrictive placement
   Describe:
   ☐ Continuing behaviorist services
   ☐ Home-school plan
   ☐ Health aide support
   ☐ Health plan
   ☐ Family services
   Describe:
   ☐ Emergency intervention plan
   ☐ Trained mentoring for the teacher
   ☐ Increased program staff
   ☐ Planned discussions (Weekly Staffing)
   ☐ Student schedule independent of the class
   OTHER: __
YOLO COUNTY SCIA MULTI-DISCIPLINARY ASSESSMENT
Independence Plan

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date of Birth</th>
<th>Date of Plan</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Date of IEP</th>
<th>Teacher(s)</th>
<th>Case Manager</th>
</tr>
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<tbody>
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</table>

What are the replacement performance (behavior or academic) goals for the student?

<table>
<thead>
<tr>
<th>Independence Goal:</th>
<th>Current baseline of desired behaviors:</th>
<th>Current level of supports used to perform desired behavior/skills:</th>
</tr>
</thead>
<tbody>
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**Procedures:**
(What will be taught so that the student learns the replacement behavior/skills?)

<table>
<thead>
<tr>
<th>Arrangements:</th>
<th>Persons responsible:</th>
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<tbody>
<tr>
<td>(Where/when/materials)</td>
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</table>


| Measurement/Progress Monitoring: (Who, How often, and How the data will be collected and analyzed. If using a data sheet, please attach) |
| Description of the level of SCIA support and criteria for fading: |
| What are the modifications/accommodations that will be used to promote and sustain independence? |
Supplemental Documents
**Special Circumstances Instructional Assistance**  
**Evaluation Report Template**

<table>
<thead>
<tr>
<th>Student:</th>
<th>ID#:</th>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td>Age:</td>
<td>Grade:</td>
<td>Disability:</td>
</tr>
<tr>
<td>DOB:</td>
<td>Gen Ed Teacher:</td>
<td>Placement:</td>
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<tr>
<td>School:</td>
<td>Sp Ed Teacher:</td>
<td>Contact Phone:</td>
</tr>
<tr>
<td>Case Mgr:</td>
<td>Psychologist:</td>
<td>Contact Phone:</td>
</tr>
</tbody>
</table>

Evaluation Report Prepared By:

I. **Reason for Referral**

II. **Background Information and Educational Setting** (summarize special education and related services history; educational history, including academic progress/assessments and progress on IEP goals; results of previous evaluations, if applicable; previous interventions and outcomes; educationally relevant health, developmental, and medical findings; review of BSP or BIP; and disciplinary referral information)

III. **Evaluation Procedures** (include information regarding administration of tests in primary language of student by qualified personnel; validity of the evaluation; validity of tests for the purpose for which they were used)

IV. **Summary of School Day Description, Interviews, Rubric, Observations, and Summary of Referral:** (summarize results of the parent/teacher/student interviews and the rubric; include information regarding relevant behavior noted during observation of the student)

V. **Summary of Standardized and/or Curriculum-Based Assessments** (if applicable)

VI. **Recommendations** (include information regarding the need for specialized services, materials, and equipment; propose independence plan; indicate if the student’s needs can be met in the regular education classroom with the current level of support)

Respectfully Submitted,

Respectfully Adapted from PENT by Yolo County SELPA
SCI Assistance
Parent Interview

<table>
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<th>Student:</th>
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<td>School:</td>
<td>Sp Ed Teacher:</td>
<td>Contact Phone:</td>
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<tr>
<td>Case Mgr:</td>
<td>Interviewer:</td>
<td>Interviewee:</td>
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</tbody>
</table>

1. What special education services and/or other assistance does your child currently receive?

2. When is your child successful during his/her school day? What is working?

3. What areas of difficulty does your child have and during which activities do these occur?

4. What other school programs or support from other students does your child benefit from?

5. What skills would you like your child to develop to be more independent?

6. Is there anything else you’d like us to consider?
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<tr>
<th>Student:</th>
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</table>

1. What do you like about school? When are you successful?

2. When do you have problems during your school day?

3. How do school staff members help you during the day?

4. Who else helps you in school?

5. What programs do you participate in that help you?

6. What are some things you would like to learn to help you to be more independent?

7. Is there anything else you’d like us to know about you?
**IEP GOALS AND OBJECTIVES CHARTING**

Student:_________________________________________

School Year:_____________________________________

<table>
<thead>
<tr>
<th>Levels of Assistance</th>
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<tbody>
<tr>
<td>1 = Independent</td>
</tr>
<tr>
<td>2 = Gesture/Non-Verbal Cue</td>
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<tr>
<td>3 = Verbal Cue</td>
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<tr>
<td>4 = Model</td>
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<tr>
<td>5 = Physical Prompt</td>
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</table>

<table>
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<tr>
<th>Goals/Objectives</th>
<th>Dates:</th>
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Trainer’s Initials

Comments:

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TECHNIQUES TO PROMOTE INDEPENDENCE

1. Watch before assisting. Can the student ask for help from teacher or peer? Can the student problem solve on his or her own? What amount of time passes before frustration?

2. Give the student extra time to process and respond before assisting.

3. Have high expectations as to what the student understands or can do independently.

4. Provide consistent classroom schedule (posted, visual, at desk if needed, reinforcement periods included). Teach student how to use it.

5. Start with the least intrusive prompts to get student to respond:
   a. Gestural, hand or facial signals
   b. Timer
   c. Verbal
   d. Light physical
   e. Hand over hand

6. Prompt, then back away to allow independent time.

7. Use strengths and weaknesses, likes and dislikes to motivate student participation and interest.

8. Model; guide (watch and assist); check (leave and check back).

9. Teach independence skills (raising hand, asking for help, modeling other students).


11. Direct the student to answer to the teacher.

12. Prompt the student to listen to the teacher's instructions. Repeat only when necessary.

13. Encourage age appropriate work habits. See what other students are doing.

14. Be aware of proximity. Sit with the student only when necessary.

15. Encourage peer assistance and partnering. Teach peers how to help, not enable.


17. Color code materials to assist with organization.

18. Use transition objects to help student anticipate/complete transition (i.e., head phones for listening center).


20. Use backward chaining (i.e., leave the last portion of a cutting task for the student, and then gradually lengthen the task).
21. Assist in encouraging a means for independent communication (i.e., PECS).

22. Provide positive feedback (be specific to the situation).

23. Ask facilitative questions ("What comes next?" "What are other students doing?" "What does the schedule say?" "What did the teacher say?").

24. Provide student with choices.

25. Maintain a log to track independence and need for assistance. Ask Case Manager for data collection sheets to record increasing independence.

26. Establish teacher/aide signal for when the aide should intervene. General rule of thumb: Teacher should prompt up to three times before SCIA steps in.

27. Make sure that class perceives you are there to help all of them, not just one student.

28. Find alternate tasks as student independence increases.
# INDEPENDENCE ANALYSIS

**Student Name:**

<table>
<thead>
<tr>
<th>Level Of Support</th>
<th>Prompt Type</th>
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</thead>
<tbody>
<tr>
<td><strong>I</strong> Independent: All tasks are performed independently, within a reasonable amount of time</td>
<td><strong>P</strong> Physical: providing hand and over hand support</td>
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<tr>
<td><strong>L</strong> Low: Person served is able to complete more than 75% of the task independently</td>
<td><strong>Ve</strong> Verbal: Providing verbal prompt of what you want the student to do or say</td>
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<tr>
<td><strong>M</strong> Medium: Person served completes 25% to 75% of the task independently</td>
<td><strong>Vi</strong> Visual: Providing a visual and showing the student what you want them to do or say</td>
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<td><strong>H</strong> High: Person served is able to complete less than 25% of the task independently</td>
<td><strong>G</strong> Gestural: Providing non-verbal information to indicate what to do</td>
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## Data Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Time of Day</th>
<th>Activity/Subject</th>
<th>Level of Support</th>
<th>Prompt Type</th>
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<td>Ind L M H</td>
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**Note:** The table is intended to track the level of support provided and the types of prompts used over time. Each row represents a day or a specific session, with columns for date, time of day, activity/subject, level of support, and prompt type.