



York Catholic District School Board

**PROCEDURE:
Educational Intervener Allocation**

Addendum to Policy 402: Accommodations for Students with Moderate to Severe Needs

Effective: June 2016

PURPOSE

This procedure is designed in conjunction with YCDSB *Policy 402: Accommodations for Students with Moderate to Severe Learning Needs* and specifies the criteria for the allocation of Educational Interveners.

RATIONALE

The York Catholic District School Board believes that all students deserve the dignity of reaching optimal independence and achievement throughout their daily learning activities within an inclusive school setting.

In a few cases, students with moderate to severe learning needs also present with severe safety needs and may initially require intensive short term support (approximately two years) to assist them in developing skills that will allow safe participation in their educational setting. This intensive short term support will initially be provided through use of an Educational Intervener and will progress towards the use of a range of accommodations including a shared model of human resource support as required.

York Catholic District School Board endorses the use of Educational Interveners as a means of providing support to students with severe safety concerns who exhibit some or all of the following criteria:

- Ongoing, frequent and intense safety concerns and incidents of aggression supported by current data
- Significant safety needs addressed in alternative programming documented in the IEP
- Need for consistent support (in the short term) to stabilize safety concerns
- Need for support from staff who possess specialized training and expertise
- Need for support beyond that which has been allocated to the school
- Capacity to transition from an intensive level of support to a shared model of support
- Current behaviour, safety and/or CPI plan

PROCEDURE

A. Annual Educational Intervener Process

The Supervisor of Behaviour Resource Services in collaboration with the Student Services Management Team staff, review the system needs for the allocation of EI's and submits recommendations for approval by the Superintendent of Schools: Exceptional Learners.

Allocation of Educational Intervener full time equivalents (FTE) for the upcoming school year is a result of the annual Educational Intervener review process which begins in February of the current school year.

The process is as follows:

1. Under the direction of the Supervisor of Behaviour Resource Services, Student Services staff will examine the current list of students assigned Educational Interveners and make recommendations regarding students whose current supports should be reviewed.
2. The Student Services Management Team analyzes staff recommendations for Education Intervener review and finalizes the list of students whose supports will be reviewed.
3. School Principals, Superintendents of Education: School Leadership and Student Services staff are notified of students to be reviewed, as well as the applicable process and associated time lines for the completion of the review(s).
4. Principals will issue a letter to Parents/Guardians of students whose supports are being reviewed and

obtain Parent/Guardian consent for an observation by Student Services staff.

5. A member of the Student Services department is assigned the role of reviewer. Upon obtaining Parent/Guardian consent, the reviewer observes the student and, in collaboration with the school team, completes the *Differentiated Support Review Form* (SE13) for submission to the Supervisor of Behaviour Resource Services.
6. The Supervisor of Behaviour Resource Services, in collaboration with the Student Services Management Team, reviews the recommendations and prioritizes the system needs for Educational Intervener support. Possible outcomes may include:
 - 6.1 Maintain Educational Intervener support;
 - 6.2 Change support from Educational Intervener to Educational Assistant; and/or,
 - 6.3 Other accommodations as determined through the review.
7. Any resulting changes to Educational Intervener support at the school are communicated to the appropriate school Superintendents, Principals, Parents/Guardians and the Human Resources department.
8. The elementary area resource team/secondary resource team works with school staff to develop and implement a transition plan for any student(s) affected by a change of support.
9. The Principal schedules a meeting to discuss the transition plan with the Parents/Guardians, school team and appropriate area resource team/secondary resource team members. Parent/Guardian input is considered when finalizing the transition plan.
10. The Principal reviews the transition plan with the appropriate Educational Intervener.

B. New Requests for Educational Intervener Support

1. Upon obtaining Parent/Guardian consent for consultation with Board Staff, the Principal discusses the student's needs (in relation to EI criteria) with pertinent area resource team/secondary resource team members who are currently involved in supporting the student.
2. If the student meets the Educational Intervener criteria (refer to Page 1: Rationale) the Principal completes the *Differentiated Support Form* (SE13) and submits to the Supervisor of Behaviour Resource Services by the end of February.
3. The Principal is invited to discuss a/the new student request for differentiated support with the student services review team by the end of March.
4. The Student Services review team reviews all information provided by the Principal and determines the appropriate outcome.
5. The Principal is notified of the outcome of the request.
6. The Area resource team/secondary team supports the school with transition planning and provides programming support as required.



DIFFERENTIATED SUPPORT INITIATION / REVIEW

PART 1: STUDENT INFORMATION

Student: _____ DOB: _____
 School: _____ Grade _____
 Teacher: _____ Type of Staff Support: _____
 Diagnosis: (i.e., ASD, ADHD, ODD, etc.) _____
 Exceptionality : _____
 Program: _____
 Length of time with *current* Staff Support: _____

PART 2: RELEVANT INFORMATION

MEDICAL/PHYSICAL CONCERNS:

TYPE OF CONSIDERATIONS	DESCRIPTION OF NEEDS:	NUMBER OF STAFF
Communication Technology		
Dressing (orthotics)		
Feeding		
Mobility		
Special Protocols/Medical Plan (seizure/diabetic/chest)		
Toileting		

BEHAVIOUR/SAFETY CONCERNS

Are there ongoing safety concerns? (*risk to self and others*) Yes No
If yes, describe safety concerns. Include frequency, intensity and duration:

BEHAVIOUR:	DURATION:	FREQUENCY:	INTENSITY:

Have there been suspensions, voluntary withdrawals? No Yes

If Yes: Number of Suspensions: _____ Length of Suspensions: _____
 Number of Voluntary Withdrawals: _____ Length of Voluntary Withdrawals: _____

Provide Description: _____

Is there a current Safety Plan? Yes Date of Plan: (*attach*) _____
 Is there a current CPI Plan Yes No
 If yes, does the Plan include need for restraint? Yes No
 If yes, how many times was restraint applied this year?

PROGRAMMING DEVELOPMENT

Does the student have an IEP? Yes No
 Program Type: Accommodated Modified Alternative

Does the IEP Include the following:

- | | |
|---|---|
| GOALS:
<input type="checkbox"/> Behaviour/Self-regulation
<input type="checkbox"/> Communication
<input type="checkbox"/> Independence
<input type="checkbox"/> Personal Care/Tasks for Daily Living
<input type="checkbox"/> Social Skills | STRATEGIES:
<input type="checkbox"/> Reinforcements
<input type="checkbox"/> Applied Behavioural Analysis (ABA)
<input type="checkbox"/> Communication (i.e. augmentative)
<input type="checkbox"/> Sensory/motor (i.e. manipulative, calming strategies)
<input type="checkbox"/> Transition Supports (locations, tasks)
<input type="checkbox"/> Task analysis
<input type="checkbox"/> Visuals
<input type="checkbox"/> List of other relevant strategies |
|---|---|

RESOURCES AND TRAINING

List specialized training required to meet student needs: _____

CURRENT STAFF INVOLVED:	START DATE: (INDICATE MONTH)	FREQUENCY:	NATURE OF INVOLVEMENT:
<input type="checkbox"/> ASD Team			
<input type="checkbox"/> Behaviour Resource Services			
<input type="checkbox"/> Core Resource Teacher			
<input type="checkbox"/> Physical Management			
<input type="checkbox"/> Program Consultant			
<input type="checkbox"/> Psychology			
<input type="checkbox"/> Speech and Language			

PART 3: OBSERVATIONS: (REQUIRED IF CHANGE OF SUPPORTS IS CONSIDERED)

Observations and Assessments of Need. Include structured, unstructured, recess, etc.

DATE:	TIME:	CONTEXT:	OBSERVATION:	OBSERVED BY:

PART 4: RECOMMENDATIONS

- Maintain EI / CYW support.
- Change level of support to:
 EA None
 EI Other

Rationale: _____

PERSONS INVOLVED WITH INFORMATION GATHERING AND RECOMMENDATION(S)

COMPLETED BY: Name: _____ Signature: _____

Agree with Recommendation(s)
 Disagree with Recommendation(s)
 Undecided

PRINCIPAL: Name: _____ Signature: _____

Agree with Recommendation(s)
 Disagree with Recommendation(s)
 Undecided