

Special Circumstances Instructional Assistance (SCIA) Initial Assessment Process

Participating Humboldt – Del Norte Local Education Agencies (LEAs) Big Lagoon Union School District, Blue Lake Union School District, Bridgeville School District, Cuddeback Union School District, Cutten School District, Del Norte Unified School Districts, Eureka City Schools, Ferndale Unified School District, Fieldbrook School District, Fortuna Elementary School District, Fortuna Union High School District, Freshwater School District, Garfield School District, Green Point School District, Hydesville School District, Jacoby Creek School District, Klamath-Trinity Joint Unified School District, Kneeland School District, Loleta Union School District, Maple Creek School District, Mattole Unified School District, McKinleyville Union School District, Northern Humboldt Union High School District, Orick School District, Pacific Union School District, Peninsula Union School District, Rio Dell School District, Scotia Union School District, South Bay Union School District, Southern Humboldt Unified School District, Trinidad Union School District

Humboldt-Del Norte SELPA SCIA Initial Assessment Process

The following are the steps that must be taken when considering an assessment for Special Circumstances Instructional Assistance (SCIA). Prior to moving forward with an assessment for SCIA support, less intrusive interventions must be tried and monitored. For example, counseling, behavior intervention plan, and specialized academic instruction are all steps that must be implemented and monitored for no less than six weeks prior to considering a SCIA assessment.

Following are the steps to be taken after the above have occurred.

1. IEP team identifies concern and holds staffing to discuss need. In attendance at the staffing are the following: General Education teacher, Special Education teacher, School Psychologist, Program Specialist, other relevant service providers. At the staffing, the following are reviewed:
 - a. Relevant objective data related to the concern
 - i. Behavior- observational and frequency data associated with the target behavior
 - ii. Social/Emotional- observational data associated with the student manifestation of need
 - iii. Academic- Assessment and progress monitoring data from the classroom teacher and other service providers
 - b. Student need is discussed relative to peer performance (i.e., how does the student's behavior/performance compare to students in the class)
 - c. Student need is discussed relative to his/her environment and life situation (i.e., are there things going on in the student's life that could account for the behavior/need we are seeing at school?)
 - d. Team reviews interventions that have been attempted by reviewing student data relative to the initiation and implementation of interventions
 - e. Team determines next steps.
2. If, at the above staffing, a SCIA assessment is recommended, an assessment plan is generated and proposed to the parent. Upon consent, a SCIA assessment is completed.
3. The SCIA assessment must include the following: Summary of previous assessment data, reason for referral, observation that includes frequency and duration data relative to the target behavior, comparison of target behavior data relative to a typical peer in the class, summary of prior assessment data, teacher and parent interview, student interview (if appropriate), and recommendations.
4. IEP meeting is held and determination for services are made. Any time a SCIA service or accommodation is included in a student's IEP, skill-based goals must be included that are associated with the SCIA support. These services are discussed and introduced with a clear picture of what the team will be looking for in order to know when to fade the service, and an anticipated timeline for reviewing the need for the support.
5. The following options are considered as possibilities for SCIA support:
 - a. Additional classroom support as an accommodation. This type of support is ideal for students who need additional adult assistance but do not have intense behavior intervention plans requiring frequent reinforcers or labor intensive data collection. *This support should be specified in the accommodations section with regard to the types of activities in which the student requires the support.*

- b. Reduced teacher/student ratio as an accommodation. This type of support is ideal for students needing adult support and reteaching, repeating of information in order to successfully participate in classroom instruction and activities. *This support should specify the student/teacher ratio and during which type of instruction this ratio is needed.*
- c. Intensive Individual Instruction. This type of support is listed as a service and is the most restrictive in the continuum. Students requiring this level of support have intensive behavior intervention plans requiring continual support throughout the school day with data collection and frequent reinforcers. This type of support may also be needed for students with complex health needs who require adult support and intervention in order to implement a health care plan.

Rubric to Determine Need for Special Circumstances Instruction Assistance (SCIA)

Student Name: _____ **DOB:** _____

Eligibility: _____ **Date Reviewed:** _____

Teacher: _____

Program/School: _____

Completed by: _____

Title: _____

Mark the box that includes factors that best describes the student in each rubric category that is appropriate. A 3 or 4 in any category indicates that a student might educationally benefit from SCIA Support. This form is for IEP use ONLY to evaluate and needs and determine recommendations.

	Health/Personal Care <input type="checkbox"/>	Behavior <input type="checkbox"/>	Instruction <input type="checkbox"/>	Inclusion <input type="checkbox"/>
0	<input type="checkbox"/> General good health. No specialized health care procedure or medications taken. No time required for health care. Independently maintains all “age appropriate” personal care needs.	<input type="checkbox"/> Follows adult directions without frequent prompts or close supervision. Handles change & redirection. Usually gets along with peers & adults. Seeks out friends.	<input type="checkbox"/> Participate fully in whole class instruction. Stays on task during typical instruction activity. Follows direction with few to no additional prompts.	<input type="checkbox"/> Participate in some core curriculum within general education class & requires few modifications. Can find classroom. Usually socializes well with peers.
1	<input type="checkbox"/> Mild or occasional health concerns. Allergies or other chronic health conditions. No specialized health care procedure. Medications administration takes less than 10 minutes’ time. Needs reminders to complete “age appropriate” personal care activities.	<input type="checkbox"/> Follows adult direction but occasionally requires additional encouragement & prompts. Occasional difficulty with peers or adults. Does not always seek out friends but plays if invited.	<input type="checkbox"/> Participates in group at instructional level but may require additional prompts, cues or reinforcement. Requires reminders to stay on task, follow directions & to remain engaged in learning.	<input type="checkbox"/> Participates with modification & accommodation. Needs occasional reminders of room & schedule. Requires some additional support to finish work & be responsible. Needs some social cueing to interact with peers appropriately.
2	<input type="checkbox"/> Chronic health issues (ear infections, ADD, diabetes, bee sting allergy). Generic specialized health care procedure & takes medication. Health care intervention for 10-15 min daily (diet, blood sugar, medication). Requires reminders & occasional additional prompts or limited hands on assistance for washing hands, going to the bathroom, wiping mouth, shoes, buttons, zippers, etc. Occasional toileting accidents.	<input type="checkbox"/> Has problems following directions & behaving appropriately. Can be managed adequately with a classroom behavior management plan, but unable to experience much success without behavior support plan implementation.	<input type="checkbox"/> Cannot always participate in whole class instruction. Requires smaller groups & frequent verbal prompts, cues or reinforcement. On task about 50% of the time with support. Requires more verbal prompts to follow directions.	<input type="checkbox"/> Participates with visual supervision & occasional verbal prompts. Requires visual shadowing to get to class. Needs modifications & accommodations to benefit from class activities. Regularly socialization may require adult facilitation.
3 *	<input type="checkbox"/> Very specialized health care procedure & medication. Limited mobility or physical limitations requiring assistance requiring assistance (stander, walker, gait trainer or wheelchair). Special food prep or feeding. Health related interventions 15-45 min. daily. Frequent physical prompts & direction assistance to participate in personal care. Food prep required regularly. Require toilet schedule, training, direct help, diapering.	<input type="checkbox"/> Serious behavior problems almost daily. Defiant &/or prone to physical aggression. Requires a Behavior Intervention Plan (BIP) & behavior goals & objectives on the IEP. Requires close visual supervision to implement BIP. Medication for ADHD or other behaviors.	<input type="checkbox"/> Difficult to participate in a large group. Requires low student staff ratio, close adult proximity & prompts including physical assistance to stay on task. Primarily complies only with 1:1 directions & monitoring. Cognitive abilities & skills likely require modifications not typical for class as a whole. Needs Discrete Trial, ABA, Structured Teaching, PECS. Requires signing or gestures over 80% of time.	<input type="checkbox"/> Participation may require additional staff for direction instructional & behavioral support. Requires direct supervision going to & from class. Always requires modifications & accommodations for class work. Requires adult to facilitate social interaction with peers.
4 *	<input type="checkbox"/> Very specialized health care procedure requiring care by specially trained employee (G tube, tracheotomy, cauterization.) Takes medication, requires positioning or bracing multiple times daily. Health related interventions 45 min. daily. Health related interventions 45 min. daily. Direct assistance with most personal care. Requires two-person lift. Direct 1:1 assistance 45 or more minutes daily.	<input type="checkbox"/> Serious behavior problems with potential for injury to self & others, runs-away, aggressive on a daily basis. Functional Analysis of Behavior has been completed & the student has a well developed BIP which must be implemented to allow the student to safely attend school. Staff has been trained in the management of assaultive behaviors.	<input type="checkbox"/> Cannot participate in a group without constant 1:1 support. Requires constant verbal & physical prompting to stay on task & follow directions. Regularly requires specific 1:1 instructional strategies to benefit from the EP. Cognitive abilities & skills require significant accommodations & modification not typical of the class group.	<input type="checkbox"/> Always requires 1:1 staff in close proximity for direct instruction, safety, mobility or behavior monitoring. Requires 1:1 assistance to go to & from class 80% of the time. Requires adult to facilitate social interactions with peers & remain in close proximity at all times.

Referral for Special Circumstances Instructional Assistance (SCIA)

Student:	○ M ○ F	Date:
Age:	Grade:	Eligibility Category:
DOB:	Case Carrier:	Placement:
School of Attendance:	IEP Placement:	District of Residence:
Attach the following information:		
<input type="checkbox"/>	IEP "At-A-Glance" and Accommodations Page	
<input type="checkbox"/>	IEP goals with progress toward goals noted	
<input type="checkbox"/>	Student's BIP with behavioral documentation (data collection on frequency, duration and intensity/severity of behavior)	
<input type="checkbox"/>	Health records (if necessary)	

Check the areas of intensive need that might indicate Special Circumstance Instructional Assistance Support:				
Health	Self Help/Independence	Behavior	Socialization &/or Participation	Academics/Instruction
<input type="checkbox"/> Health Plan	<input type="checkbox"/> Toileting	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Physical assistance/support	<input type="checkbox"/> Accommodations
<input type="checkbox"/> G-Tube	<input type="checkbox"/> Full assistance	<input type="checkbox"/> Assaultive	<input type="checkbox"/> Constant verbal prompting	<input type="checkbox"/> Modified instruction
<input type="checkbox"/> Medications	<input type="checkbox"/> Partial assistance	<input type="checkbox"/> Non-Compliant/Defiance	<input type="checkbox"/> Visual schedule	<input type="checkbox"/> Curriculum modifications
<input type="checkbox"/> Suctioning	<input type="checkbox"/> Toilet training	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Visual Aides	<input type="checkbox"/> Alternate Curriculum
<input type="checkbox"/> Food Prep	<input type="checkbox"/> Assistance with clothing	<input type="checkbox"/> Elopement	<input type="checkbox"/> Support using assistive technology	<input type="checkbox"/> Discrete Trial
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Eating	<input type="checkbox"/> Disruptive classroom behavior	<input type="checkbox"/> PECS	
<input type="checkbox"/> Health Status	<input type="checkbox"/> Hygiene	<input type="checkbox"/> Self-harm	<input type="checkbox"/> Augmented communication	
<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Lifting &/or Positioning	<input type="checkbox"/> Pattern of property destruction	<input type="checkbox"/> Peer interactions	
<input type="checkbox"/> Other:	<input type="checkbox"/> Safety	<input type="checkbox"/> Pattern of sexualized behavior	<input type="checkbox"/> Adult interactions	
	<input type="checkbox"/> Close visual supervision	<input type="checkbox"/> Withdrawn		
	<input type="checkbox"/> Mobility	<input type="checkbox"/> Drug/alcohol		

		<input type="checkbox"/> Other		
How is existing staff in the child's classroom or site utilized? Student/Staff ratio: _____				
Number of students requiring assistance in: Health: _____ Personal Care: _____				
Behavior: _____ Instruction: _____ Inclusion: _____				
Other specific classroom and/or unique needs (use additional paper if needed):				

This request is made by: Case Carrier Site Administrator Other _____

Person Completing Request

Date

District Administrator (Signature Required)

Date

Submit completed request packet including forms and attached documents to your Site Administrator.

Date Sent to Site Administrator: _____

Name of Site Administrator: _____

Date Site Administrator Received Completed Request Packet: _____

Special Circumstance Instructional Assistance (SCIA) Evaluation Report and Independence Plan

Student:	DOB:	Date:
Age:	Grade:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Case Manager:	Psychologist:	Contact Phone::
District of Service:	IEP Placement	Eligibility:
Evaluation Report Prepared by:		

I. Reason for Referral and Rating from SCIA Rubric

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 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 interviews and Observations

(Summarize results of observations over different settings where the child is displaying the problem behaviors/health concerns/academic concerns to determine where and when support is needed)

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

VI. Recommendations

(Include information regarding the need for specialized services, materials, and equipment; indicate if the student's needs can be met in the regular education classroom with the current level of support)

Time/Subject Area	Support Needed <i>(Ratio, equipment, materials, etc.)</i>	Does support require additional staff? <i>(Please check)</i>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

VII. Independence/Fading Plan

(The Independence Plan is written to specifically address the needs of the student, current supports, schedule for assistance, and details for implementing and fading the support.)

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GOALS <i>(What are the replacement behaviors and/or academic goals for the student?)</i>	Baselines

VIII. Steps to Independence/Fading Plan

(Describe the activities or environments where the replacement behaviors should occur.)

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1. Procedures: <i>[What will be taught so the student learns the replacement behavior/skills? (Task analysis of skill development)]</i>	1a. Arrangements: <i>(Where/When/Materials)</i>	1b. Level of Support: <i>(Description of how and who support changes as student independence increases) Prompting: type; frequency; proximity of personnel; role of teacher/IA</i>
2. Measurement/Progress Monitoring Method: <i>[(Who, How Often, and How will the data be collected) if using a documentation sheet, please attach.]</i>	2a. Decision Rule: <i>(How will the data be evaluated to determine if intervention is working?)</i>	
	2b. Criteria for fading and a description of the level of SCIA Support:	
3. What are the adaptations/accommodations that will be used to promote and sustain independence?:		