

**SPECIAL CIRCUMSTANCE
PARA-EDUCATOR (SCP)
REQUEST**

Table of Contents

Tab 17 Special Circumstance Para-Educator (SCP) Request

- **Procedures for Special Circumstance Para-educator.....17-1**
- **Procedures for Completing Special Circumstance
Para-educator Forms.....17-2**
- **Special Circumstance Para-educator Interview.....17-4**
- **Special Circumstance Para-educator Request.....17-5**
- **Special Circumstance Para-educator Duties form.....17-6**
- **Special Circumstance Para-educator Chart.....17-7**

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Procedures for Special Circumstance Paraeducator (SCP)

Special Circumstance Paraeducators (SCP) are provided for students with disabilities when additional support is necessary for the student to meet his goals and objectives. Whenever possible, additional assistance is assigned to a school environment, class or case manager. Occasionally however, a student requires individual support for a designated period of time to address a unique need.

By law, schools must deliver services to students with special needs delivered in the “least restrictive environment”. When the IEP team is considering a SCP, all aspects of the student’s program must be considered. A request for a SCP is considered only after other site interventions have proven unsuccessful.

Children require different levels of support however, the primary goal for all students with special needs is to encourage, promote, and maximize independence. Natural supports and existing staff should be used in accordance with the individual continuum of independence to the maximum extent possible.

If a SCP is considered, the annual IEP must have the following:

1. The educational setting, AND
2. Goals and objectives in each area requiring SCP assistance:
 - a. The level of instructional support required,
 - b. Reasonably anticipated student behaviors documented in Behavior Support Plan (BSP), and
 - c. Extent of health and personal care required at school.

Training in the areas of need will be arranged by the Vice Principal in charge of Special Education at the student’s school of attendance. The TSA (Teacher on Special Assignment) will provide individualized support for Inclusion and Instruction, the District Psychologist will provide support for Behavior, and the District Nurse will provide training for Health and Personal Care.

Procedures for Completing SCP Forms

1. Mail the forms with the IEP invitation.
 - a. SCP Procedures that explains the general process and need.
 - b. Interview form to be completed by parent prior to the IEP.
 - c. Case carrier will complete the student portion at school, if applicable.
2. Invite the appropriate District representative.
 - a. Program Specialist for instruction and inclusion issues.
 - b. Coordinator of Psychological Services for behavior issues.
 - c. Site District Nurse for medical or health issues.
3. SCP Request form
 - a. Case carrier completes the top section.
 - b. The goals section is completed during the IEP.
 - i. "Student goals that require assistance..."
 1. The specific need for the SCP is addressed here.
 2. The SCP services are clarified in IEP goals and written here.
 3. Example: The SCP will redirect student to encourage proper behavior in unstructured settings such as snack, lunch and passing periods. (Make it measurable)
 4. Example: Kevin will prepare for instruction and leaving class at the end of the period with the direct support and guidance of the SCP. (Make it measurable)
 - ii. "Previous interventions to meet this goal..."
 1. Complete if this is an initial request. It is the first step to consider assistance by a SCP. Be clear about previous attempts and elaborate within the optional page of the IEP.
 2. Complete if this is an increase of SCP time. Have there been more behaviors or more health needs? Was something tried previously that is now not working well?
 3. If this is a continued request, agreed by the IEP team and not a change in time, then write SCP in this section.
 4. SCP services are not LRE unless the IEP clearly determines that the student requires the assistance to meet goals and FAPE.
 - iii. "Results of previous interventions..."
 1. Complete if this is an initial request.
 2. Complete if this is an increase of SCP time.
4. Other Comments and Issues
 - a. Summarize the rationale behind initiating or continuing the SCP role.
 - b. Include comments about change in percentage of SCP need.
 - c. List any other relevant information.

5. Attach the following information to this request.
 - a. All information in this section may be critical to the decision.
 - b. BSP are required before consideration of a SCP for behavior goals.
 - c. Training may be required for the SCP by the District Nurse.

6. Special Circumstance Paraeducator Chart
 - a. This chart is reviewed by the IEP team at the meeting.
 - b. The instructional setting requiring support must **first** be determined.
 - i. Fold the chart lengthwise so that either the regular ed or special ed side is showing.
 - ii. The Regular Ed side has three boxes in each percentage section.
 1. One for academic support.
 2. One for behavior support.
 3. One for health support.
 - iii. The Special Ed side has two boxes since academic support is built into the structure and function of the class.
 1. One for behavior support.
 2. One for health support.
 - c. An IEP discussion and consensus will then determine percentage based on need.
 - d. IEP Recommendations for Independence and Self-Advocacy.
 - i. Summarize the goals and discussion for the SCP using language that indicates increasing independence for the student.
 - ii. Example: Kevin will progressively gain independence to prepare materials for class using natural supports within the classroom. The SCP will gradually fade assistance from full support to visual and auditory cues, no more than one time per day, by the end of the school year.

7. Check off the appropriate boxes on the bottom of the chart once the IEP has determined the level of support required.

8. Include the entire document in the IEP after the optional page.

9. In the event a SCP is required, make a copy of the entire IEP and send it to the Director of Special Education for use in staffing.

**Antelope Valley Union High School District
Special Circumstance Paraeducator (SCP) Interview**

Student Name	DOB	Date
Primary HCP	Secondary HCP	Case Carrier

Parent Interview

In what instructional setting does your child need assistance? <input type="checkbox"/> Special Education Setting <input type="checkbox"/> Regular Education Setting
In what area(s) does your child need assistance? <input type="checkbox"/> Inclusion <input type="checkbox"/> Behavior <input type="checkbox"/> Health and Personal Care
What are some specific needs in the requested area(s) for your child?
When is your child successful during his school day? What is currently working?
What difficulty does your child have and during which activities does this occur?
What skills would you like your child to develop to become more independent?
Is there anything else you would like the IEP team to consider?

Student Interview

In what instructional setting do you need assistance? <input type="checkbox"/> Special Education classes <input type="checkbox"/> Regular Education classes
In what area(s) do you need assistance? <input type="checkbox"/> Inclusion <input type="checkbox"/> Behavior <input type="checkbox"/> Health and Personal Care
How do staff members help you during school?
When do you feel successful during school? What happens during these times?
What kind of problems do you have during school? What can make it better?
What are some things you would like to learn to become more independent?
Is there anything else you would like the IEP team to consider?

**Antelope Valley Union High School District
Request for Special Circumstance Paraeducator (SCP)**

Student Name		DOB	Date of IEP
Primary HCP	Secondary HCP	Case Carrier	
Is this an Initial Request for a SCP?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Review for continued services of a SCP already required by the IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	What instructional setting requires a SCP? <input type="checkbox"/> Regular education <input type="checkbox"/> Special education	What is the current type of SCP required in the IEP? <input type="checkbox"/> Inclusion <input type="checkbox"/> Behavior <input type="checkbox"/> Health and personal care	What is the current amount of time required in the IEP? <input type="checkbox"/> 25% or 1-2 hours/day <input type="checkbox"/> 50% or 3-4 hours/day <input type="checkbox"/> 75% or 5-6 hours per day <input type="checkbox"/> 100% or over 6 hours/day
Student goals that require assistance 1. 2. 3.	Previous interventions to meet this goal 1. 2. 3.	Results of previous interventions to meet goal 1. 2. 3.	
Other comments and issues			
Attach the following information to this request for consideration of review of a SCP <input type="checkbox"/> Student's IEP with progress toward instruction goals noted <input type="checkbox"/> Discipline reports and Behavior Support Plan (BSP), as required <input type="checkbox"/> Nursing report <input type="checkbox"/> Psycho-educational report <input type="checkbox"/> Interview form <input type="checkbox"/> Attendance reports			
IEP Recommendations for Independence and Self-Advocacy			
Instructional setting <input type="checkbox"/> Regular education <input type="checkbox"/> Special education	Type of SCP provided <input type="checkbox"/> Inclusion <input type="checkbox"/> Behavior <input type="checkbox"/> Health and personal care	Amount of time <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	

SPECIAL CIRCUMSTANCE PARAEDUCATORS SUPPORT SERVICES SAMPLE GOALS

	SCP Support
Arrival	<ul style="list-style-type: none"> • Meet student at bus gate, engage in conversation and assess general student demeanor. • Monitor student interactions before entering classroom. • Supervise and redirect behavior, if needed, as student enters classroom. • Assist student with turning in homework, putting away backpack, etc. • Prepare or assist student with gathering needed materials for daily work.
Monitor Behaviors	<ul style="list-style-type: none"> • Monitor student interaction with peers and adults, and redirect inappropriate behaviors when necessary. • Recognize student's levels of frustration/intercede when necessary. • State and remind student of desired behavior and consequences when needed. • Assign appropriate consequences (see behavior support plan) when student demonstrates either desired or inappropriate behaviors. • Prompt and redirect student to promote maximum on-task behavior. • Model appropriate behavior and guide student during transition between activities. • Encourage student participation in class discussions and activities. • Remove student from area/and or redirect behavior when necessary. • Document/Chart behaviors when requested.
Skill Acquisition	<ul style="list-style-type: none"> • Assist student with instructional support when necessary. • Assist with academic assignments, encouraging student to use problem solving techniques. • Assist with reading vocabulary skills development. • Assist with math skills development. • Assist with physical education skills development.
Lunch	<ul style="list-style-type: none"> • Accompany student to cafeteria. • Assist with queuing, food purchases. • Assist with feeding. • Promote inclusion with general education peers. • Encourage student to participate in peer/group activities or games. • Monitor student behaviors/interactions with peers and school staff. • Model/Praise/appropriate social interaction behaviors as necessary. • Intercede/ Remove student area when needed. • Report behavior to teacher or supervising staff if needed. • Assign/Support behavior plan consequences.
Misc.	<ul style="list-style-type: none"> • Accompany/assist student with visits to health office. • Assist/support health plan when needed. • Assist/support student with toileting. • Promote good health and safety habits.
Departure	<ul style="list-style-type: none"> • Guide/assist student when readying for dismissal. • Collect/assist student in gathering homework assignments, packing backpack, etc. • Accompany/assist student traveling to, waiting for, and boarding the bus.

**Antelope Valley Union High School District
Special Circumstance Paraeducator (SCP) Chart**

	Regular Education Setting	Special Education Setting With Individual Academic Support in Student's IEP
No concerns	<ul style="list-style-type: none"> <input type="checkbox"/> Academically independent. <input type="checkbox"/> Supervision with social interactions, language and behavior. <input type="checkbox"/> Independent for ADLs. 	<ul style="list-style-type: none"> <input type="checkbox"/> Adult supervision for all behaviors. <input type="checkbox"/> Adult supervision with ADLs.
Mild 25%	<ul style="list-style-type: none"> <input type="checkbox"/> May need minimal academic support. <input type="checkbox"/> Exhibits delays in social interactions, receptive and expressive language, or behavior. <input type="checkbox"/> Some dependence to perform ADLs. 	<ul style="list-style-type: none"> <input type="checkbox"/> Little or no risk for offensive or dangerous behaviors. <input type="checkbox"/> Stable health conditions requiring 1-3 daily interventions for ADLs.
Moderate 50%	<ul style="list-style-type: none"> <input type="checkbox"/> May need occasional academic support with cues, prompts, modifications, or accommodations. <input type="checkbox"/> Exhibits moderate delays in social interactions, receptive and expressive language, or behavior. <input type="checkbox"/> Dependent for ADLs. 	<ul style="list-style-type: none"> <input type="checkbox"/> Minimal risk for offensive or dangerous behaviors to self or others as a result of impaired cognition, inappropriate social interaction, or emotional disturbance. <input type="checkbox"/> Stable health conditions requiring 4-6 daily interventions for ADLS.
Significant 75%	<ul style="list-style-type: none"> <input type="checkbox"/> Requires some physical academic support through modifications or accommodations. <input type="checkbox"/> Exhibits significant delays in social interactions, receptive and expressive language, or behavior. <input type="checkbox"/> Requires two-person lift and is dependent for some ADLs. 	<ul style="list-style-type: none"> <input type="checkbox"/> At risk for offensive or dangerous behaviors to self or others as a result of impaired cognition, inappropriate social interaction, or emotional disturbance. <input type="checkbox"/> Stable health conditions requiring 1-3 daily specialized interventions.
Severe 100%	<ul style="list-style-type: none"> <input type="checkbox"/> Requires constant physical academic support through modifications or accommodations. <input type="checkbox"/> Exhibits severe delays in social interactions, receptive and expressive language, or behavior. <input type="checkbox"/> Completely dependent for all ADLs. 	<ul style="list-style-type: none"> <input type="checkbox"/> Consistent offensive or dangerous behaviors to self or others as a result of impaired cognition, inappropriate social interaction, or emotional disturbance. <input type="checkbox"/> Unstable health conditions or stable health conditions that require multiple specialized interventions of more than one per hour daily.

ADLs = feeding, grooming, mobility and toileting

Specialized interventions = urinary catheterization, gastrostomy feeding, tracheostomy suctioning