

Behavior Support

Students with Disabilities



December 5, 2018

LAUSD Bulletin 6269.1



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

TITLE: Multi-Tiered System (MTSS) of Behavior Support for Students with Disabilities

NUMBER: BUL-6269.1

ISSUER: Beth Kauffman, Associate Superintendent
Division of Special Education

DATE: March 6, 2017

ROUTING
All Employees
All Locations
Charter Schools

PURPOSE: The purpose of this Bulletin is to provide guidelines for implementing a multi-tiered framework for behavior instruction and intervention.

BACKGROUND: The Los Angeles Unified School District (LAUSD) continually seeks to provide an appropriate and meaningful educational program in a safe and healthy environment for all students, regardless of possible physical, mental, and/or emotionally disabling conditions. Section 14001.3(c)(2) of the United States Code and Section

Students with disabilities experiencing behavioral challenges in the school environment must be afforded the opportunity to be supported using the evidence-based practices found in **Multi-Tiered Systems of Support (MTSS)**. It is the responsibility of the IEP team to design a plan to address student behavior through teaching. It is the school staff's responsibility to **implement positive behavior support** even if such support is not specified in the IEP. The IEP does not supplant the school's responsibility for **holding all staff accountable for implementing Positive Behavioral Interventions and Supports (PBIS)**.

Supporting Tools

Date of Birth: _____ LAUSD Student ID #: _____ Chronological Age: _____ Grade: _____ Gender: _____ Assessment Conducted By: _____ Date of Report: _____		School of Attendance: _____ Special Education Eligibility: _____ Previous Placement: _____ Current Placement: _____ Assessment Center/Location: _____	
Stage 1: Calm Baseline Behavior: (What the student's behavior is prior to the intervention) Overall behavior is cooperative and acceptable. The student is able to follow directions and respond appropriately to the teacher's instructions. The student is not disruptive to the class or to the teacher.			
Student Behavior (What does the student look like/behavior like?) Include information about the student's physical characteristics and actual behaviors exhibited during this stage: • Engages in lesson • Maintains on-task behavior • Follows directions • Responds to positive and corrective feedback without becoming disruptive or defiant			
I. Reason for Referral and Target Behavior(s) A. Background Information 1. Family history 2. Medical history 3. Educational history Behaviorally and/or Physically Impaired Frequency Duration Intensity (SP) Goal Progress Antecedent Skill area Reinforcement Home/SC Effectiveness		Score of 1: Needs Critical Improvement Any of the following a) Origin of referral is missing. b) The target problem behavior is missing. c) The target problem behavior impedes learning. d) The need for services is identified but the reason for referral. e) 3 or more target problem behaviors are identified.	
B. Behavioral Interventions C. Indirect Assessment		II. Operational Definition of the Target Problem Behavior(s) Target problem behavior is defined. Target problem behavior is defined in terms that are specific, observable and measurable.	
III. Assessment A. Background Information Review Record review and interview missing.		IV. Assessment A. Background Information Review Record review and interview missing.	

Supporting Tools

BUL-6269.1
March 6, 2017

LOS ANGELES
Da

BEHAVIORAL EMERGENCY
(Title 5)

DIRECTIONS: School staff are required to thoroughly intervene. An electronic fillable version of this form Support Webpage (<http://achievethecore.org/Page/122>)
[School Mail](#)

Behavior Support Office
Beauty Building, 17th Floor
Attention: Behavior Support Office - BER

March 6, 2017

NON-SUICIDAL SELF-INJURIOUS BEHAVIOR (NSSIB) REFERRAL FORM

Please Complete this Referral Form and Send Email to Attachment@lausd.net, Behavior Support Department

School: _____	Program: _____
Grade: _____	Local District: _____

School Site Referring Administrator: _____	Teacher: _____
LAUSD Email: _____	LAUSD Email: _____
Phone#: _____	Phone#: _____

Other Contact#: _____

"If other than Teacher or Referring Administrator:
LAUSD Email: _____
Phone#: _____ Date of Referral (Faxed or Emailed on): _____

Non-Suicidal Self Injurious Behavior (NSSIB) of Concern
Two or more non-consecutive or consecutive occurrences of any of the following (please check all that apply):

- ☐ Eting: closing of the upper and lower teeth on the flesh of any portion of own body
- ☐ Choking: closing both hands around own neck that could result in airway obstruction
- ☐ Ear pulling: pulling own ears forcefully and repetitively
- ☐ Eating "nonnutritive objects (e.g., dirt, paper, rocks)"
 - ☐ "Please report behavior(s) that are strictly outside of developmental norms"
- ☐ Gouging: using hand, knuckles, fingers, and/or objects to dig repetitively into one's (e.g., eye, ear)
 - ☐ Please describe: _____
- ☐ Hair pulling: pulling of own hair resulting in removal of hair
- ☐ Head banging: Moving own head and making contact with a stationary environmental object that could result in tissue damage
- ☐ Head hitting: using own open or closed hand, or objects, to make contact with any part of own head or face that could result in tissue damage
- ☐ Rumination: is defined as any occurrence of:
 - ☐ Holding food material in mouth at a time other than when eating
 - ☐ Self-induced vomiting that may or may not involve placing finger in mouth
- ☐ Skin picking: scratching or picking of own skin repetitively, picking of existing wounds, and/or rubbing own body parts against objects that results in tissue damage
- ☐ Teeth grinding: rubbing the upper and lower teeth against each other repetitively
- ☐ Other: Please describe: _____

Approximately how long has the student been exhibiting this/these behavior(s)? _____

PLEASE NOTE: 1) Submit ONE FORM PER CLASS/PROGRAM, not per incident or per student.
2) This referral is strictly for NONSUICIDAL SELF-INJURIOUS BEHAVIORS. If there is any suspicion of suicide and/or suicidal ideation, please refer to BUL 2037.2, "Suicide Prevention, Intervention and Postvention" (SPPI) from the Office of Student Health and Human Services. For support with technical assistance and/or consultation, contact School Mental Health Crisis Counseling and Intervention Services at (213) 241-3841, Monday-Friday (8am-4:30pm) or contact your Local District Operations Coordinator.

For office use only: Date Received: _____	Received by: _____
---	--------------------

SECTION I STUDENT INFORMATION:

Student Name _____	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth _____	Eligibility _____
School _____	Student currently has (check all that apply): _____

SECTION II INCIDENT DESCRIPTION: (ATTACH ADDITIONAL SHEETS IF NECESSARY)

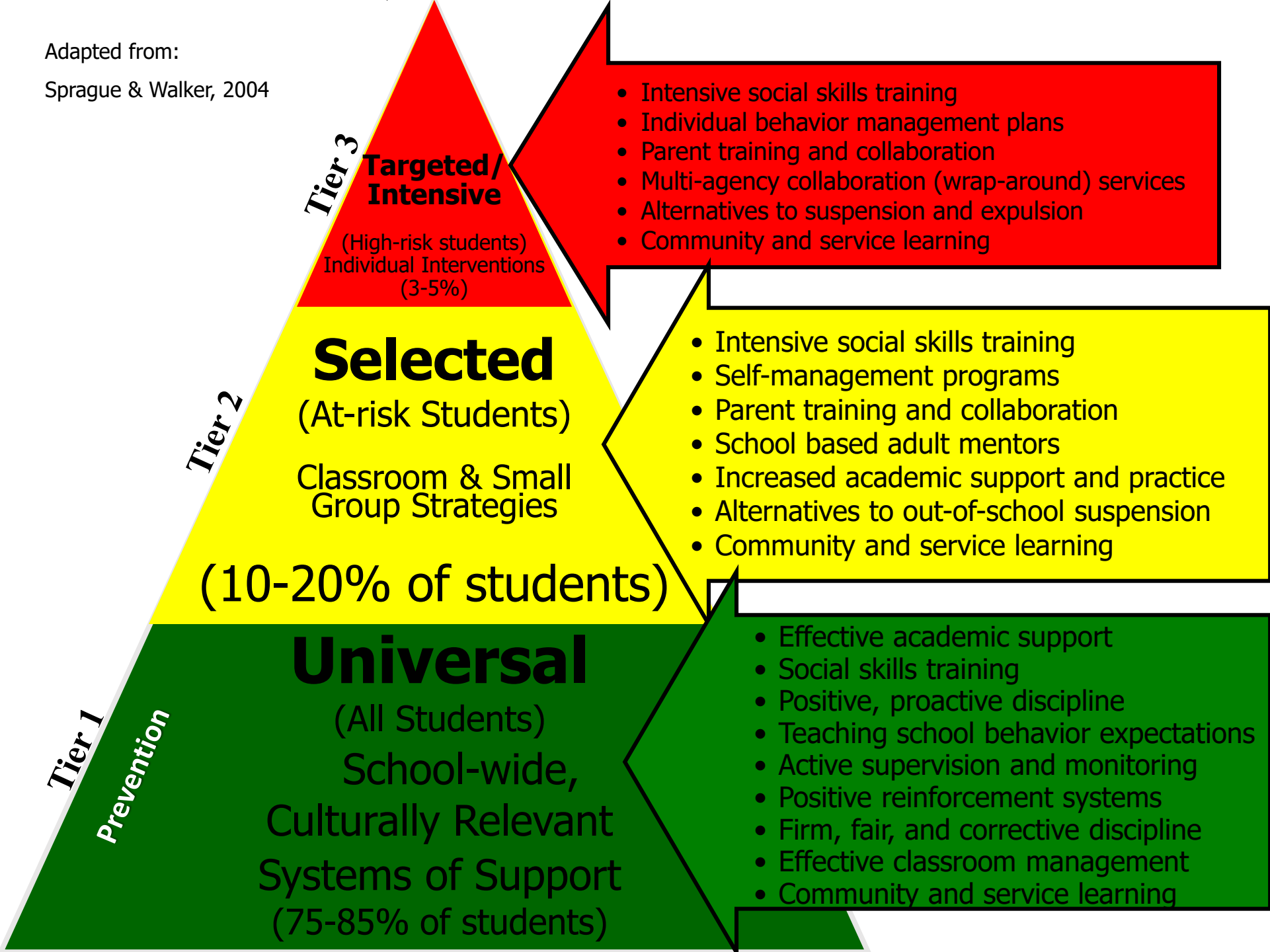
Date of Incident	Location/Setting	Time
Description of incident (include known antecedents and/or precipitating factors): _____		
Description of Emergency Intervention used and how long it was used (include names and titles of staff involved): _____		
Details of any injuries sustained (including staff as a result of incident): _____		

SECTION III REQUIRED PROCEDURES (must be completed and submitted within 48 hours of incident):

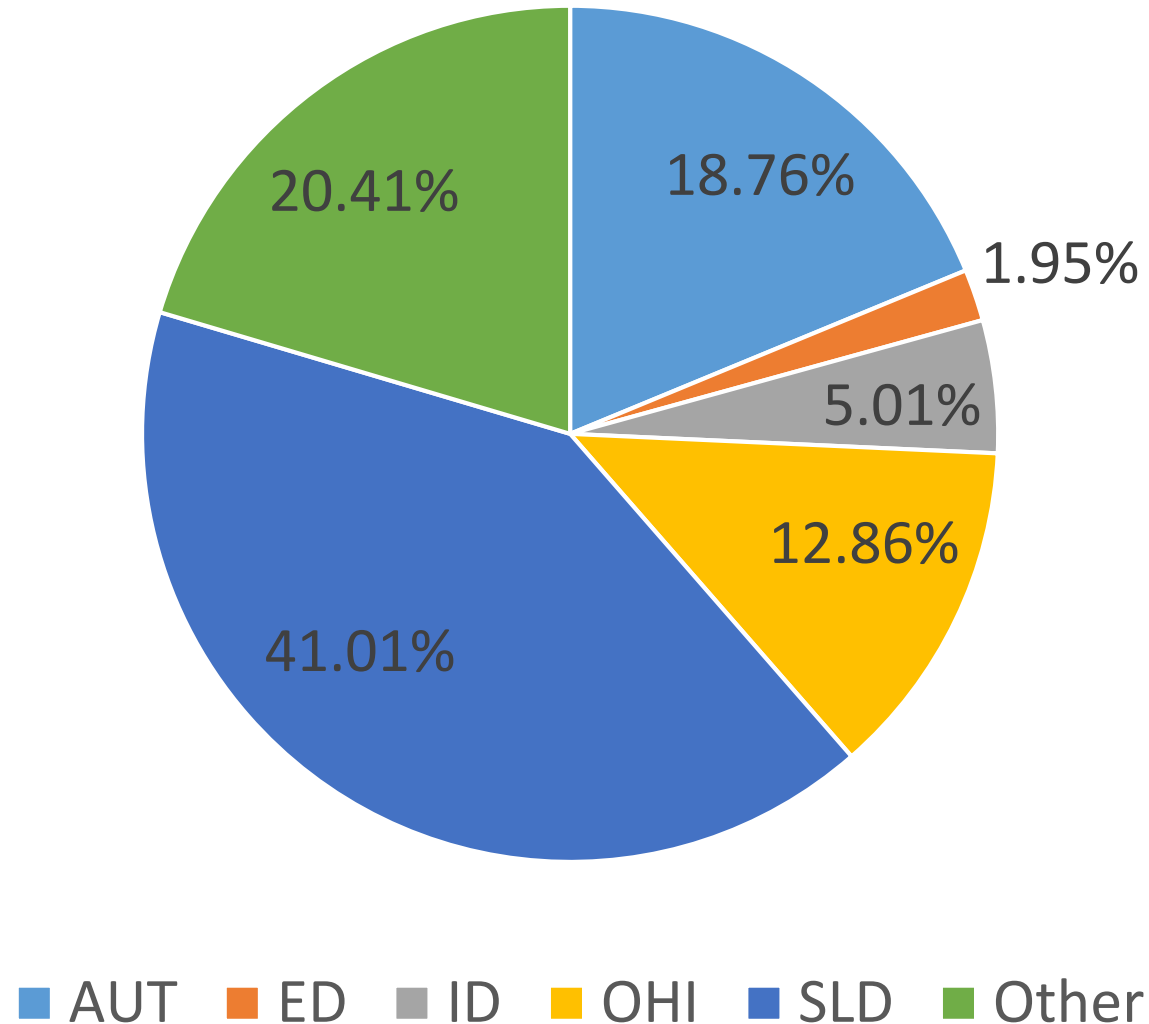
Behavior Emergency Report Completed by School Site Staff	Date: _____	Time: _____
Printed Name and Title of Person Who Notified Parent (within 24 hours of incident): _____	Title: _____	Date: _____
Printed Name of School Site Administrator Who Reviewed Report: _____	Signature: _____	Date: _____
Preceding Checklist: <input type="checkbox"/> Copy of this Form Filed in Student's Cumulative Record <input type="checkbox"/> EP Meeting Scheduled in Meeting	Date of EP Meeting: _____	
<input type="checkbox"/> Copy of this Form sent to Local District Special Education Service Center Administrator and Behavior Support Office within 48 hours of incident		

Page 1 of 1

Adapted from:
Sprague & Walker, 2004



Special Education Eligibilities in LAUSD



**SWD are 13%
of the total
student
population.**

Student Ethnicity by Percentage

Latino	73.4
White	10.5
African American	8.2
Asian	4.2
American Indian or Alaskan Native, Native Hawaiian or Pacific Islander	Less than 1
Filipino	2.1
Not reported	1

Suspension Events

From July 2018 – November 15, 2018

- 593 events (all students)
- Of the 593 events, 189 events were Students with Disabilities (SWD)
 - What percent is this?

32%

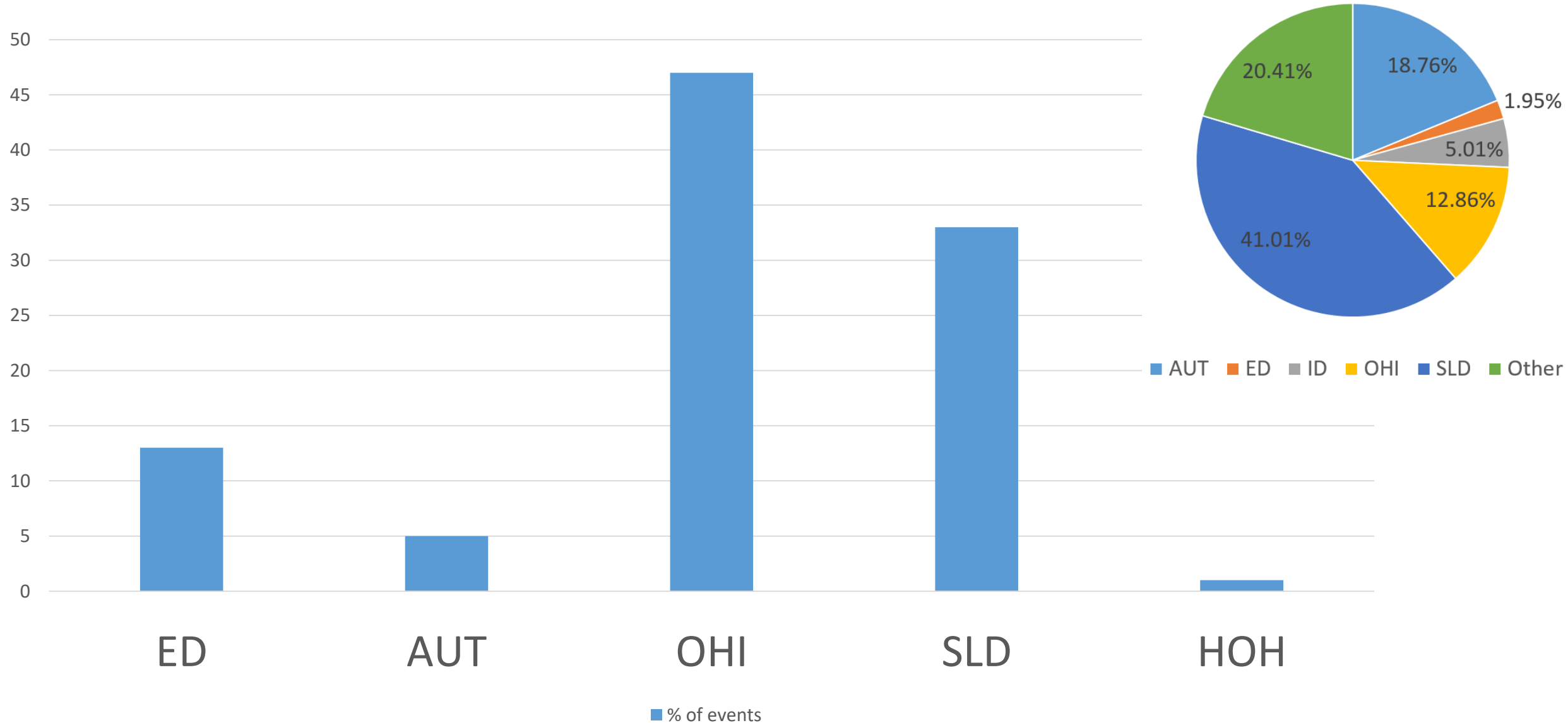
- Of the 593 events, 224 events were African American students
 - What percent is this?

38%

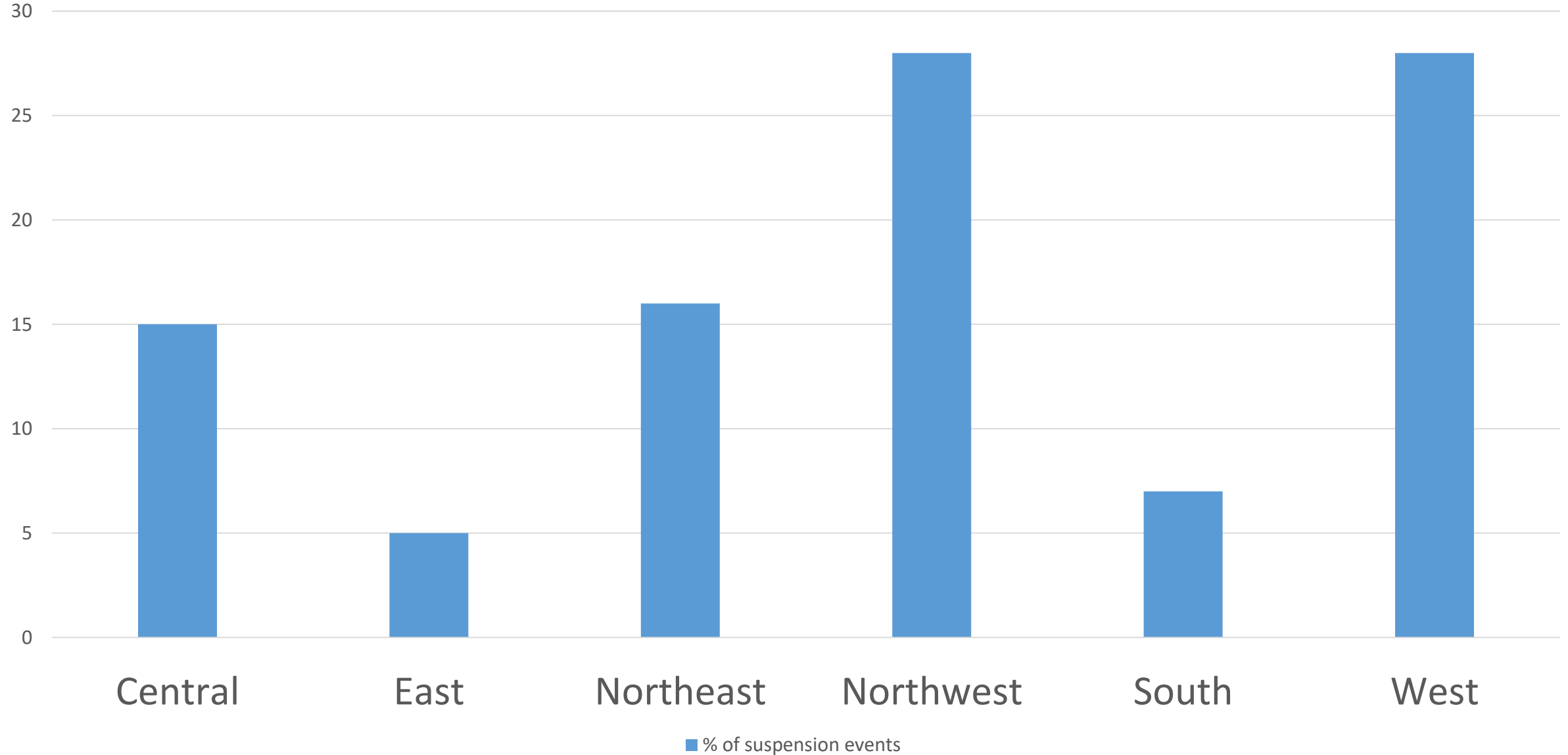
- Of the 189 SWD events, 68 were African American
 - What percent is this?

36%

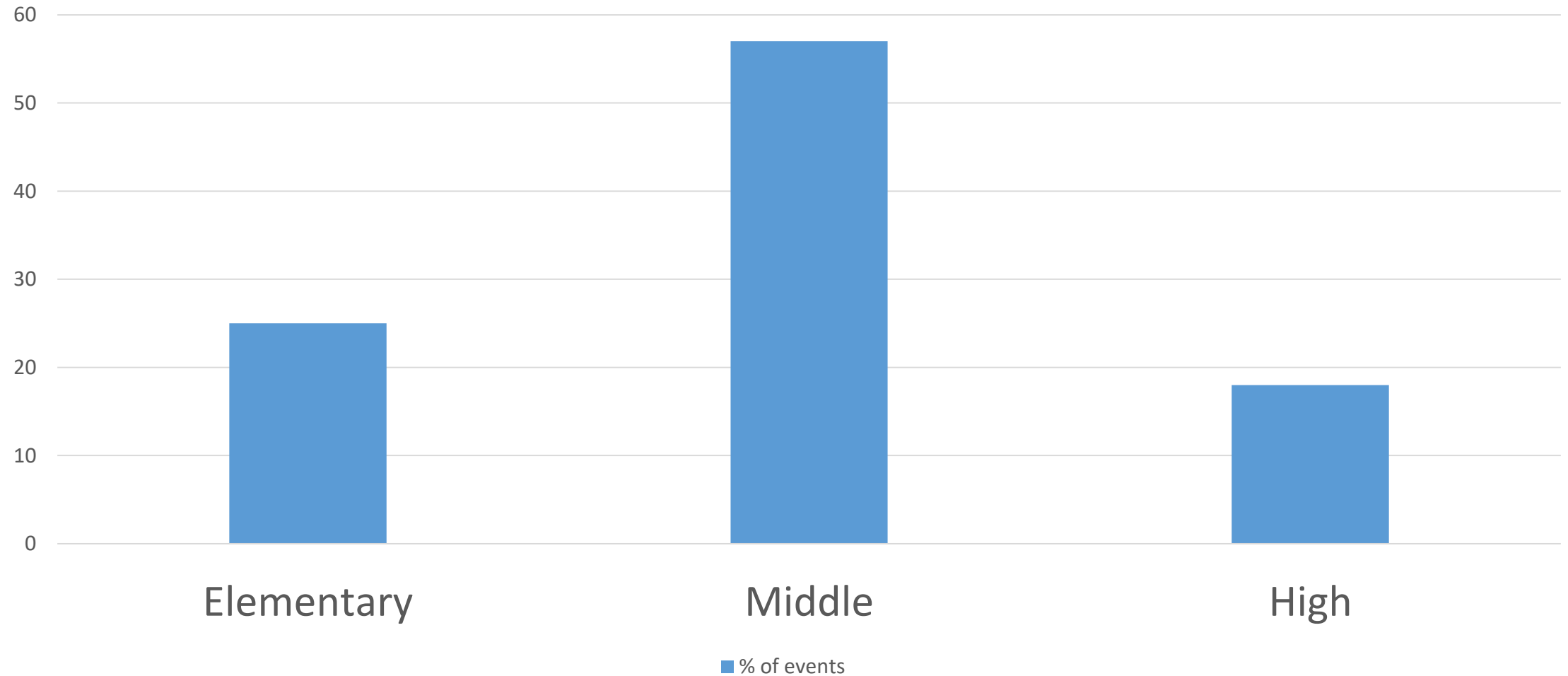
% of events of suspension SWD - eligibility



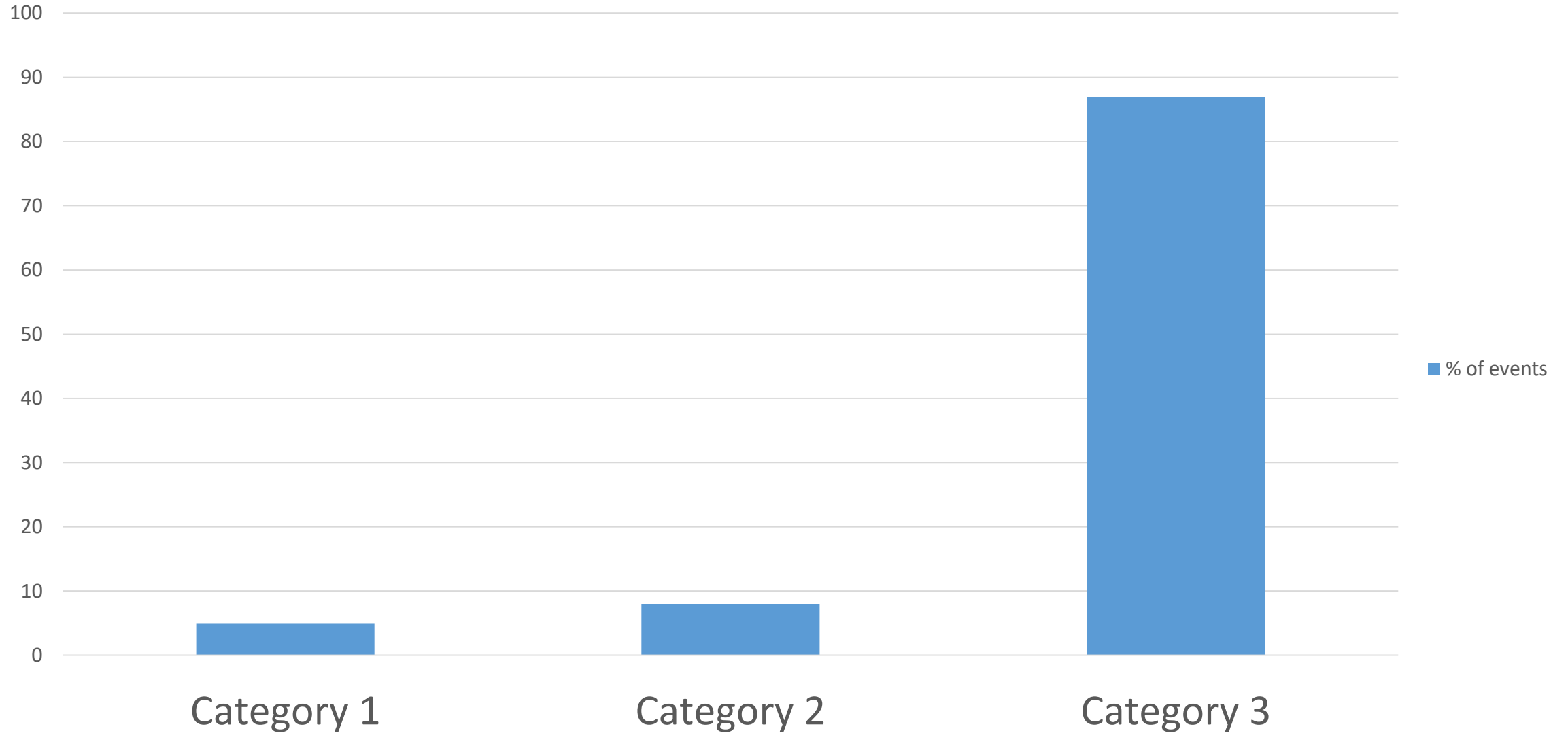
% of events of suspension SWD – Local District



% of events of suspension SWD – School Level



% of events of suspension SWD – Category

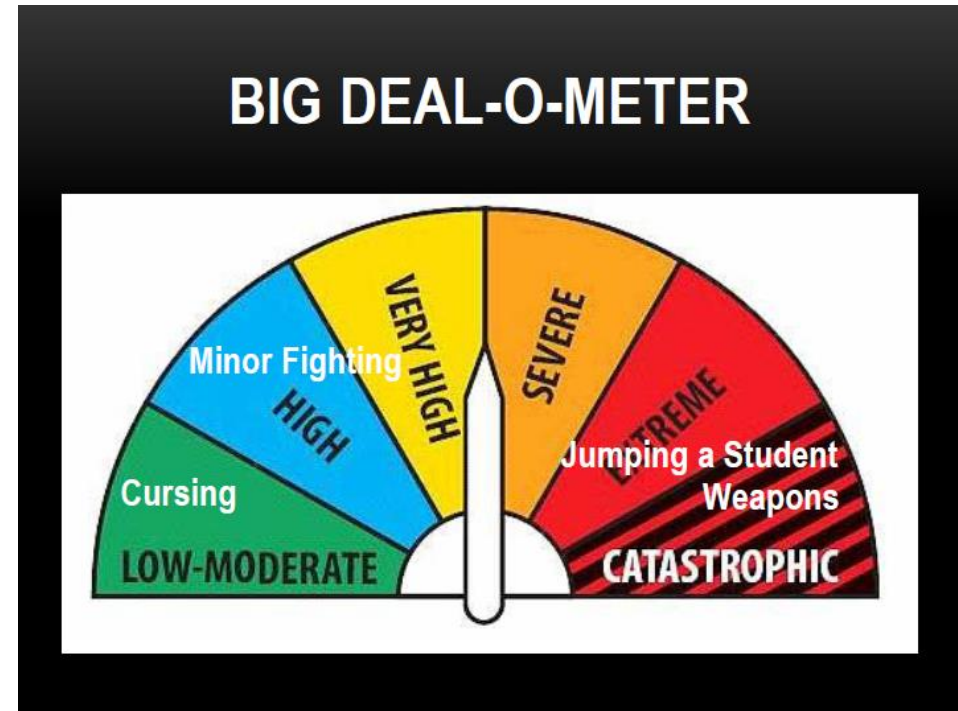


Fair..... Equal..... Accessible.....



What Can We Do About It?

- Reserve exclusion for the most serious behaviors
- Develop a consistent system of consequences
- Clarify major vs. minor infractions
- Allow students sent out to access instruction
- Reconnect with that student before they reenter the classroom
- Graduated discipline
 - A system of discipline that is graduated ensures that less serious behavior incidents are met with milder responses rather than punitive consequences



Based on the data, what else
might we need to consider?



Each one of us can make
a difference. Together
we make change.

Barbara Mikulski

