

PROGRAM DESCRIPTION

SPECIAL

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**EDUCATION
SERVICES**

Judge Rotenberg Educational Center's Program Description as pertains to Illinois State Students Served in Accordance to 23 Illinois Administrative Code 401

Program Introduction

Judge Rotenberg Educational Center (JRC) operates educational and treatment program for individuals with a variety of behavior disorders. The program is provided in the form of a 365-day residential program. The program serve individuals ranging in age [REDACTED]

JRC accepts individuals who have behavior problems that have prevented them from functioning successfully in their normal environments. JRC does not refuse or expel students or clients on the grounds that the individual's behaviors are too difficult to manage. Many of the individuals placed at JRC have been unable to attend a public school successfully, unable to participate in a day program successfully, unable to live at home without major problems or unable to function appropriately in the community at large.

JRC's program is designed to help students with severe behavior problems to strengthen their repertoire of desirable behaviors and to decrease or eliminate their undesired behaviors. JRC bases its education and treatment procedures on the field of behavioral psychology and its technological applications. [REDACTED]

The day and residential aspects of the program are highly integrated and coordinated. The same set of staff members work at JRC's school building during the daytime, in the residences during the evening and overnight hours, and on the school buses. The program is highly systematized, so that even newer staff members can quickly learn how to carry it out correctly for each student. Each student's program is highly individualized, so that the student or client is motivated by rewards that are uniquely effective with him or her. The program is employed across all settings to provide the individual with a consistent behavioral education and treatment program. JRC ensures consistency across all environments through several methods, including but not limited to the following: JRC's unique digital video recording system; its Quality Assurance Department; its staff improvement procedures; and its systematic organizational compliance procedures. Through these various systems JRC is continually improving all aspects of its program. In addition JRC actively solicits suggestions from students, staff members, families and agencies.

As a MA DOE approved, Chapter 766 Residential School, JRC is committed to providing individual education to all students. JRC's clinical and educational staff members work together with the IEP team to implement each child's Individual Education Plan. JRC recognizes the primary responsibility of the school districts in the IEP development

process, as well as the importance of a team approach in treating and educating JRC students.

Student Population

JRC has a 33-year record of provably effective education and treatment that produces unusually large and rapid changes in students' skills and behaviors. JRC is [REDACTED]

[REDACTED] is a [REDACTED] JRC serves both males and females and serves individuals with varying intellectual and ability levels. The individuals that JRC serves have developmental disabilities including the [REDACTED] spectrum, or have [REDACTED] specific populations served include, but are not limited to, the following [REDACTED] Mentally Ill, Developmentally Delayed, [REDACTED] Juvenile Offender, Asperger's Disorder, Attention Deficit Disorder, Learning Disabled, [REDACTED] [REDACTED] Tourette's Syndrome, Prader-Willi Syndrome, Pervasive Developmental Disorder, Non-Verbal Learning Disabilities, Language Impaired, Physically Impaired, Blind, Cerebral Palsy, Deaf, Perceptually Handicapped, Hearing Impaired. In conclusion, the types of presenting behaviors that are shown by JRC's students or clients are quite varied.

JRC reserves the right to reject certain students whose behaviors would expose staff, other students and/or the community at large to unreasonable risk. JRC will take into account a number of factors as one part of a general review of the student's entire clinical picture, because normally no one factor is considered to be dispositive. In addition, JRC does not accept the following classes of students: (a) a student who is a registered sexual offender, or whose conduct requires him or her to register as a sex offender either prior to admission or during enrollment; (b) a student whose sole problem is that of drug addiction; and (c) a student who has medical problems that JRC is not properly staffed to handle appropriately. Normally JRC will accept a student who has shown elopement behaviors in previous placements. Some JRC residences have special staffing and security arrangements designed to handle potential runaways. However, JRC reserves the right to reject certain cases, if JRC believes that it will be unable to provide adequate security and successful treatment. JRC looks at each case on an individual basis and considers a variety of factors in determining whether placement is appropriate.

Admission & Intake Process

A prospective student may be referred to JRC by state agencies, school districts, parents or any other concerned parties. As part of the admissions process, JRC will develop a behavior plan that includes only those treatment interventions that JRC believes are reasonably likely to be necessary to treat the student's behavior based upon history and other information gathered during the admission and referral process. Accordingly,

staff involved with the admission and referral of a student will take all reasonable steps, under the circumstances in each case, to develop as much information about a student as is possible prior to admission.

During the pre-admission planning process, a JRC clinician, a member of the treatment office, a member of the Nursing Department, a member of the Education Department, and a member of the Admissions Department, depending upon availability, review all referral packets received from a school district representative to determine whether JRC is capable of adequately serving the child. Attention is given to prior placements/hospitalizations with emphasis on discerning the types of inappropriate behaviors that the student may exhibit, and to determine whether any special medical interventions are required.

JRC reviews the referral records including the current IEP (the IEP developed at the most recent previous placement). The Education Department notes, on a [REDACTED] Recommendations Form, any educational recommendations or changes needed in the IEP in anticipation of the pre-admission interview. Psychology, Treatment, and Nursing Departments also complete a Pre-admission Recommendations Form based upon the student's records in anticipation of the pre-admission interview. [REDACTED] [REDACTED] JRC deems to be reasonably likely to be necessary to treat the student if and when the student is admitted to JRC.

JRC arranges an interview with the student and/or parent/guardian and completes a Pre-Admission Interview Form. If a student visit is not possible, JRC may arrange for a staff member to visit with the student at his current residence. Certain JRC staff members, possibly including representatives of the Psychology, Nursing, Education, and Programming Departments, may meet with and observe the student during the visit. JRC discusses the Pre-admission Recommendations Form with the parent/guardian or appropriate agency. This discussion will include a review of the behavioral treatments that JRC believes are reasonably likely to be needed to treat the student if admitted to JRC, including an explanation of JRC's behavior modification program.

In addition to the pre-placement IEP team meeting, JRC staff will meet with the parent on admission day to review the consent forms and certify that the consents have been reviewed fully with the parent prior to signing and admission. JRC will provide an interpreter, if necessary, and will videotape the admission where an interpreter is required. The JRC staff member who meets with the parent/guardian on admission day will sign the consent forms certifying that the material has been reviewed in full. The parent/guardian will be advised that the consents are required prior to admission, and that the giving of consent is voluntary.

Family Practice

Each student is assigned a treatment team responsible for coordinating all aspects of the student's care while at JRC. On a weekly basis, or as otherwise requested by the parent/guardian, the case manager will ensure the family/guardian is kept informed on all aspects of the student's treatment, education and welfare.

Whenever possible, JRC works toward reunifying students and their families. Because of this, families are a significant focus of program attention and effort. JRC believes it is important to build alliances with families and to mobilize and support parent strengths. In family meetings and through frequent contacts, JRC works hard to transfer the gains they make in the program to the home environment and community.

In an effort to make information easily accessible, JRC has designed a unique Parent/Agency website that enables parents, guardians, and affiliated agency personnel to go online and view various aspects of a residents' program while they are at JRC. This site is becoming increasingly popular, and currently has over 95 parents, guardians and agency personnel accessing it several times a month.

Family Counseling

JRC offers training and [REDACTED] to all family members involved with the student. The goal of the program is to bring each student to a point where he/she is able to behave appropriately within his or her own home during home visits, during family visits to the school, and during the transition process back to the home environment.


The aim of behavioral treatment is for the student to transfer his/her improved behavior from the treatment program environment to the natural home environment ("generalization"). Parents, family members, other caregivers or support persons can make important contributions to generalization. The purpose of behavioral family counseling is to educate students' family members or support persons about behavioral principles and assist them in applying these to their own behavior and home environment to support generalization of improved behavior for the student who is in treatment.

Behavioral family counseling involves verbal interactions that describe rules, stating the contingencies, provide information, encourage accurate discriminations, prompt and shape new skills, and provide social reinforcement for behaviors promoting generalization.

In general, behavioral family counseling may include the following: (a) provision of information about behavioral treatment and its relation to alternative treatment

approaches; (b) guidance in how to interpret JRC's various interventions and data systems; (c) guidance in how to assess progress for the student placed in treatment; (d) guidance in applying behavioral principles to understanding the origins of behavior for the student in treatment as well as future prospects; (e) assistance in identifying and changing relevant factors in the home environment; (f) assistance in identifying and changing unhelpful social interactions; (g) assistance in identifying and changing personal obstacles that may impede treatment progress or generalization for the student in treatment; (h) consultation on modifying the behavior of others in the home setting whose conduct may affect the student in treatment; (i) collaboration in identifying short- and long-term treatment objectives for the student in treatment; (j) provision of training in implementation of behavioral treatment methods where indicated; (k) assistance in setting and monitoring behavioral contracts; (l) collaboration in transitional planning; and (m) collaboration in planning post-discharge follow-up supports.

JRC has an aftercare support service in which JRC provides support, advice and communication to students and their families, where appropriate, after they graduate, to help them maintain the positive behavioral progress that they have made during their time at JRC. The aftercare services are coordinated by the student's clinician, who sets up an aftercare plan with the student and his/her outside treatment team and family prior to the student's leaving JRC. This collaborative approach attempts to integrate multiple facets of a student's support network after leaving JRC, and provides for a smooth transition back into his/her community. The clinician sets up a series of regularly scheduled phone calls with the student to discuss his/her progress, possible obstacles he/she may have encountered, and steps that the student may take to correct any setbacks. The clinician may also continue to have regular conversations with the student's parent or guardian to discuss their child's transition back to the home, potential difficulties that they may be having, and strategies that may be helpful in optimizing the new living situation. Finally, the clinician may have contact with the student's outside treatment team to ensure continuity of care.


JRC is committed to providing the most effective education and treatment programs possible. JRC bases its education and treatment procedures on the field of behavioral psychology and its technological applications. JRC's behavior modification treatment program is explained in greater detail below.

1) *Identify the behaviors to be changed.*

- (a) At JRC we analyze the student's problems in terms of sets of behaviors that need to be increased or decreased in frequency. By the term "behaviors" we include externally-observed behaviors such as overt actions as well as internal behaviors that are more difficult to observe, such as thoughts, feelings, emotions, and urges.

(b) Most of the target behaviors we initially seek to change are external, observable behaviors. However, as the external behaviors improve, internal behaviors, such as the student's thoughts, feelings, urges and emotions, tend to show an automatic improvement. For example, as the student begins to pass behavioral contracts, succeed in his/her academic work, etc., he/she feels better and his/her self-concept, self-esteem and confidence improves.

2) *Record and chart the frequencies of the behaviors.*

(a) At JRC we record the daily frequencies of each of these major behaviors. This recording is done around the clock, 24 hours each day, seven days a week. That data is then entered in a database by a member of the charting staff at JRC and software converts the data in the database to daily, weekly, monthly and yearly charts.

(b) Our system of charting makes use of the principles and procedures known as Precision Teaching or Standard Celeration Charting, which was developed by Dr. Ogden Lindsley and his students.

(c) The same type of charting system is used to measure positive behaviors that the students are taught in their educational program. In some cases, the software we use has a built-in charting system.

3) *Establish a powerful [REDACTED] the student will want to earn.*

At the heart of any successful behavior modification system is a set of rewards that the student will want to earn. Some of the most prominent at JRC are these (the list is only partial):

- a. Classroom Reward store
- b. Classroom Reward box
- c. Big reward store
- d. Contract store
- e. Thursday Barbecue/Field Day Afternoon
- f. Field trips
- g. Dances
- h. Internet usage
- i. Money
- j. Reward areas in the students' residences

4) *Set up point or token reward systems.*

These are systems in which points can be earned by the display of target behaviors and the points can be spent to purchase rewards. For some lower functioning students, tokens may be used instead of points. Each student who earns and spends points has a "point sheet" that specifies what behaviors earn points, how much various rewards cost in points and what the maximum number of points are that the student is allowed to earn in one day.

5) *Set up "behavioral contracts."*

(a) Contracts are arrangements in which if the student goes for a specified period of time without displaying certain specified problem behaviors,

he or she earns a specified reward at the end of the contract period. If, however, the student exhibits the specified problem behavior(s), the contract is "broken," a new contract is set up and the student tries again. There are many types of contracts that are used at JRC. Normally several will be used at the same time for a given student.

- (b) Contracts are constantly being changed to reflect the student's current needs. If a student passes his contracts consistently, the duration of the contract is gradually increased. If the student frequently fails the contracts, the duration may be shortened and the reward may be enhanced.
- (c) Here are a few of the major types currently in use:
- i. *Short-term*. These last for a few minutes—currently the standard short term contract is two minutes in length—and the duration is not changed. At the end of the two minutes, if the student has not shown certain behaviors during that period he/she earns some points or tokens. When this type of contract is used, it is repeated throughout the day.
 - ii. *Less-than-a-day*. Each student has one of these in his/her program. The duration lasts from 1 minute up to 8 hours and the contract is repeated throughout the day. If the student is consistently successful in passing contracts of a certain duration, the duration is gradually extended, on an individual basis, to require more and more from the student. This practice of gradually extending the length of the contract is also followed for each of the other contract types listed below.
 - iii. *One day*
 - iv. *Overnight*
 - v. *Transportation*
 - vi. *Multi-day*. This type of contract might last for 1 to 7 days and would entail a major reward.
 - vii. *Multi-week*
 - viii. *Multi-month*
 - ix. *Special*. Special contracts might be made for other special behavior issues, such as task completion, behavior on field trips, etc.
- (d) Sometimes the student must pass a certain contract in order to gain access to a place where the student's points, tokens or money (that the student has previously earned) can be spent. For example, the student might have a contract which, if it is passed successfully, allows him/her to go to the Big Reward Store. Once there, however, the student must have earned some points in order to purchase the items that are available in the Reward Store.

6) Establish a [REDACTED]

If the student displays certain major inappropriate behaviors, all opportunities to earn contract rewards or to spend points are suspended. At JRC we call this a "Loss of Privileges" period. The duration of the LOP can vary from minutes to several weeks. Sometimes an LOP status may be combined with shifting the student's residence or classroom to place him in a more highly staffed and less desirable residence or classroom.

7) *Teach self-management procedure.*

Each of the higher functioning students are taught to select at least one "outer" problem behavior (such as being aggressive) and one "inner" behavior (such as having urges to be aggressive), to count and chart those behaviors, and to select and arrange their own rewards or [REDACTED] change the frequency of the behaviors. The students meet each week with other students and with a supervising clinician or other staff member to share the data, display their behavior data and discuss their behavior management techniques.

8) *Minimize or eliminate the use of psychotropic medication.*

If a student is on medication when he or she enrolls at JRC, the medication may be removed under the guidance of a clinician. Psychotropic medication is employed only if the charted behavior data support the need to use it as an adjunct to JRC's behavioral treatment program.

9) *Ensure that all counseling is behaviorally oriented.*

It is important that all aspects of the treatment program, including any counseling that is provided to the student, be fully coordinated with the rest of the JRC program and that the counseling be conducted and offered in a behavioral manner.

10) *Teach the student to cope successfully with events that normally trigger problem behaviors ("Programmed Opportunities").*

It is important to identify those stimuli and events that normally trigger the occurrence of the student's problem behaviors. These should be presented to the student on planned occasions; the student should be taught how to cope with these successfully; and he/she should be rewarded when he does so.

11) *Set up Safety Procedures to Handle Aggressive or Self-Injurious Behaviors Safely.*

If a student displays violent behaviors that are a danger to him/herself or others, JRC employs emergency physical or manual restraint in a safe and carefully supervised manner. JRC may also implement transport restraint to ensure the student's safety during transport. These procedures are used according to applicable regulations and with approval from licensing agencies.

12) *Keep changing the components of the treatment system until the charts show the desired changes in behaviors.*

At JRC, a behaviorally-trained clinician, assisted by the student's case manager, and with consultation from others such as the nurse,

psychiatrist, and classroom teacher, oversees the progress of each student. The clinician is responsible for reviewing the charts on a regular basis, meeting with the student from time to time, entering progress notes and writing progress reports, and making changes in all interventions until the treatment program is working with sufficient effectiveness.

At JRC the philosophy is that the student is never “wrong.” If the student is not behaving the way we want him or her to behave, what is wrong is simply the current set of interventions— they need to be changed until they work more effectively. The clinician who supervises the treatment team is held responsible for making the needed changes.

Each week, one of the clinicians presents the charts of his or her students at a “data sharing” session attended by all of the other clinicians, case managers, other administrators and the executive director. JRC’s charting software makes it possible to display all of the important charts of each student on one screen at the same time in “thumbnail” views. This type of display enables all behaviors being treated to be reviewed quickly and enables relationships among them to be seen easily. The group makes suggestions for improving the treatment and becomes immediately aware of any case where a student is not progressing satisfactorily. In effect, through these sessions the group holds the clinician responsible for producing progress in all of the students under his or her care.

Behavioral Counseling

Counseling at JRC is called behavioral counseling, to indicate that it is different from more traditional forms of psychotherapy. JRC’s clinicians observe and interact with their assigned students at least once every two weeks, and are available as needed to provide behavioral counseling or to train and oversee other staff in providing behavioral counseling.

The purposes of behavioral counseling are: to give the students a chance to express any concerns or problems; to reinforce the importance of the students’ following their behavioral program; to encourage and teach the students to view their own behavior, and the behavior of others, with the conceptual tools of behavioral psychology; to teach the students how to use behavioral principles to improve their own behaviors through self-management; to teach the students to "generalize" their behavioral progress to their home and community settings; to review the students' treatment program to insure that

that the students' academic, treatment and vocational programs are appropriate for their goals; and to consider ways to make the programs more effective.

Education Program

JRC promotes a challenging educational environment that enables students, commensurate with their abilities, to become participants and contributory members of a multicultural society. Educational services are driven by the Individual Education Plan (IEP's) that are developed in consultation with parents and students and an array of professional educators and clinicians. The parent(s)/guardian(s) of the student are encouraged to play an active role throughout the students' placement at JRC.

JRC's educational program is tailored to meet the special needs of the individual student. JRC stimulates improvement in academic achievement and the acquisition of life skills of the student. JRC employs instructional strategies that build proficiency in written and verbal communication, creative thinking, and problem solving, as well as, application of skills to real life problems and issues.

JRC recognizes the primary responsibility of the school districts in the IEP development process, as well as the importance of a team approach in treating and educating JRC students. JRC also emphasizes the ongoing interaction between JRC staff, the school districts, and parents.

JRC's policy is to provide the parent/guardian and school district with routine updates on the general progress of the student, both through formal reports and informal updates. In addition to regular updates on the status of the student's progress, the evaluation of the student's progress by his/her treatment team occurs on an ongoing basis through oral reports of the treatment staff, review of incident reports, and program changes.

Behaviorally Based Education

JRC uses behavior management techniques to motivate students to excel academically as well. JRC employs several behaviorally-based educational technologies as explained below.

1) Programmed instruction.

This is a method for designing instructional materials. It involves carefully analyzing and sequencing materials to be taught so as to minimize errors and providing immediate feedback to the learner on each instructional step. This maximizes both learning and self-

confidence. Instruction is individualized so that each student may learn at his or her own optimal rate.

2) *Precision teaching measures learning in terms of rates correct and incorrect.*

These are the most sensitive and informative measures of educational progress. The essence of precision teaching is to measure the frequency of correct and incorrect responses, to plot these frequencies on a chart so that the levels and trends can be seen immediately and to take appropriate corrective action based on the charted data.

3) *Behavior modification.*

Teachers set individualized aims for the student's mastery of various parts of the curriculum. If students reach these aims, they [REDACTED] that can be spent to purchase rewards or exchanged for money.

4) *Computerized instruction.*

Networked computers are used to display teaching programs and to record student progress daily. This enables teachers and administrators to effectively monitor the performance of a large number of students on a daily, individualized basis.

We have designed a number of educational courses using the principles and strategies described below. These include unique, award-winning Basic Skills software for our developmentally disabled students that teaches basic skills in reading, receptive language and the use of language, pictures and pointing to request things. Other software teaches our higher-functioning students skills such as spelling, vocabulary, math facts, phonics and reading.

1. Each competency is analyzed into a sequence of steps, each of which involves learning only one small skill beyond those already mastered.
2. Each step in the sequence must be mastered by the student at a specified level of fluency, measured by the student's rates correct and incorrect.
3. The student is allowed to advance to the next step only when he/she has mastered the current skill at the target level of fluency.
4. The student studies and learns at his or her own individual rate. Each student can advance through the curriculum as fast as he/she wishes and is able to.
5. Much of the curriculum is presented by JRC-created or commercially available software that runs on networked computers and that deposits student performance

data in files that are accessible from the teachers' and administrators' computers. This enables a teacher or administrator to monitor progress on a daily basis.

6. Where appropriate software is not available, we make use of worksheets and cards. We also use Practice Mill software, using rate correct and incorrect measures, to test the student's mastery of information and skills that the student acquires by studying standard textbooks.
7. JRC's behavior modification system is used to motivate the students to master each step in the curriculum and to do homework at the residences. Each of our higher-functioning students is allowed to earn up to 2000 points per day. An individualized decision is made as to what percentage of this total must be earned through his or her academics and what percentage must be earned by demonstrating appropriate behaviors. Changes in this allocation are made on an individual basis as necessary.

We also prepare students to handle traditional classroom instruction in which a teacher lectures and interacts with a classroom of students and in which all students in a group move at the same pace through a set of lessons.

Medical Practices

JRC will have a registered or licensed practical nurse available to assist in the health care needs of the population. The JRC Nursing Department also coordinates the medical and dental care of the students with outside providers. The students' treatment team, in conjunction with the Nursing Department, ensure that parents/guardians and agencies are informed of all health related needs and issues in a timely manner.

JRC seeks to accomplish the needed behavioral changes in its students while at the same time minimizing the use of psychotropic medication. JRC's behavioral treatment is often a more effective and safer alternative to treating behavior disorders with psychotropic medications. Nonetheless, JRC is capable of implementing psychotropic drug treatment programs, and does so for a small number of clients where objective behavior data show that the combination of such medication with behavioral treatment is the most effective, least intrusive treatment. JRC's policy regarding the use of psychotropic medication enables JRC to avoid the undesirable and sometimes permanently disabling effects of such medication. JRC's policy concerning psychotropic medication policy does not apply to cases of students who suffer from medical problems which require drug treatment for medical conditions.

Parents whose students currently are receiving psychotropic medication will be requested to agree that once their child is enrolled in JRC, a psychiatrist will be consulted to consider the benefits of a program of psychotropic medication removal. If our psychiatrist concurs that psychotropic drug treatment is not indicated, and that

JRC's behavioral program is likely to be the least restrictive and most effective alternative, we proceed to implement our behavioral treatment program by designing a treatment program for the student. Normally, we consider the supplemental use of psychotropic medication only after we are satisfied that behavioral procedures alone have proven to be insufficiently effective.

Currently there are some students at JRC who have reached this point and are receiving psychotropic medication, in conjunction with their behavior treatment program, under the direction of a psychiatrist. We may also use psychotropic medications when they are recommended by one of our consulting psychiatrists as a needed emergency measure.

All medication is prescribed by a JRC physician, medical consultant, specialist, or nurse practitioner. JRC employs 3 consulting licensed physicians and a staff of nurses that provide medical coverage 24 hours per day, 7 days per week. Currently, medications are administered by a member of the JRC nursing staff. If JRC used a trained med technician to administer medication, he/she would be trained and supervised by a licensed nurse. Any staff member administering medication to a student will be trained in the administration of medication, possible side effects and the need for informed consent to medical treatment.

Medication that is administered to any client is prescribed by a physician and administered only to that client for whom it was prescribed. Any medication change or change of dosage is authorized by a physician. No medication is administered to a student without authorization from a parent. All consents are renewed annually.

Medication is self administered when appropriate. If it is felt that a client is capable of administering his/her own medication, the attending physician writes an order. A program would then be designed to allow the student to become independent in self-medication.

Program Staff

JRC is able to provide the highest level of services to its student population in part due to its highly trained and specialized employees. Each staff member is required to complete two (2) weeks of intensive training and testing prior to providing support to students. Each staff is also required to complete a minimum of 30 hours of in-service training each year. Training topics include but are not limited to abuse reporting, restraint regulations, CPR & First Aid, Violent Behavior Control, behavior management procedures, and educational procedures. Staff members also attend conferences and training opportunities outside of JRC to develop clinical skills and capabilities. In addition, JRC also provides all employees with opportunities to continue to learn and improve performance.

The format of the training differs depending on the subject matter being presented. Trainees watch videos, attend lectures, read assigned material, and demonstrate skills either in the classrooms, residences, or at the training center with a staff trainer. All training is provided by one of JRC's staff trainers. The more involved areas are also covered by videos and practical exercises. First-Aid, CPR and Violent Behavior Control are assessed with a written test as well as by a practical test given by certified instructors to test the employee on the skills needed.

JRC requires all staff to participate in ongoing training programs. All direct care staff working with students receive a minimum of 30 hours of in-service training per year. JRC maintains a list of the in-service requirements to be completed by each employee during the year. If a staff member repeatedly fails to complete any aspect of the ongoing training requirements, he/she will receive disciplinary action.

Clinicians, administrative staff members and teaching staff attend outside workshops and conferences. Clinicians attend the Applied Behavior Analysis conferences on a yearly basis to develop and enhance professional skills and knowledge in the recognition, assessment, and treatment of all forms of behavioral disorders. JRC's staff trainers attend workshops several times a year in the areas of abuse reporting, restraint, FA/CPR and Violent Behavior Control. Trainers need to be certified in various subject areas and these credentials are updated on a regular basis. Staff may also participate in off-site conferences and workshops, as appropriate.

JRC employs clinicians who oversee each student's treatment program with the assistance of a treatment team that includes the programming department, case manager, the teacher, the special education supervisor and the residential coordinators.

The level of staffing in each classroom and residence is determined by the intensity of the students' behaviors and educational and management needs. A highly aggressive individual may be placed in a setting that is appropriately staffed to handle individuals with similar problems. Some classrooms and residences have high staff-to-student/client ratios and are especially equipped to deal with aggression, self-abuse or property destruction. Other classrooms and residences have lower staff-to-client ratios and may be more appropriate for individuals whose behaviors have progressed to a point where higher staffing is no longer necessary. The average ratio of students-to-staff for both the school and the residences is 3:1 with the exception of the overnight shift. This shift is staffed with a combination of awake and sleep staff. The ratio is typically 5:1 for awake staff, but may range from 1:1 to 6:1 depending on the individual needs of the students, and 7:1 for asleep staff. These ratios are subject to change based on the intensity of students' behaviors.

In addition, JRC monitors staff through a heavy deployment of quality control supervisors throughout the school and residences. DVR (Digital Video Recording) cameras monitor every classroom and student related area of the school buildings and are also present in all rooms at the group homes. Banks of live DVR monitors are watched 24-hours per day and video footage is spot-checked by special "DVR monitoring" staff. Each staff member not performing his or her duties correctly is given immediate verbal feedback and receives immediate disciplinary or other appropriate remedial action, such as retraining, to promote proper performance at all times.

Emergency Coverage

JRC has a Relief/On-Call system to provide coverage in the absence of scheduled employees. Each shift has a designated number of On-Call Staff that are required to call into the Monitoring Department before the shift begins, in order to see if they are needed. If needed, they are instructed as to where to go and what time they are to begin/end their shift.

The Monitoring Department is also provided with a list, each day, of those relief staff who are available for that day. If needed, monitoring will call these staff and instruct them where to go, and what time their shift begins. If, after using the Relief Staff, JRC is still in need of staff, JRC will call upon its On-Call Staff to work the needed shifts. When additional staff members are needed, JRC will then call upon its regular staff to work overtime.

JRC also has supervisory or monitoring staff scheduled during every shift that can be called upon to cover direct care shifts if necessary. JRC continually recruits new staff to ensure there is always an adequate number of qualified staff to care for current students and prepare for anticipated growth. In the event that the above steps are not successful in filling the needed shifts, JRC will call upon local temporary staffing agencies to supplement its staffing. JRC has never had to call upon local temporary staffing agencies to meet its needs for direct care staff.

Family Visits & Transportation

JRC employs an open door visiting policy. Guardians/parents/siblings may visit JRC at any time, with or without notice. Students may also receive visits from grandparents, family friends or others provided they are approved for visits by the student's parent(s)/guardian(s). It is recommended that the planned visitor(s) contact either the Director of Student Services or the client's case-manager prior to the visit in order to make arrangements within the client's educational, vocational, and/or behavioral schedule.

JRC provides transportation to both routine and emergency medical/dental/counseling appointments, as needed. JRC owns and operates a fleet of vans that are used to transport students on doctors' appointments and various field trips.

Integration and Community Connection

JRC promotes and encourages the full and natural integration of its students into the community at large. JRC fosters the development of relationships with other members of the community and the ability to make choices and decisions regarding the direction and activities of the students' lives.

JRC works collaboratively with community partners to strengthen students and their families. JRC is committed to building and sustaining effective working relationships with community partners and to developing creative and integrated responses to challenging and complex family circumstances. JRC believes in the value of community partnerships and teamwork as a means to ensure a seamless network of support for students and families.

JRC provides applicable students with a transitional curriculum, which teaches the students how to utilize and access community resources. In addition, the student's case manager and JRC's transitional team assist students in utilizing community resources such as obtaining a social security card, driver's license and registering for benefits. Students who have been successful in participating in a job at JRC's facility may be eligible to apply for a job in the community. Students may work with a job coach or independently. Students have successfully worked at supermarkets, local "delis", restaurants, a bottling business, a nursing home, retail store, home improvement store, and a day care center.

Students at JRC have the opportunity to enroll in trade schools, based on their particular interest in a career. Two students attended a barber school and a school for cosmetology. JRC students attend Blue Hills Vocational Technical High School. Specially designed courses have included Culinary Arts, small engine repair, graphic communications, and woodworking. Participating in these classes enables the students to sample various career areas.

Recreational and Community Services

To enable its students to become active participants in the community, a variety of community integration services are offered at JRC. These services focus on cultivating independent living skills and helping students live richer lives. JRC employs an Activities Director and Director of Physical Education/Recreation to aid in achieving this objective.

Special community outings are arranged on a regular basis. These outings, which include trips to museums, amusement parks, zoos, restaurants, and other community establishments, are usually earned as rewards for the absence of major inappropriate behaviors. Some students purchase the opportunity to go on these trips with money or points earned during the week by demonstrating good academic performance and positive behaviors.

These recreational and social activities benefit JRC's students on many levels, as they promote confidence and self-esteem. During these activities, students can work on appropriate social, communication, coping, and interpersonal skills as well as develop new talents that will prepare them for the community.

Discharge Practice

JRC is committed to ensuring an effective discharge process by promoting the continuity of care through adequate information and communication between parents/guardians, school district, and other applicable agencies. JRC utilizes necessary community supports and resources to maximize the student's level of adaptive functioning. The discharge planning process begins prior to the time a student is placed into treatment and continues throughout placement.

Prior to the admission of a student, a representative of the Admissions Department interviews the parent and student and completes a Long-Term Planning Questionnaire. The information gathered on this form is used to develop the student's proposed transition plan and proposed vocational and transition goals and objectives. The IEP team (parents, district personnel, JRC staff, and student, where appropriate) meets prior to admission to discuss the proposed goals and transition plan. After the meeting, the goals and objectives and transition plan are finalized and become part of the student's Individual Educational Program. The student's teacher is responsible for providing direct instruction while the student's case manager and clinician are responsible for providing support services to review the student's behavioral program and determine readiness and eligibility for participation in vocational opportunities either on site or off site.

The program's Transition Coordinator and the student's case manager carry out the discharge planning under the supervision of the Executive Director and Assistant to the Executive Director for Programming. Prior to a student discharge, JRC will work together with the school district to formulate a discharge plan.

JRC recognizes the importance in the ongoing interaction between JRC staff, the school districts, and parents. When returning home is not appropriate and after-discharge settings have been identified, JRC provides the necessary services for the transition period. This network of communication works toward ensuring a seamless transition to the student's new educational program or school.

In the event that a student is deemed to no longer be placed appropriately, either because of a regression in behaviors or because the guardian does not consent to procedures that JRC has deemed necessary for the child's progress and safety, JRC will ask the school district to find an alternate placement and will refer the student back to his/her school district for another placement. While the school district searches for a new placement, JRC will continue to provide services to the child.

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PROGRAM DESCRIPTION

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**EDUCATION
SERVICES**

Judge Rotenberg Educational Center's Program Description as pertains to Illinois State Students Served in Accordance to 23 Illinois Administrative Code 401

Program Introduction

Judge Rotenberg Educational Center (JRC) operates educational and treatment program for individuals with a variety of behavior disorders. The program is provided in the form of a 365-day residential program. The program serve individuals ranging in age **from 3 to adult.**

JRC accepts individuals who have behavior problems that have prevented them from functioning successfully in their normal environments. JRC does not refuse or expel students or clients on the grounds that the individual's behaviors are too difficult to manage. Many of the individuals placed at JRC have been unable to attend a public school successfully, unable to participate in a day program successfully, unable to live at home without major problems or unable to function appropriately in the community at large.

JRC's program is designed to help students with severe behavior problems to strengthen their repertoire of desirable behaviors and to decrease or eliminate their undesired behaviors. JRC bases its education and treatment procedures on the field of behavioral psychology and its technological applications. **The primary applications employed by JRC include behavior modification (also known as applied behavior analysis), precision teaching, programmed instruction, behavioral counseling and self-management of inner and outer behaviors.**

The day and residential aspects of the program are highly integrated and coordinated. The same set of staff members work at JRC's school building during the daytime, in the residences during the evening and overnight hours, and on the school buses. The program is highly systematized, so that even newer staff members can quickly learn how to carry it out correctly for each student. Each student's program is highly individualized, so that the student or client is motivated by rewards that are uniquely effective with him or her. The program is employed across all settings to provide the individual with a consistent behavioral education and treatment program. JRC ensures consistency across all environments through several methods, including but not limited to the following: JRC's unique digital video recording system; its Quality Assurance Department; its staff improvement procedures; and its systematic organizational compliance procedures. Through these various systems JRC is continually improving all aspects of its program. In addition JRC actively solicits suggestions from students, staff members, families and agencies.

As a MA DOE approved, Chapter 766 Residential School, JRC is committed to providing individual education to all students. JRC's clinical and educational staff members work together with the IEP team to implement each child's Individual Education Plan. JRC recognizes the primary responsibility of the school districts in the IEP development

process, as well as the importance of a team approach in treating and educating JRC students.

Student Population

JRC has a 33-year record of provably effective education and treatment that produces unusually large and rapid changes in students' skills and behaviors. JRC is licensed by Massachusetts Department of Retardation as well as the Department of Early Education and Care and is approved by Massachusetts Department of Education. JRC serves both males and females and serves individuals with varying intellectual and ability levels. The individuals that JRC serves have developmental disabilities including the autism spectrum, or have emotional/behavior disorders. Specific populations served include, but are not limited to, the following: Autistic, Behavior Disordered, Emotionally Disturbed, Mentally Ill, Developmentally Delayed, Mentally Retarded, Juvenile Offender, Asperger's Disorder, Attention Deficit Disorder, Learning Disabled, Multiply Handicapped, Traumatic Brain Injury, Tourette's Syndrome, Prader-Willi Syndrome, Pervasive Developmental Disorder, Non-Verbal Learning Disabilities, Language Impaired, Physically Impaired, Blind, Cerebral Palsy, Deaf, Perceptually Handicapped, Hearing Impaired. In conclusion, the types of presenting behaviors that are shown by JRC's students or clients are quite varied.

JRC reserves the right to reject certain students whose behaviors would expose staff, other students and/or the community at large to unreasonable risk. JRC will take into account a number of factors as one part of a general review of the student's entire clinical picture, because normally no one factor is considered to be dispositive. In addition, JRC does not accept the following classes of students: (a) a student who is a registered sexual offender, or whose conduct requires him or her to register as a sex offender either prior to admission or during enrollment; (b) a student whose sole problem is that of drug addiction; and (c) a student who has medical problems that JRC is not properly staffed to handle appropriately. Normally JRC will accept a student who has shown elopement behaviors in previous placements. Some JRC residences have special staffing and security arrangements designed to handle potential runaways. However, JRC reserves the right to reject certain cases, if JRC believes that it will be unable to provide adequate security and successful treatment. JRC looks at each case on an individual basis and considers a variety of factors in determining whether placement is appropriate.

Admission & Intake Process

A prospective student may be referred to JRC by state agencies, school districts, parents or any other concerned parties. As part of the admissions process, JRC will develop a behavior plan that includes only those treatment interventions that JRC believes are reasonably likely to be necessary to treat the student's behavior based upon history and other information gathered during the admission and referral process. Accordingly,

staff involved with the admission and referral of a student will take all reasonable steps, under the circumstances in each case, to develop as much information about a student as is possible prior to admission.

During the pre-admission planning process, a JRC clinician, a member of the treatment office, a member of the Nursing Department, a member of the Education Department, and a member of the Admissions Department, depending upon availability, review all referral packets received from a school district representative to determine whether JRC is capable of adequately serving the child. Attention is given to prior placements/hospitalizations with emphasis on discerning the types of inappropriate behaviors that the student may exhibit, and to determine whether any special medical interventions are required.

JRC reviews the referral records including the current IEP (the IEP developed at the most recent previous placement). The Education Department notes, on a **Pre-admission Recommendations Form**, any educational recommendations or changes needed in the IEP in anticipation of the pre-admission interview. Psychology, Treatment, and Nursing Departments also complete a Pre-admission Recommendations Form based upon the student's records in anticipation of the pre-admission interview. **Psychology and Programming Departments begin to formulate the behavioral interventions and treatment procedures** that JRC deems to be reasonably likely to be necessary to treat the student if and when the student is admitted to JRC.

JRC arranges an interview with the student and/or parent/guardian and completes a Pre-Admission Interview Form. If a student visit is not possible, JRC may arrange for a staff member to visit with the student at his current residence. Certain JRC staff members, possibly including representatives of the Psychology, Nursing, Education, and Programming Departments, may meet with and observe the student during the visit. JRC discusses the Pre-admission Recommendations Form with the parent/guardian or appropriate agency. This discussion will include a review of the behavioral treatments that JRC believes are reasonably likely to be needed to treat the student if admitted to JRC, including an explanation of JRC's behavior modification program.

In addition to the pre-placement IEP team meeting, JRC staff will meet with the parent on admission day to review the consent forms and certify that the consents have been reviewed fully with the parent prior to signing and admission. JRC will provide an interpreter, if necessary, and will videotape the admission where an interpreter is required. The JRC staff member who meets with the parent/guardian on admission day will sign the consent forms certifying that the material has been reviewed in full. The parent/guardian will be advised that the consents are required prior to admission, and that the giving of consent is voluntary.

Family Practice

Each student is assigned a treatment team responsible for coordinating all aspects of the student's care while at JRC. On a weekly basis, or as otherwise requested by the parent/guardian, the case manager will ensure the family/guardian is kept informed on all aspects of the student's treatment, education and welfare.

Whenever possible, JRC works toward reunifying students and their families. Because of this, families are a significant focus of program attention and effort. JRC believes it is important to build alliances with families and to mobilize and support parent strengths. In family meetings and through frequent contacts, JRC works hard to transfer the gains they make in the program to the home environment and community.

In an effort to make information easily accessible, JRC has designed a unique Parent/Agency website that enables parents, guardians, and affiliated agency personnel to go online and view various aspects of a residents' program while they are at JRC. This site is becoming increasingly popular, and currently has over 95 parents, guardians and agency personnel accessing it several times a month.

Family Counseling

JRC offers training and **behavioral family counseling** to all family members involved with the student. The goal of the program is to bring each student to a point where he/she is able to behave appropriately within his or her own home during home visits, during family visits to the school, and during the transition process back to the home environment.

The aim of behavioral treatment is for the student to transfer his/her improved behavior from the treatment program environment to the natural home environment ("generalization"). Parents, family members, other caregivers or support persons can make important contributions to generalization. The purpose of behavioral family counseling is to educate students' family members or support persons about behavioral principles and assist them in applying these to their own behavior and home environment to support generalization of improved behavior for the student who is in treatment.

Behavioral family counseling involves verbal interactions that describe rules, stating the contingencies, provide information, encourage accurate discriminations, prompt and shape new skills, and provide social reinforcement for behaviors promoting generalization.

In general, behavioral family counseling may include the following: (a) provision of information about behavioral treatment and its relation to alternative treatment

approaches; (b) guidance in how to interpret JRC's various interventions and data systems; (c) guidance in how to assess progress for the student placed in treatment; (d) guidance in applying behavioral principles to understanding the origins of behavior for the student in treatment as well as future prospects; (e) assistance in identifying and changing relevant factors in the home environment; (f) assistance in identifying and changing unhelpful social interactions; (g) assistance in identifying and changing personal obstacles that may impede treatment progress or generalization for the student in treatment; (h) consultation on modifying the behavior of others in the home setting whose conduct may affect the student in treatment; (i) collaboration in identifying short- and long-term treatment objectives for the student in treatment; (j) provision of training in implementation of behavioral treatment methods where indicated; (k) assistance in setting and monitoring behavioral contracts; (l) collaboration in transitional planning; and (m) collaboration in planning post-discharge follow-up supports.

JRC has an aftercare support service in which JRC provides support, advice and communication to students and their families, where appropriate, after they graduate, to help them maintain the positive behavioral progress that they have made during their time at JRC. The aftercare services are coordinated by the student's clinician, who sets up an aftercare plan with the student and his/her outside treatment team and family prior to the student's leaving JRC. This collaborative approach attempts to integrate multiple facets of a student's support network after leaving JRC, and provides for a smooth transition back into his/her community. The clinician sets up a series of regularly scheduled phone calls with the student to discuss his/her progress, possible obstacles he/she may have encountered, and steps that the student may take to correct any setbacks. The clinician may also continue to have regular conversations with the student's parent or guardian to discuss their child's transition back to the home, potential difficulties that they may be having, and strategies that may be helpful in optimizing the new living situation. Finally, the clinician may have contact with the student's outside treatment team to ensure continuity of care.

Behavior Management

JRC is committed to providing the most effective education and treatment programs possible. JRC bases its education and treatment procedures on the field of behavioral psychology and its technological applications. JRC's behavior modification treatment program is explained in greater detail below.

- 1) *Identify the behaviors to be changed.*
 - (a) At JRC we analyze the student's problems in terms of sets of behaviors that need to be increased or decreased in frequency. By the term "behaviors" we include externally-observed behaviors such as overt actions as well as internal behaviors that are more difficult to observe, such as thoughts, feelings, emotions, and urges.

(b) Most of the target behaviors we initially seek to change are external, observable behaviors. However, as the external behaviors improve, internal behaviors, such as the student's thoughts, feelings, urges and emotions, tend to show an automatic improvement. For example, as the student begins to pass behavioral contracts, succeed in his/her academic work, etc., he/she feels better and his/her self-concept, self-esteem and confidence improves.

2) *Record and chart the frequencies of the behaviors.*

(a) At JRC we record the daily frequencies of each of these major behaviors. This recording is done around the clock, 24 hours each day, seven days a week. That data is then entered in a database by a member of the charting staff at JRC and software converts the data in the database to daily, weekly, monthly and yearly charts.

(b) Our system of charting makes use of the principles and procedures known as Precision Teaching or Standard Celeration Charting, which was developed by Dr. Ogden Lindsley and his students.

(c) The same type of charting system is used to measure positive behaviors that the students are taught in their educational program. In some cases, the software we use has a built-in charting system.

3) *Establish a powerful **set of rewards that** the student will want to earn.*

At the heart of any successful behavior modification system is a set of rewards that the student will want to earn. Some of the most prominent at JRC are these (the list is only partial):

- a. Classroom Reward store
- b. Classroom Reward box
- c. Big reward store
- d. Contract store
- e. Thursday Barbecue/Field Day Afternoon
- f. Field trips
- g. Dances
- h. Internet usage
- i. Money
- j. Reward areas in the students' residences

4) *Set up point or token reward systems.*

These are systems in which points can be earned by the display of target behaviors and the points can be spent to purchase rewards. For some lower functioning students, tokens may be used instead of points. Each student who earns and spends points has a "point sheet" that specifies what behaviors earn points, how much various rewards cost in points and what the maximum number of points are that the student is allowed to earn in one day.

5) *Set up "behavioral contracts."*

(a) Contracts are arrangements in which if the student goes for a specified period of time without displaying certain specified problem behaviors,

he or she earns a specified reward at the end of the contract period. If, however, the student exhibits the specified problem behavior(s), the contract is “broken,” a new contract is set up and the student tries again. There are many types of contracts that are used at JRC. Normally several will be used at the same time for a given student.

- (b) Contracts are constantly being changed to reflect the student’s current needs. If a student passes his contracts consistently, the duration of the contract is gradually increased. If the student frequently fails the contracts, the duration may be shortened and the reward may be enhanced.
- (c) Here are a few of the major types currently in use:
 - i. *Short-term*. These last for a few minutes—currently the standard short term contract is two minutes in length—and the duration is not changed. At the end of the two minutes, if the student has not shown certain behaviors during that period he/she earns some points or tokens. When this type of contract is used, it is repeated throughout the day.
 - ii. *Less-than-a-day*. Each student has one of these in his/her program. The duration lasts from 1 minute up to 8 hours and the contract is repeated throughout the day. If the student is consistently successful in passing contracts of a certain duration, the duration is gradually extended, on an individual basis, to require more and more from the student. This practice of gradually extending the length of the contract is also followed for each of the other contract types listed below.
 - iii. *One day*
 - iv. *Overnight*
 - v. *Transportation*
 - vi. *Multi-day*. This type of contract might last for 1 to 7 days and would entail a major reward.
 - vii. *Multi-week*
 - viii. *Multi-month*
 - ix. *Special*. Special contracts might be made for other special behavior issues, such as task completion, behavior on field trips, etc.
- (d) Sometimes the student must pass a certain contract in order to gain access to a place where the student’s points, tokens or money (that the student has previously earned) can be spent. For example, the student might have a contract which, if it is passed successfully, allows him/her to go to the Big Reward Store. Once there, however, the student must have earned some points in order to purchase the items that are available in the Reward Store.

6) Establish a “*Loss-of-Privileges*” (LOP) procedure.

If the student displays certain major inappropriate behaviors, all opportunities to earn contract rewards or to spend points are suspended. At JRC we call this a "Loss of Privileges" period. The duration of the LOP can vary from minutes to several weeks. Sometimes an LOP status may be combined with shifting the student's residence or classroom to place him in a more highly staffed and less desirable residence or classroom.

7) *Teach self-management procedure.*

Each of the higher functioning students are taught to select at least one "outer" problem behavior (such as being aggressive) and one "inner" behavior (such as having urges to be aggressive), to count and chart those behaviors, and to select and arrange their own rewards or **penalties** to change the frequency of the behaviors. The students meet each week with other students and with a supervising clinician or other staff member to share the data, display their behavior data and discuss their behavior management techniques.

8) *Minimize or eliminate the use of psychotropic medication.*

If a student is on medication when he or she enrolls at JRC, the medication may be removed under the guidance of a clinician. Psychotropic medication is employed only if the charted behavior data support the need to use it as an adjunct to JRC's behavioral treatment program.

9) *Ensure that all counseling is behaviorally oriented.*

It is important that all aspects of the treatment program, including any counseling that is provided to the student, be fully coordinated with the rest of the JRC program and that the counseling be conducted and offered in a behavioral manner.

10) *Teach the student to cope successfully with events that normally trigger problem behaviors ("Programmed Opportunities").*

It is important to identify those stimuli and events that normally trigger the occurrence of the student's problem behaviors. These should be presented to the student on planned occasions; the student should be taught how to cope with these successfully; and he/she should be rewarded when he does so.

11) *Set up Safety Procedures to Handle Aggressive or Self-Injurious Behaviors Safely.*

If a student displays violent behaviors that are a danger to him/herself or others, JRC employs emergency physical or manual restraint in a safe and carefully supervised manner. JRC may also implement transport restraint to ensure the student's safety during transport. These procedures are used according to applicable regulations and with approval from licensing agencies.

12) *Keep changing the components of the treatment system until the charts show the desired changes in behaviors.*

At JRC, a behaviorally-trained clinician, assisted by the student's case manager, and with consultation from others such as the nurse,

psychiatrist, and classroom teacher, oversees the progress of each student. The clinician is responsible for reviewing the charts on a regular basis, meeting with the student from time to time, entering progress notes and writing progress reports, and making changes in all interventions until the treatment program is working with sufficient effectiveness.

At JRC the philosophy is that the student is never “wrong.” If the student is not behaving the way we want him or her to behave, what is wrong is simply the current set of interventions—they need to be changed until they work more effectively. The clinician who supervises the treatment team is held responsible for making the needed changes.

Each week, one of the clinicians presents the charts of his or her students at a “data sharing” session attended by all of the other clinicians, case managers, other administrators and the executive director. JRC’s charting software makes it possible to display all of the important charts of each student on one screen at the same time in “thumbnail” views. This type of display enables all behaviors being treated to be reviewed quickly and enables relationships among them to be seen easily. The group makes suggestions for improving the treatment and becomes immediately aware of any case where a student is not progressing satisfactorily. In effect, through these sessions the group holds the clinician responsible for producing progress in all of the students under his or her care.

Behavioral Counseling

Counseling at JRC is called behavioral counseling, to indicate that it is different from more traditional forms of psychotherapy. JRC’s clinicians observe and interact with their assigned students at least once every two weeks, and are available as needed to provide behavioral counseling or to train and oversee other staff in providing behavioral counseling.

The purposes of behavioral counseling are: to give the students a chance to express any concerns or problems; to reinforce the importance of the students’ following their behavioral program; to encourage and teach the students to view their own behavior, and the behavior of others, with the conceptual tools of behavioral psychology; to teach the students how to use behavioral principles to improve their own behaviors through self-management; to teach the students to “generalize” their behavioral progress to their home and community settings; to review the students’ treatment program to insure that

that the students' academic, treatment and vocational programs are appropriate for their goals; and to consider ways to make the programs more effective.

Education Program

JRC promotes a challenging educational environment that enables students, commensurate with their abilities, to become participants and contributory members of a multicultural society. Educational services are driven by the Individual Education Plan (IEP's) that are developed in consultation with parents and students and an array of professional educators and clinicians. The parent(s)/guardian(s) of the student are encouraged to play an active role throughout the students' placement at JRC.

JRC's educational program is tailored to meet the special needs of the individual student. JRC stimulates improvement in academic achievement and the acquisition of life skills of the student. JRC employs instructional strategies that build proficiency in written and verbal communication, creative thinking, and problem solving, as well as, application of skills to real life problems and issues.

JRC recognizes the primary responsibility of the school districts in the IEP development process, as well as the importance of a team approach in treating and educating JRC students. JRC also emphasizes the ongoing interaction between JRC staff, the school districts, and parents.

JRC's policy is to provide the parent/guardian and school district with routine updates on the general progress of the student, both through formal reports and informal updates. In addition to regular updates on the status of the student's progress, the evaluation of the student's progress by his/her treatment team occurs on an ongoing basis through oral reports of the treatment staff, review of incident reports, and program changes.

Behaviorally Based Education

JRC uses behavior management techniques to motivate students to excel academically as well. JRC employs several behaviorally-based educational technologies as explained below.

1) Programmed instruction.

This is a method for designing instructional materials. It involves carefully analyzing and sequencing materials to be taught so as to minimize errors and providing immediate feedback to the learner on each instructional step. This maximizes both learning and self-

confidence. Instruction is individualized so that each student may learn at his or her own optimal rate.

2) *Precision teaching measures learning in terms of rates correct and incorrect.*

These are the most sensitive and informative measures of educational progress. The essence of precision teaching is to measure the frequency of correct and incorrect responses, to plot these frequencies on a chart so that the levels and trends can be seen immediately and to take appropriate corrective action based on the charted data.

3) *Behavior modification.*

Teachers set individualized aims for the student's mastery of various parts of the curriculum. If students reach these aims, they **earn points** that can be spent to purchase rewards or exchanged for money.

4) *Computerized instruction.*

Networked computers are used to display teaching programs and to record student progress daily. This enables teachers and administrators to effectively monitor the performance of a large number of students on a daily, individualized basis.

We have designed a number of educational courses using the principles and strategies described below. These include unique, award-winning Basic Skills software for our developmentally disabled students that teaches basic skills in reading, receptive language and the use of language, pictures and pointing to request things. Other software teaches our higher-functioning students skills such as spelling, vocabulary, math facts, phonics and reading.

1. Each competency is analyzed into a sequence of steps, each of which involves learning only one small skill beyond those already mastered.
2. Each step in the sequence must be mastered by the student at a specified level of fluency, measured by the student's rates correct and incorrect.
3. The student is allowed to advance to the next step only when he/she has mastered the current skill at the target level of fluency.
4. The student studies and learns at his or her own individual rate. Each student can advance through the curriculum as fast as he/she wishes and is able to.
5. Much of the curriculum is presented by JRC-created or commercially available software that runs on networked computers and that deposits student performance

data in files that are accessible from the teachers' and administrators' computers. This enables a teacher or administrator to monitor progress on a daily basis.

6. Where appropriate software is not available, we make use of worksheets and cards. We also use Practice Mill software, using rate correct and incorrect measures, to test the student's mastery of information and skills that the student acquires by studying standard textbooks.
7. JRC's behavior modification system is used to motivate the students to master each step in the curriculum and to do homework at the residences. Each of our higher-functioning students is allowed to earn up to 2000 points per day. An individualized decision is made as to what percentage of this total must be earned through his or her academics and what percentage must be earned by demonstrating appropriate behaviors. Changes in this allocation are made on an individual basis as necessary.

We also prepare students to handle traditional classroom instruction in which a teacher lectures and interacts with a classroom of students and in which all students in a group move at the same pace through a set of lessons.

Medical Practices

JRC will have a registered or licensed practical nurse available to assist in the health care needs of the population. The JRC Nursing Department also coordinates the medical and dental care of the students with outside providers. The students' treatment team, in conjunction with the Nursing Department, ensure that parents/guardians and agencies are informed of all health related needs and issues in a timely manner.

JRC seeks to accomplish the needed behavioral changes in its students while at the same time minimizing the use of psychotropic medication. JRC's behavioral treatment is often a more effective and safer alternative to treating behavior disorders with psychotropic medications. Nonetheless, JRC is capable of implementing psychotropic drug treatment programs, and does so for a small number of clients where objective behavior data show that the combination of such medication with behavioral treatment is the most effective, least intrusive treatment. JRC's policy regarding the use of psychotropic medication enables JRC to avoid the undesirable and sometimes permanently disabling effects of such medication. JRC's policy concerning psychotropic medication policy does not apply to cases of students who suffer from medical problems which require drug treatment for medical conditions.

Parents whose students currently are receiving psychotropic medication will be requested to agree that once their child is enrolled in JRC, a psychiatrist will be consulted to consider the benefits of a program of psychotropic medication removal. If our psychiatrist concurs that psychotropic drug treatment is not indicated, and that

JRC's behavioral program is likely to be the least restrictive and most effective alternative, we proceed to implement our behavioral treatment program by designing a treatment program for the student. Normally, we consider the supplemental use of psychotropic medication only after we are satisfied that behavioral procedures alone have proven to be insufficiently effective.

Currently there are some students at JRC who have reached this point and are receiving psychotropic medication, in conjunction with their behavior treatment program, under the direction of a psychiatrist. We may also use psychotropic medications when they are recommended by one of our consulting psychiatrists as a needed emergency measure.

All medication is prescribed by a JRC physician, medical consultant, specialist, or nurse practitioner. JRC employs 3 consulting licensed physicians and a staff of nurses that provide medical coverage 24 hours per day, 7 days per week. Currently, medications are administered by a member of the JRC nursing staff. If JRC used a trained med technician to administer medication, he/she would be trained and supervised by a licensed nurse. Any staff member administering medication to a student will be trained in the administration of medication, possible side effects and the need for informed consent to medical treatment.

Medication that is administered to any client is prescribed by a physician and administered only to that client for whom it was prescribed. Any medication change or change of dosage is authorized by a physician. No medication is administered to a student without authorization from a parent. All consents are renewed annually.

Medication is self administered when appropriate. If it is felt that a client is capable of administering his/her own medication, the attending physician writes an order. A program would then be designed to allow the student to become independent in self-medication.

Program Staff

JRC is able to provide the highest level of services to its student population in part due to its highly trained and specialized employees. Each staff member is required to complete two (2) weeks of intensive training and testing prior to providing support to students. Each staff is also required to complete a minimum of 30 hours of in-service training each year. Training topics include but are not limited to abuse reporting, restraint regulations, CPR & First Aid, Violent Behavior Control, behavior management procedures, and educational procedures. Staff members also attend conferences and training opportunities outside of JRC to develop clinical skills and capabilities. In addition, JRC also provides all employees with opportunities to continue to learn and improve performance.

The format of the training differs depending on the subject matter being presented. Trainees watch videos, attend lectures, read assigned material, and demonstrate skills either in the classrooms, residences, or at the training center with a staff trainer. All training is provided by one of JRC's staff trainers. The more involved areas are also covered by videos and practical exercises. First-Aid, CPR and Violent Behavior Control are assessed with a written test as well as by a practical test given by certified instructors to test the employee on the skills needed.

JRC requires all staff to participate in ongoing training programs. All direct care staff working with students receive a minimum of 30 hours of in-service training per year. JRC maintains a list of the in-service requirements to be completed by each employee during the year. If a staff member repeatedly fails to complete any aspect of the ongoing training requirements, he/she will receive disciplinary action.

Clinicians, administrative staff members and teaching staff attend outside workshops and conferences. Clinicians attend the Applied Behavior Analysis conferences on a yearly basis to develop and enhance professional skills and knowledge in the recognition, assessment, and treatment of all forms of behavioral disorders. JRC's staff trainers attend workshops several times a year in the areas of abuse reporting, restraint, FA/CPR and Violent Behavior Control. Trainers need to be certified in various subject areas and these credentials are updated on a regular basis. Staff may also participate in off-site conferences and workshops, as appropriate.

JRC employs clinicians who oversee each student's treatment program with the assistance of a treatment team that includes the programming department, case manager, the teacher, the special education supervisor and the residential coordinators.

The level of staffing in each classroom and residence is determined by the intensity of the students' behaviors and educational and management needs. A highly aggressive individual may be placed in a setting that is appropriately staffed to handle individuals with similar problems. Some classrooms and residences have high staff-to-student/client ratios and are especially equipped to deal with aggression, self-abuse or property destruction. Other classrooms and residences have lower staff-to-client ratios and may be more appropriate for individuals whose behaviors have progressed to a point where higher staffing is no longer necessary. The average ratio of students-to-staff for both the school and the residences is 3:1 with the exception of the overnight shift. This shift is staffed with a combination of awake and sleep staff. The ratio is typically 5:1 for awake staff, but may range from 1:1 to 6:1 depending on the individual needs of the students, and 7:1 for asleep staff. These ratios are subject to change based on the intensity of students' behaviors.

In addition, JRC monitors staff through a heavy deployment of quality control supervisors throughout the school and residences. DVR (Digital Video Recording) cameras monitor every classroom and student related area of the school buildings and are also present in all rooms at the group homes. Banks of live DVR monitors are watched 24-hours per day and video footage is spot-checked by special "DVR monitoring" staff. Each staff member not performing his or her duties correctly is given immediate verbal feedback and receives immediate disciplinary or other appropriate remedial action, such as retraining, to promote proper performance at all times.

Emergency Coverage

JRC has a Relief/On-Call system to provide coverage in the absence of scheduled employees. Each shift has a designated number of On-Call Staff that are required to call into the Monitoring Department before the shift begins, in order to see if they are needed. If needed, they are instructed as to where to go and what time they are to begin/end their shift.

The Monitoring Department is also provided with a list, each day, of those relief staff who are available for that day. If needed, monitoring will call these staff and instruct them where to go, and what time their shift begins. If, after using the Relief Staff, JRC is still in need of staff, JRC will call upon its On-Call Staff to work the needed shifts. When additional staff members are needed, JRC will then call upon its regular staff to work overtime.

JRC also has supervisory or monitoring staff scheduled during every shift that can be called upon to cover direct care shifts if necessary. JRC continually recruits new staff to ensure there is always an adequate number of qualified staff to care for current students and prepare for anticipated growth. In the event that the above steps are not successful in filling the needed shifts, JRC will call upon local temporary staffing agencies to supplement its staffing. JRC has never had to call upon local temporary staffing agencies to meet its needs for direct care staff.

Family Visits & Transportation

JRC employs an open door visiting policy. Guardians/parents/siblings may visit JRC at any time, with or without notice. Students may also receive visits from grandparents, family friends or others provided they are approved for visits by the student's parent(s)/guardian(s). It is recommended that the planned visitor(s) contact either the Director of Student Services or the client's case-manager prior to the visit in order to make arrangements within the client's educational, vocational, and/or behavioral schedule.

JRC provides transportation to both routine and emergency medical/dental/counseling appointments, as needed. JRC owns and operates a fleet of vans that are used to transport students on doctors' appointments and various field trips.

Integration and Community Connection

JRC promotes and encourages the full and natural integration of its students into the community at large. JRC fosters the development of relationships with other members of the community and the ability to make choices and decisions regarding the direction and activities of the students' lives.

JRC works collaboratively with community partners to strengthen students and their families. JRC is committed to building and sustaining effective working relationships with community partners and to developing creative and integrated responses to challenging and complex family circumstances. JRC believes in the value of community partnerships and teamwork as a means to ensure a seamless network of support for students and families.

JRC provides applicable students with a transitional curriculum, which teaches the students how to utilize and access community resources. In addition, the student's case manager and JRC's transitional team assist students in utilizing community resources such as obtaining a social security card, driver's license and registering for benefits. Students who have been successful in participating in a job at JRC's facility may be eligible to apply for a job in the community. Students may work with a job coach or independently. Students have successfully worked at supermarkets, local "delis", restaurants, a bottling business, a nursing home, retail store, home improvement store, and a day care center.

Students at JRC have the opportunity to enroll in trade schools, based on their particular interest in a career. Two students attended a barber school and a school for cosmetology. JRC students attend Blue Hills Vocational Technical High School. Specially designed courses have included Culinary Arts, small engine repair, graphic communications, and woodworking. Participating in these classes enables the students to sample various career areas.

Recreational and Community Services

To enable its students to become active participants in the community, a variety of community integration services are offered at JRC. These services focus on cultivating independent living skills and helping students live richer lives. JRC employs an Activities Director and Director of Physical Education/Recreation to aid in achieving this objective.

Special community outings are arranged on a regular basis. These outings, which include trips to museums, amusement parks, zoos, restaurants, and other community establishments, are usually earned as rewards for the absence of major inappropriate behaviors. Some students purchase the opportunity to go on these trips with money or points earned during the week by demonstrating good academic performance and positive behaviors.

These recreational and social activities benefit JRC's students on many levels, as they promote confidence and self-esteem. During these activities, students can work on appropriate social, communication, coping, and interpersonal skills as well as develop new talents that will prepare them for the community.

Discharge Practice

JRC is committed to ensuring an effective discharge process by promoting the continuity of care through adequate information and communication between parents/guardians, school district, and other applicable agencies. JRC utilizes necessary community supports and resources to maximize the student's level of adaptive functioning. The discharge planning process begins prior to the time a student is placed into treatment and continues throughout placement.

Prior to the admission of a student, a representative of the Admissions Department interviews the parent and student and completes a Long-Term Planning Questionnaire. The information gathered on this form is used to develop the student's proposed transition plan and proposed vocational and transition goals and objectives. The IEP team (parents, district personnel, JRC staff, and student, where appropriate) meets prior to admission to discuss the proposed goals and transition plan. After the meeting, the goals and objectives and transition plan are finalized and become part of the student's Individual Educational Program. The student's teacher is responsible for providing direct instruction while the student's case manager and clinician are responsible for providing support services to review the student's behavioral program and determine readiness and eligibility for participation in vocational opportunities either on site or off site.

The program's Transition Coordinator and the student's case manager carry out the discharge planning under the supervision of the Executive Director and Assistant to the Executive Director for Programming. Prior to a student discharge, JRC will work together with the school district to formulate a discharge plan.

JRC recognizes the importance in the ongoing interaction between JRC staff, the school districts, and parents. When returning home is not appropriate and after-discharge settings have been identified, JRC provides the necessary services for the transition period. This network of communication works toward ensuring a seamless transition to the student's new educational program or school.

In the event that a student is deemed to no longer be placed appropriately, either because of a regression in behaviors or because the guardian does not consent to procedures that JRC has deemed necessary for the child's progress and safety, JRC will ask the school district to find an alternate placement and will refer the student back to his/her school district for another placement. While the school district searches for a new placement, JRC will continue to provide services to the child.

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SERVICES

JRC Education Plan

Organization of Judge Rotenberg Educational Center's Education
Department

Judge Rotenberg Educational Center Plan for Educational Services

Organization of Judge Rotenberg's Educational Center's Education Department

The JRC Education Department is responsible for providing educational and transition services to all school age students and vocational services for adults.

1. Coordinates and participates in the IEP/ISP process, including 3-year reviews
2. Hires, trains, supervises, and evaluates teachers
3. Coordinates progress report development and report card distribution
4. Maintains books, educational computer programs, and other educational supplies and materials
5. Reviews Education websites for teacher resources and materials
6. Reviews Departments of Education websites for changes in regulations
7. Supervises and coordinates the participation in state assessment
8. Participates in Transition Planning
9. Supervises and coordinates education testing to determine grade level, strengths and weakness in academic areas
10. Communicates with parents regarding student educational progress
11. Communicates with students regarding questions they may have with their IEP, transcripts, testing, etc.
12. Participates in weekly transition meetings and reviews student's progress in meeting transition goals
13. Assigns students to classrooms based on a number of factors including, but not limited to chronological age, developmental age, behavioral problems, test scores and grade level
14. Develops curriculum and educational materials
15. Periodic review and revision of JRC policies to align with changes in federal and state regulations

Prior to the Annual Review, a representative of the department chairs the Progress Review Meeting. Participants include the student's clinician, case manager, and teacher. Changes to the student's IEP are discussed at this time. A proposed IEP is written and sent to the district and parent prior to the IEP meeting. The district notifies the parent of the time and date of the meeting. The Education Department notifies the JRC staff of the date and time of meeting. At the meeting, the

representative of the department takes notes and is responsible for follow-up of any issues discussed at the meeting. The department is responsible for obtaining the finalized IEP and providing the appropriate staff with a copy of it. (*See JRC Plan for Educational Services*)

The Education Department staff is responsible for preparing students for the mandated assessments and insuring that all students participate in the process as indicated in their IEP. Arrangements are made with the subject area teachers and schedules are designed so that each student receives the appropriate instruction in the area necessary to pass the assessment. Staff coordinates the ordering of the proper tests, arranges for staff to proctor the test, provides the appropriate location in which the student will take the test, and provides all the accommodations as mandated in the IEP on the day of testing. Alternatively, for students from New York State, staff will contact the home school and arrange for the student to take the appropriate tests in New York. The department also provides assistance and training to teachers who have students who will be participating in the state alternate assessments.

The Education Department is responsible for the coordination of the Quarterly Progress Reports and Report Card process. Progress Reports are centrally located in the Education Folder in Filemaster. Within this folder there are several other folders that are clearly labeled so that all responsible parties are able to locate their required reports. Teachers and Case Managers are both responsible for ensuring that the appropriate goals and objectives are being reported on in the "Current Status" section of the Progress Report Table. This means that all current IEPs should match the goals and objectives listed in the table. Teachers are also responsible for writing a comprehensive educational summary that must be submitted to each student's clinician. The clinician is responsible for compiling educational and behavioral information to create a comprehensive progress narrative. This should include such components as: residential living, educational progress, behavioral progress, community outings, and any other pertinent information. All reports must be sent out to parents/guardians and districts no later than one week after the close of the semester.

Report Cards are sent out to parents/guardians at the same time as progress reports. Teachers are responsible for completing grades for the quarter, utilizing the grading scale in JRC's Grading Policy. Subject area teachers work cooperatively with classroom teachers to assign grades to those students on their caseload.

The JRC curriculum guide is developed from a combination of the Massachusetts Curriculum Frameworks and the New York Standards. The curriculum guide is updated as standards change. Some of the curriculum is presented on the computer through a variety of different software that is developed at JRC, keeping in mind the students' different learning styles and educational levels. Material is presented orally and visually. The software can be configured to meet each student's individual needs, both behavioral and educational. All data is tracked and charted in real time, allowing teachers the ability to view a student's progress and make changes immediately.

Students are able to come to the Education Department and discuss grades and transcripts. They are able to discuss goals and options for the future. Information on the Tests of General Educational Development (GED) and the Scholastic Aptitude Test (SAT) is provided to them. Students at JRC are not eligible to sit for the GED tests, since they are currently enrolled in an education program. However, if the team determines that a student may be a candidate for GED preparation, JRC will provide the necessary instruction and materials necessary for successful participation in the testing process. Arrangements to take the SAT are coordinated through this department. All questions from parents regarding curriculum, report cards, progress reports, and transcripts are answered by this department.

The department trains, educates and evaluates teachers. Teacher meetings are scheduled each week and topics include classroom policies and procedures, computer training (access to staff and student bulletin boards, email access, using the Word application for progress reports), charting (both paper and electronic), grading policy, progress reports (content and requirements of reporting), report cards (entering grades and comments), IEP process, curriculum frameworks, alternate assessments, state assessments, transition planning, triennial reviews, educational evaluations, related services, types of diplomas, and

precision teaching. Additional topics are discussed as they arise, e.g. changes in federal and state education regulations.

Teachers are responsible for proper implementation of the academic goals and objectives in the IEP. The Director of Education or her designee observes teachers on a regular basis and completes evaluations assessing areas including, but not limited to, the following: (1) classroom supervision/ management; (2) paper work (IEPs, lesson plans, charts, and curriculum frameworks accessible in classroom); (3) attitude and professionalism; and (4) classroom organization. Teachers are evaluated according to *Procedures for Overseeing the Implementation of Curriculum in the Classroom*. The Director of Education also views classrooms through JRC's Digital Video Recording System, which allow monitoring of the classroom staff at any time during the school day. The Director also meets quarterly with the teachers to review their professional development plans. Guidance is given to teachers going through the licensing process. Teachers come into to the office with concerns, issues and problems. No appointment is necessary. All conferences and workshops that teachers and educational staff attend are coordinated in this department. Vacation requests for teachers are approved through this department.

Recruitment and retention of teachers is the responsibility of this department. This is an on-going process. In addition to the traditional postings in the newspaper, online services are used to post teacher openings and also to view resumes. Teachers are interviewed and hired through this department.

Surveys and forms from various states and from the federal government are completed by this department. These surveys determine the monies that states may receive according to the number of special education students. Requests for transcripts and other information regarding former students are also processed in this department.

The department coordinates classroom assignments. At admission, they are determined by a number of factors including, but not limited to chronological age, developmental age, behavioral problems, test scores, and grade level. As the student improves behaviorally and academically, he/she may be moved to another classroom that is more appropriate. Alternatively, if a student does not progress as expected, he/she may

move to a different classroom. The change is determined by the student's treatment team and the education department is consulted for final approval.

Vocational training is available to all students for which it is deemed appropriate based on the decision of the IEP team. This training is part of a continuum from participation in pre-vocational tasks in the classroom to our Work Activity Center, from an "in school job" to competitive employment in the community. Emphasis is on academic achievement for those students who will be earning high school diplomas. Employment opportunities are available both in school and off site with the recommendation of the student's teacher, case manager, and Clinician and approval by the transition team which includes a member of the education department. Students at JRC have the opportunity to enroll in trade schools, based on their particular interest in a career. JRC students attend Blue Hills Vocational Technical High School. Specially designed courses have included Culinary Arts, small engine repair, graphic communications, and woodworking. Participation in these classes enables the students to sample various career areas.

The department is available to all staff that may need assistance with matters of IEPs, Progress Reports, interpretation of education regulations, etc. The department attends all meetings relating to student issues, including parent requested conferences and is available to all visitors, including parents, regulatory agencies, school districts, and government officials.

JRC Plan for Educational Services

Introduction: The purpose of this policy is to describe JRC's role in participating in the Individualized Education Plan (IEP) process from referral, through admission, and during enrollment of all school-aged students at JRC. JRC's policy recognizes the primary responsibility of the school districts in the IEP development process, as well as the importance of a team approach in treating and educating JRC students. JRC also emphasizes the ongoing interaction between JRC staff, the school districts, and parents. These steps should be followed for all students with IEPs, taking into consideration the circumstances of each student.

A. Pre-Admission Planning

1. A Clinician (individual with a doctorate or Master's degree in psychology or closely related field), a member of the Office of the Assistant to the Director for Programming, a member of the Nursing Department, a member of the Education Department, and a member of the Admissions Department, depending upon availability, should review all referral packets received from a school district representative (LEA, CSE, etc.) to determine whether JRC is capable of adequately serving the child in JRC's program. Attention is given to prior placements/ hospitalizations with emphasis on discerning the types of inappropriate behaviors that the student may exhibit, and to determine whether any special medical interventions are required.
2. Once JRC decides, based upon an initial review of the referral packet, that the potential student referral meets the basic JRC admission criteria and that JRC may be able to serve the student, JRC sends a Letter of Consideration to the sending district and will ascertain a contact person at the district. In this letter, JRC confirms the district's interest in referring the student and JRC's interest in proceeding further with the admissions process. JRC also sends a Referral Interest Letter to the parent along with information JRC deems necessary to introduce the program to the parent. The Parent Handbook will also be distributed to the parent/guardian, school district and any local Human Service agency, so as to properly introduce the program to all necessary parties.
3. JRC reviews all of the provided documentation and records including the current IEP (IEP developed at previous placement), education notes and any educational recommendations or changes in the IEP in the anticipation

of the pre-admission interview on a Pre-admission Recommendations Form. The Clinical, Programming, and Nursing Departments also complete a Pre-admission Recommendations Form based upon the student records in anticipation of the pre-admission interview. The Clinical and Programming Departments begin to formulate the behavioral interventions and treatment procedures that JRC deems are reasonably likely to be necessary to be the most effective and least intrusive means of treatment for the student, if and when the student is admitted to JRC. Based upon the student's history, these interventions and procedures may include the potential for including aversives as part of a substituted judgment behavior modification treatment plan. JRC discusses internally the Pre-admission Recommendations Form in anticipation of developing JRC's recommended content to the student's IEP. JRC will suggest this content to the school district as a condition of JRC's acceptance of the student for admission. The school district can then make a decision whether they will recommend JRC as the placement for the student.

4. JRC arranges an interview with the student and/or parent and completes a Pre-Admission Interview Form. If a student visit to JRC is not possible, JRC may arrange for a staff member to visit with the student. This interview will allow the opportunity for the student and parents to see the facilities, meet staff members, and observe other students who are enrolled. JRC staff, which may include a Clinician, nursing staff, education staff, and treatment staff, may meet with and observe the student during the JRC visit. JRC discusses the Pre-admission Recommendations Form with the parent. This discussion will include a review of the behavioral treatments that JRC believes are reasonably likely to provide the most effective and least intrusive means of treatment if the student is admitted to JRC. The interview will also include an explanation of JRC's purpose and services, JRC's behavior modification program of rewards and punishments, policies regarding parent and student rights including student records, medical services including procedures for providing emergency health care, and the procedure for discharging a student. JRC will provide a copy of and explain JRC's *Consent Forms for Standard Care and Treatment Procedures* and *Medical Consent Forms*, as well as any other additional consents that may be necessary for the student. If aversives are reasonably thought to be needed with the student based upon the student's history, JRC will provide a copy of, and will explain to the parent, JRC's *Consent Forms for Court-Authorized Procedures*. JRC will also provide a copy of, and an explanation of, the Parent contract, a copy of JRC's Parent Handbook, and any other information necessary for a parent to understand the program.

5. Following the interview, JRC will send the referring school district a copy of the Consent forms, Parent Contract and any other pertinent information that was provided to the parent during the interview and tour.
6. JRC will contact the school district to confirm that the school district received a copy of the Letter of Consideration, Consent forms, and Parent contract. JRC will also confirm with the school district the school district's interest in pursuing a placement of the student at JRC.
7. The student is presented to the JRC Admissions Team for final acceptance and approval of admission according to JRC admission standards.
8. If the student is approved for admission, the JRC Admissions Department sends to the parent a Conditional Acceptance Letter. The package accompanying the Conditional Acceptance Letter will include the consent forms that JRC requires the parent to sign as a pre-condition to admission. The consent forms in all cases will consist of the JRC *Medical Consent Forms* and the JRC *Consent Forms for Standard Care and Treatment Procedures*. Rarely, prior to admission, JRC may decide that it is unable to effectively provide treatment and meet the goals and objectives in a student's IEP without the use of behavioral aversive interventions. In these rare circumstances, JRC may not be able to accept the student without parent and district approval for *Court-Authorized Procedures*. The Conditional Acceptance Letter package will also include the Parent Contract for signature. The Conditional Acceptance Letter will make clear to the parent that JRC requires the parent's signature and acceptance of all the documents as a condition to JRC's agreeing to accept the student for placement should the school district recommend JRC as the placement. The Conditional Acceptance Letter also explains to the parent that all of the documents must be signed, unless there exist extenuating circumstances on an individualized basis. The letter requests that the parent raise any issues with JRC about any of the consent forms so that the issue of possible exceptions may be addressed with the Executive Director. JRC sends a copy of the Conditional Acceptance Letter with the documents to be signed by the parent to the school district.
9. JRC sends a Confirmatory Letter to the school district to confirm the sending of the Conditional Acceptance Letter and any additional materials.

JRC also notifies the school district that JRC requires additional information from the school district (in addition to the consent forms and Parent Contract from the parent) as a condition to agreeing to the formal acceptance of the student. In the letter, JRC will also request the school district to confirm as soon as possible whether the school district intends to recommend JRC to the parent as the placement for the student.

10. The school district confirms that it intends to recommend JRC as the student's placement.

11. JRC completes a Pre-Admission Long Term Planning Questionnaire.

12. JRC contacts the school district and completes a Pre-IEP Checklist to obtain any outstanding materials/information that JRC may require to complete its recommended content for the IEP. JRC finalizes its recommended content for the proposed IEP. This suggested content must be included as part of the IEP as a condition of JRC accepting the student for placement. In addition to academic goals and objectives, JRC will include in its recommended content for the IEP a behavior intervention plan to address behavioral goals and objectives. The behavioral intervention plan will include the interventions that JRC believes are reasonably likely to be needed with the student in response to the student's inappropriate behaviors, based upon the student's history and other information gathered during the pre-admission planning process.

13. When it is deemed necessary for a student to have a behavioral intervention plan (BIP), it is documented in the IEP and is developed to address behavioral goals and objectives. The BIP is based on the results of a functional behavioral assessment. The student's assigned Clinician or another qualified member of JRC's Clinical Department will design and supervise a BIP. Members of JRC's Clinical Department qualified to design and supervise a BIP shall have: 1) a doctorate in psychology; 2) successfully completed JRC's training for clinicians on the design, provision and implementation of a BIP; and 3) worked at JRC with the Clinical Department for a sufficient time demonstrating competence. The BIP will include, at a minimum, a description of the problem behavior, global and specific hypotheses as to why the problem behavior occurs and intervention strategies to address the behavior. The BIP will also identify the baseline measure of the problem behavior, including frequency, duration, intensity

and/or latency of the targeted behaviors. Such baseline shall, to the extent practical, include data taken across activities, settings, people and times of the day. The baseline data shall be used as a standard to establish performance criteria and against which to evaluate intervention effectiveness. However, when using baseline data to establish a standard for performance criteria, the Clinician will also take into account any other influences on the behavior such as medication fading and an increase in demands placed on the student. The BIP and/or court plan will identify intervention strategies to be used to alter antecedent events to prevent the occurrence of the behavior, teach the individual alternative and adaptive behaviors, and provide consequences for the targeted inappropriate behavior(s) and alternative acceptable behaviors. A schedule to measure the effectiveness of the interventions, including the frequency, duration and intensity of the targeted behaviors will be listed in the BIP.

14. JRC will include transport restraint in the pre-admission proposed IEP where JRC deems it reasonably necessary for the student based upon a documented history of dangerous behaviors during transport, including running away.

15. JRC sends to the school district and parent/guardian an IEP Proposal Letter along with JRC's recommended content for the IEP. JRC explains to the school district that JRC will require that the recommended content be approved as part of the IEP developed by the school district as a condition to JRC agreeing to admit the student. In the letter, JRC requests a date for the IEP meeting.

16. The school district holds an IEP team meeting to include JRC to finalize any changes in the proposed IEP, including naming JRC as the student's placement. JRC completes an IEP Team Meeting Checklist to verify and record what was discussed during the IEP team meeting to include the required components of the IEP document. The IEP Team Meeting Checklist should remain in the student file for future reference and team meetings. (See also "IEP Annual Review" section, *infra*). During the pre-admission IEP meeting, JRC informs the school district to expect a referral of the student back to the school district at any time within 60 days following enrollment of the student, if necessary, (and any time thereafter) to make any further changes to the IEP based upon a student's behavior. Persons attending this meeting may include, but will not be limited to the parent, student where appropriate, JRC staff (admissions representative, education

representative, programming representative), school district personnel (school Clinician, education evaluator, social worker, parent member, and general education teacher).

At this meeting the parent and student, where appropriate, are invited to discuss the proposed goals and objectives as set forth in the IEP, including the BIP. Any questions or concerns that they may have, or any additions or deletions as requested, are addressed during the meeting by the team members.

17. Once JRC receives a copy of the IEP generated from the meeting naming JRC as the new placement for the student, JRC sends an Admission Letter to the parent with a copy to the school district as the formal acceptance of the student into the program. In the Admission Letter, JRC establishes a proposed date of admission and proposes a date for a possible IEP team meeting within the 60-day period.

18. The parent and student are invited to JRC on admissions day to complete all necessary paperwork. JRC admissions staff meet with the parent/guardian to review the necessary paperwork including all consent forms. Representatives from Programming, Nursing, the Clinical Department, and Education are also available to answer any outstanding questions of the parent. The admission is videotaped if an interpreter is necessary to review the consent forms with the parent. The admissions staff person signs the consent forms certifying he/she has reviewed the consent forms with the parent on admission day. The staff member also indicates whether an interpreter was needed, and if the admission was videotaped.

B. Post-Admission and Implementation of the IEP

1. Incoming students will undergo any necessary vocational, educational, medical, and clinical assessments within approximately 60 days of admission, or as soon as practicable under the circumstances of each particular case.

2. JRC assigns the student to a classroom determined by a number of factors including, but not limited to, chronological age, developmental age, behavioral problems, test scores, and grade-level.

3. When JRC receives the finalized copy of the student's IEP from the district, copies of the IEP are filed in the main Student files in the Education Office. Copies are also sent to the classroom and the residence, so that the IEP is made available to teachers and direct care staff.

4. Each classroom will have an "IEP Binder" which will contain a copy of the IEP for each student in the class. This binder can be found in the classroom cabinet, so that it may easily be accessed by the teacher/teacher assistant or any other staff who may seek further information regarding a student's academic or behavioral goals and objectives.

5. Classroom teachers develop lesson plans on a weekly basis to implement the goals and objectives in the academic portion of the student's IEP. In completing the lesson plans, the teacher reviews the IEP and assigns goals or objectives from the IEP to subject areas to be covered. In deciding on the curriculum for the student, the teacher may refer to the JRC Curriculum Guide, which contains the appropriate learning standards and course descriptions for the academic work based upon applicable Massachusetts Educational Frameworks and New York standards. The teacher also indicates an activity for each goal or objective on the Academic Contract Form. The teacher assigns duties to the classroom staff according to the daily schedule to address each goal and objective in the IEP. The Education Director or her designee reviews all weekly lesson plans.

6. JRC retains licensed core subject area teachers who are assigned to the student if JRC determines that the student requires additional instruction in a core subject and in preparation for the state wide assessments.

7. The Clinical Department and the case manager will develop a Program Description for each student which will be used by staff to implement the goals and objectives of the BIP in the IEP. This behavioral plan is specifically laid out on each student's Recording Sheet and provides the necessary information regarding specific inappropriate behaviors that are being targeted and a list of the student's behavioral contracts. It also contains the current status of each student with regards to his program, a list of the student's Program Team, and any other behavioral information of which the staff may need to be aware of.

8. Teachers issue Academic Report Cards with copies sent to the parents and school districts four times each year to report on the progress relative to academic and behavioral goals and objectives in the IEP.

9. Students receive Progress Reports to document the student's overall progress in JRC's program. Progress Reports are sent to parents and the school district four times each year, with a copy placed in the student's file. The Progress Reports will include results of the monitoring of the frequency, duration and intensity of the behavioral interventions at scheduled intervals, as specified in the BIP.

10. For students who have the General Educational Development Test (GED Test) as a benchmark in their IEP, the Education Department in conjunction with case managers will meet to determine a training schedule according to the schedule set forth in the program of Preparation for the GED Test.

11. The Education Department reviews Report Cards and Progress Reports for compliance with academic IEP goals and objectives. The Clinician will review the Progress Reports concerning the behavioral goals in the IEP.

12. The classroom teachers are responsible for proper implementation of the academic goals and objectives in the IEP. The Director of Education or her designee observes teachers on a regular basis and completes evaluations on a bi-weekly basis assessing areas including, but not limited to, the following: (1) classroom supervision/ management; (2) paper work (IEPs, lesson plans, charts, and curriculum frameworks accessible in classroom); (3) attitude and professionalism; and (4) classroom organization. The Director of Education also views classroom through the Digital Video Recording (DVR) System, which allows monitoring of the classroom staff at any time during the school day.

13. The case manager, nurse (if there are medical issues), Clinician, teacher/aide, and a representative of the Education Department of JRC consult at a minimum of two times each year for internal case conferences. One internal case conference Progress Review Meeting will be scheduled prior to the student's annual IEP meeting, and the other internal case conference (Six Month Review Meeting) is scheduled within approximately six months following the most recent IEP. The internal case conference is intended to discuss the student's overall progress in both academic and

behavioral goals and objectives, and makes recommendations for IEP changes, if any. The results of the internal case conference will be reported in the Progress Reports.

C. Notification Of Significant Regression:

JRC's policy is to provide the parent and school district with routine updates on the general progress of the student, both through formal reports and informal updates. JRC will provide notice to parents and school districts in the following situations: (1) where JRC requires emergency restraint systems with the student; (2) JRC requires transport restraint with a student that otherwise does not have such transport restraint as part of the IEP; or (3) JRC takes disciplinary action with a student. In addition to notice, JRC will refer the student back to the school district for the purpose of commencing an IEP team meeting when the student suffers significant regression in behavior. The JRC Clinician assigned to the student or his/her designee, in consultation with the Assistant to the Director for Programming or designee, shall determine when a student's regression is significant and warrants a referral to the school district.

JRC will consider the following factors in determining whether there has been a significant regression for the purpose of a referral to the school district: (1) a significant increase in the frequency or intensity of a student's serious problematic behaviors (i.e., health dangerous behavior, aggressive behavior, destructive behavior) that persists for more than two weeks and does not otherwise respond to program changes consistent with the BIP contained in the IEP; (2) a significant increase in the use of physical or mechanical restraint with the student that persists for more than two weeks; (3) a significant increase in the use of transportation restraint where transport restraint is not part of the student's IEP that persists for more than two weeks; (4) the student engages in serious behaviors not seen previously that persist for more than two weeks; (5) a change in the student's residence or classroom as an educational strategy is necessary to address behavior problems that persist where the student does not have such an educational strategy in the IEP; (6) the student is subject to discipline procedures for more than five consecutive days or engages in a pattern of conduct that requires the imposition of discipline procedures for a total of ten days; and (7) a significant and sustained deterioration in the student's cognitive functioning. The fact that JRC may refer the student back to the district and request an IEP team meeting does not necessarily mean that JRC will seek a

discharge of the student. If significant regression occurs, the student's Clinician will convene a case conference to discuss the student's status and treatment strategy with the case manager, teacher, and members of the Office of the Assistant to the Director for Programming.

The JRC Clinician, with the assistance of any of the other members of the treatment team, may make program changes pursuant to the BIP in place for the student in response to a behavior change, without the need to refer the student to the school district, taking into consideration any other recommendations from other members of the treatment team, parent, or school district. The Clinician may approve the use of transportation restraint where not included in the IEP if the student's behaviors pose a risk of injury to self or others during transport, in the discretion of the Clinician. In such circumstances, a JRC incident report will be generated for the use of non-IEP transport restraint, and JRC will provide notice of the transport restraint to the school district and the parent. JRC may also request a referral back to the school district and an IEP team meeting to add behavioral interventions not already included in the IEP as part of the approved BIP, or to include transportation restraint in the IEP. JRC shall obtain the consent of the parent or guardian for any new intervention not previously authorized for use in the treatment of the student. If the JRC professional staff proposes the addition of court-authorized aversive procedures to a student's program, parents have the option to decline. If they do so, and if the student can be kept at JRC while maintaining the safety of the student and those around him, the student simply remains at JRC and may then make substantially less progress than might otherwise be possible. If, however, the parents decline permission for such procedures and the student cannot be kept safely without the use of such procedures and/or is unable to make progress towards meeting the goals and objectives in the IEP, then JRC may ask the school district to convene a team meeting in order to seek an alternative placement for the child. If the school district does not respond to the request for a referral and IEP meeting (or discharge meeting), JRC should follow the Request For Response procedures outlined below in Section D.

D. IEP Annual Review:

1. The classroom teacher reviews the goals and objectives in the current IEP at the internal case conference (progress review meeting) with members of the student's treatment team and, in consultation with the Education Department, writes proposed goals and objectives based upon

yearly performance of the student which is provided to the school district and parent as recommended content to the proposed IEP to assist the parent and school district's development of the annual IEP. In addition to educational goals and objectives, the Clinician and case manager develop social and emotional goals

2. The Clinician and case manager develop the social/emotional/behavioral goals and the Behavioral Intervention Plan to be provided to the school district and parent as recommended content to the IEP in the school district's development of the annual IEP.

3. When it is deemed necessary for a student to have a behavioral intervention plan (BIP), it is documented in the IEP and is developed to address behavioral goals and objectives. The BIP is based on the results of a functional behavioral assessment. The student's assigned Clinician or another qualified member of JRC's Clinical Department will design and supervise a BIP, a plan that is based on the results of a functional behavioral assessment, for the student. The (BIP) will include, at a minimum, a description of the problem behavior, global and specific hypothesis as to why the problem behavior occurs and intervention strategies to address the behaviors. The BIP will also identify the baseline measure of the problem behavior, including frequency, duration, intensity and/or latency of the targeted behaviors. Such baseline shall, to the extent practical, include data taken across activities, settings, people and times of the day. The baseline data shall be used as a standard to establish performance criteria and against which to evaluate intervention effectiveness. However, when using baseline data to establish a standard for performance criteria, the Clinician will also take into account any other influences on the behavior such as medication fading and an increase in demands placed on the student. The BIP and/or court plan will identify intervention strategies to be used to alter antecedent events to prevent the occurrence of the behavior, teach the individual alternative and adaptive behaviors and provide consequences for the targeted inappropriate behavior(s) and alternative acceptable behaviors..

4. To assist in transitional planning, JRC completes a Long Term Planning Questionnaire based upon interviews with the student, parent and school district. JRC provides input into long term planning goals for the student based upon observations during the previous year.

5. JRC sends its recommended content for the IEP to the school district and parent prior to the annual meeting. It is the responsibility of the school district to convene IEP meetings.

6. JRC will contact the school district prior to the annual IEP team meeting to confirm the date and time and to review JRC's proposed recommended content for the IEP.

7. At the IEP team meeting, JRC will keep minutes, which includes a record of the team members who participated in the annual IEP team meeting, either in person or by telephone. JRC also completes an IEP Team Meeting Checklist to note the topics discussed during the IEP annual team meeting. Persons attending this meeting may include, but will not be limited to the parent, student where appropriate, JRC staff (the student's Clinician, the student's teacher, the student's case manager, and an education representative), and school district personnel (school Clinician, education evaluator, social worker, parent member, and general education teacher).

At this meeting the parent and student, where appropriate, are invited to discuss the proposed goals and objectives as set forth in the IEP. Any questions, concerns that they may have or any additions or deletions as requested are addressed during the meeting by the team members.

8. Least Restrictive Environment. As part of the IEP planning, the Clinician and case manager will consider and develop treatment goals and objectives aimed at providing the student with the least restrictive environment based upon a review of the student's behavioral progress over the course of the entire year. The goals and objectives will include attempts to reduce the use of aversive interventions, as well as changing the rewards and contracts, where deemed clinically and educationally appropriate. Where the frequency of a student's behavior in a specific behavior category shows a decrease, the Clinician may make changes in either the punishment or reward system for the specific behavior category. Where the frequency of a student's behavior in a behavior category remains at zero for three (3) to six (6) months, the Clinician may eliminate the intervention from the specific behavior category or remove the behavior category from the BIP. Where the frequency of a student's behavior across all categories remains at zero for three (3) to six (6) months, the Clinician may eliminate all aversive

interventions, if any are being used, and use positive only programming. Annual goals and objectives for reducing aversive interventions and employing positive rewards will be part of the IEP planning and reflected in the IEP according to the progress of each individual student. In addition, as part of achieving a least restrictive environment, the Clinician may set goals as part of the annual IEP planning process which include opportunities for increased independence for the student, including a less restrictive residential setting, in-school job, off-premises job, off-campus activities, and general independence in the residence and/or at the school building. Whenever a student's problematic behaviors remain at or near zero for six months, the student is receiving favorable reports from the treatment team, and the student has not required the use of restraint during the same time period, the student's Clinician, if he/she concludes that the student's progress can be safely maintained without intensive behavioral interventions, will refer the student to the school district to consider an alternative and less intrusive treatment regimen.

9. Transitional Planning. For all students fourteen (14) years or older, JRC will provide recommendations to the school district about transitional planning based upon a student's yearly progress. JRC will work with the parent and school district to achieve transition of the student to an alternative less restrictive environment or back to the home district where recommended by the district.

10. Graduation Requirements. The annual IEP team meeting should include a discussion or update of any course credits earned by the student, applying district standards, and the status of meeting graduation requirements, if applicable. The meeting should also include a review of course instruction planned during the upcoming year to achieve graduation, if possible. JRC will work with the school district to achieve graduation requirements according to the Policy on Learning Standards and Graduation Requirements. JRC will also provide the school district and parent a copy of the description of the courses in which the student will be enrolled and the JRC grading system so that the school district can determine at the IEP meeting what credits the student may be able to earn during the year. JRC should make a recommendation about the credits to be awarded and work with the district to obtain an agreement in advance of credits to be awarded upon successful completion of a course.

11. Following each annual meeting, JRC will send a Request For IEP Letter to the school district requesting a copy of the IEP generated during the IEP team meeting.

12. When JRC receives the finalized copy of the student's IEP, copies of the IEP are filed in the main Student Files in the Education Office. Copies are also sent to the classroom and the residence, so that the IEP is made available to teachers and direct care staff.

13. JRC will send a Request for Response Letter to the school district asking for immediate attention if: (1) a school district does not attend or refuses to attend any meeting regarding educational or behavioral issues involving the student; (2) a school district fails to provide an IEP after a meeting; or (3) a school district is otherwise uncooperative in addressing IEP concerns.

14. JRC will keep a list of all students that have been referred back to the school district as part of a transition plan approved in the IEP.

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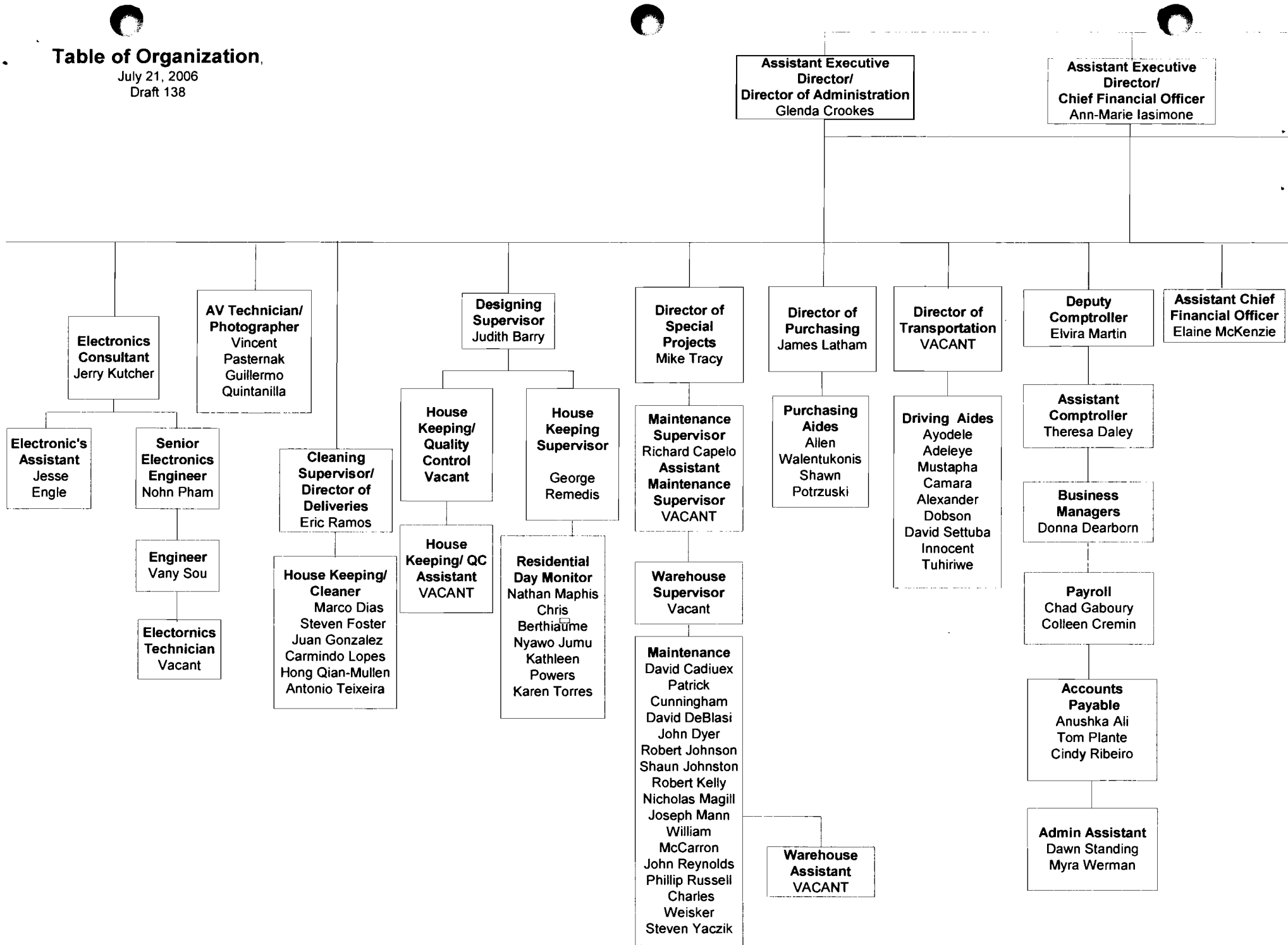


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Executive Director
Matthew L. Israel, Ph.D.

**Assistant Executive Director/
Director of Human Resources**
Rob Duquette

Director of Residences
Danielle Brewer
Assistant Director of Residences
Joey Traywick

School Coordinator
Donna Oceau

Director of Quality Control/Training
Ralph Antonelli

Director of Evaluations
Anthony Barboza

Assistant Director for Human Resources
Bruce Hemond

Overnight Monitoring Supervisor
Heidi Hirsch
Weekend School Coordinator
Nicole Poisson
Quality Control Supervisor
Kamah Thomas

Monitors/Tape Monitors/ Quality Control/ DVR Supervisor
Tabitha Carter Kay Adesina Ernest Asideau Arthur Barros Isaac Boateng Kevin Bonsu Bob Bruno Martha Castello Peter Chege Tony Ciarroco Maria Deburgo Jordan Fasulo Shira Fink Allison Janelle Jean Serge Kouame Stephanie Laliberte Allin Lebeau Amy Lemay Moufautaho Liassou Lindsey Marshall Stephanie McCarthy Yvena Mera Stephen Odhiambo Jacob Omondi Stephanie Pettey Sam Pinkrah Kristen Saintdon Lisa Santos Katrina Sharp Matt Swanger Kara Tedeschi Vernoe Wonmei Lebron Wright

Director of Training
Melissa Mello

Assistant Director for Evaluations
John Castello

Recruiting Supervisor
Marisol Nichols

Benefits Administrator
Anthony Marro

Trainers
Michael Gwendo
Kevin Laiter
Moises Rogers

Evaluators
Jesse Howard
John O'Connell

Recruiting/ Office
Tonya Beaudet
Rebecca McEachen

In-Service Trainers
Heather Sutherland

Student/Staff Investigator
Robert Kalinowski

Admin. Assistant / HR
Ella Kaba
Linda Sloane
Tina Nguyen

Retention Coach
Vacant

Student/Staff Interviewer
Charles Hopkins

Receptionist/ HR Assistant
Helen Powell

Administrative Assistant
Sue St.Jean
Evaluation Aide
Denielle Singleton

Janice Tracy
Beth Osterberg
Mike Gyasi
Noel Walls
Steve Baum
Shamir Vieira
Latoya Hunt
Jonathan Odies
Jeanlesly Octave
Arlene Jean-Gilles
Julian Orr
Scott Phan
Martin Kathuri
Paulo Rodrigues
Chisara Osioma
Paul Chiaverini
Michael Kyei
Dina Osei
Jeanne Manigat

Residential Supervisors A/B
Nathan Irons
Momadou Fofana
Gaelle Tassy
Tony Ansa
Hien Phan
Stephanie Brown
Zwador Karworzon
Brian Lewis
Judy Salome
James Simmons
Samuel Dahquah
Robert Watson
Kouadio Boga
Julie Singer
Amanda Morgan
Ledanoff Mussotte
Ezekiel Ahwireng
Isaac Boateng
Jay Roche

Nadia Lamour
Michael Jones
Charlene Dessources
Chrisalis Gutierrez
Leona Heidrick
Miatta Gray
Sam Tassia
Antoine Valbrun
Christina Roberts
John Tarlue
Robert Muwoomya
Robert Rudolph
Miatta Harris
Viquez Odies
Dickens Jean-Michel
Francelina Pires
Karen Maugle
John Tarlue

Weekend Supervisors

Therapists

Universal Aides

Crisis Specialists

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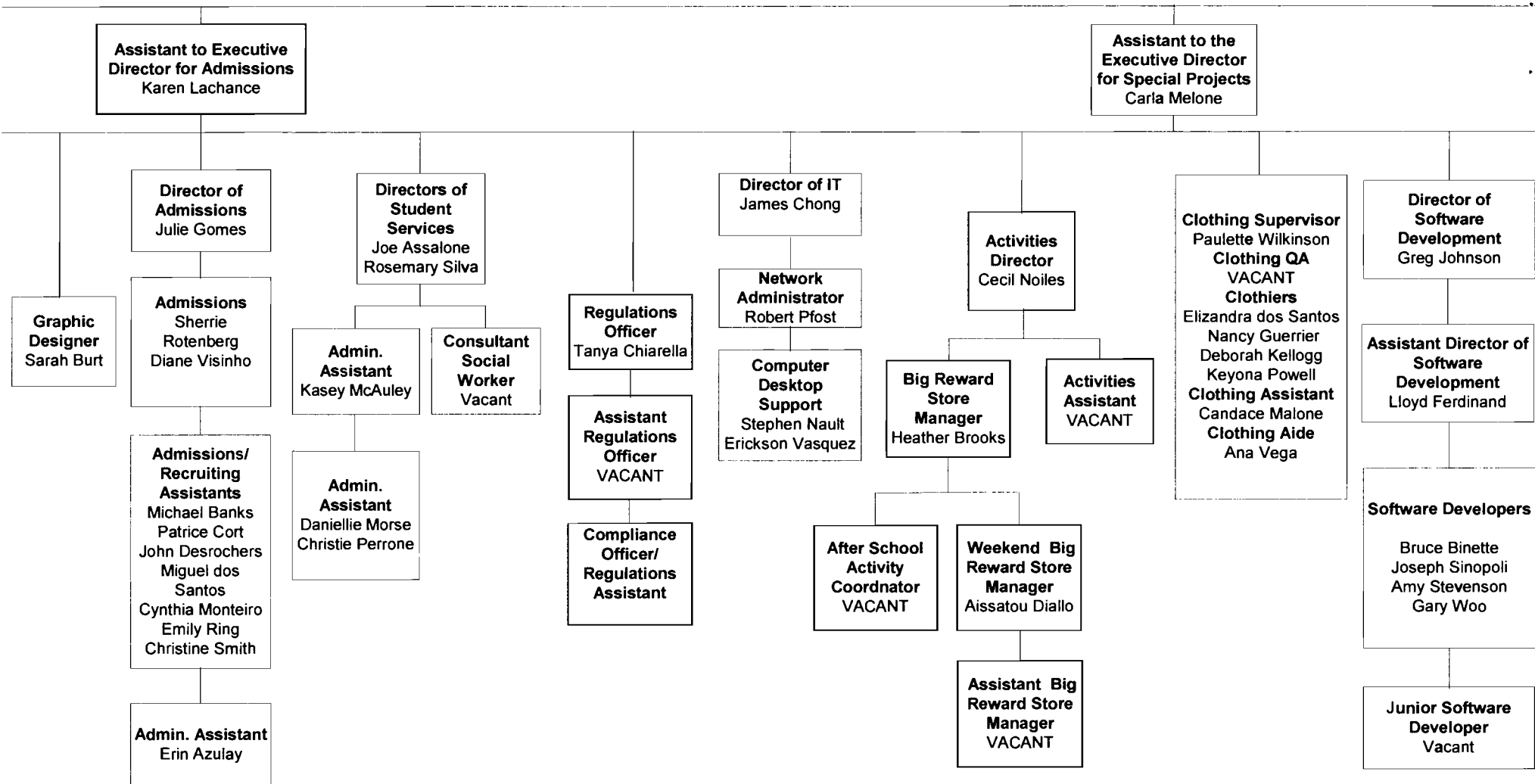
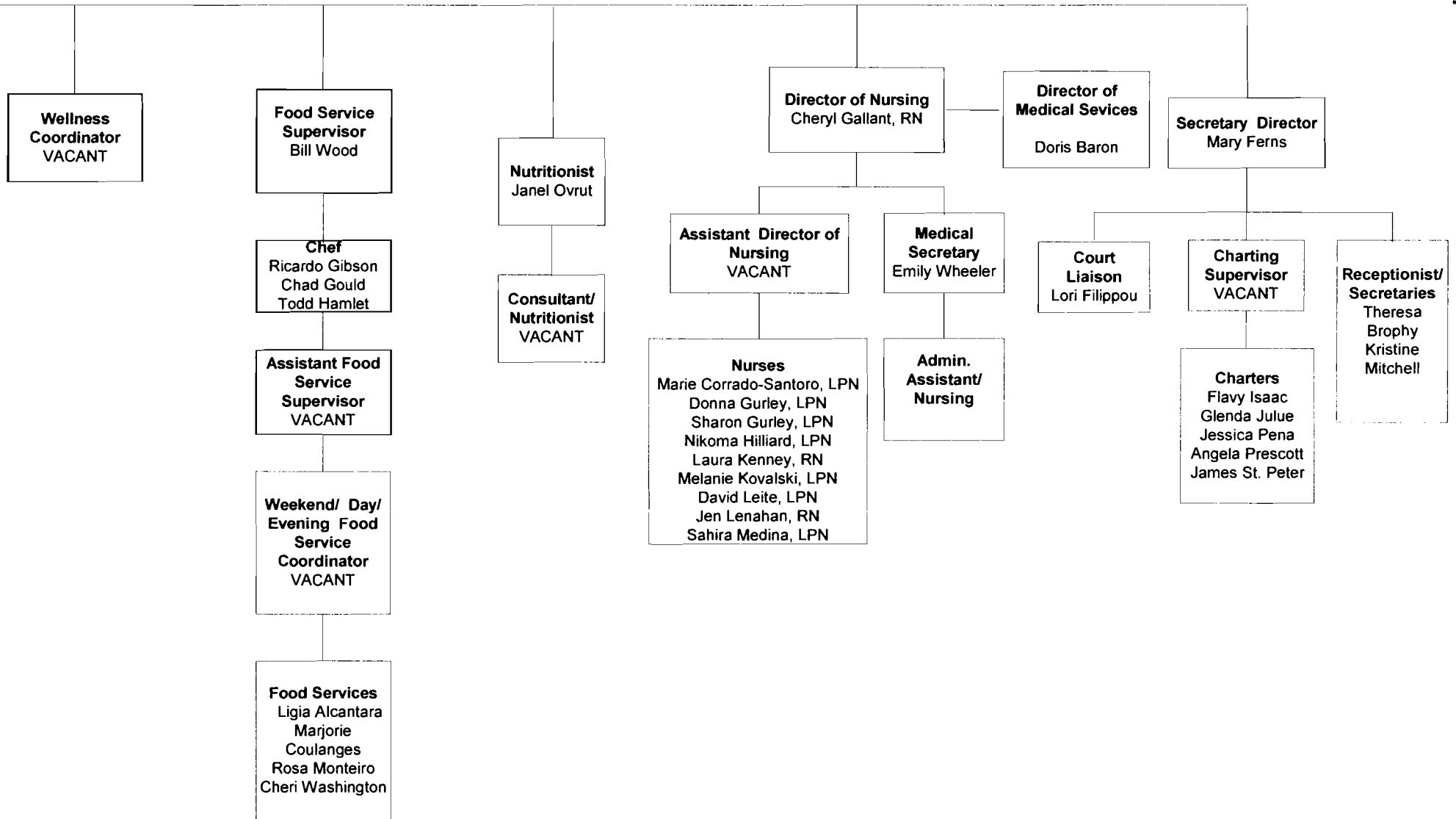
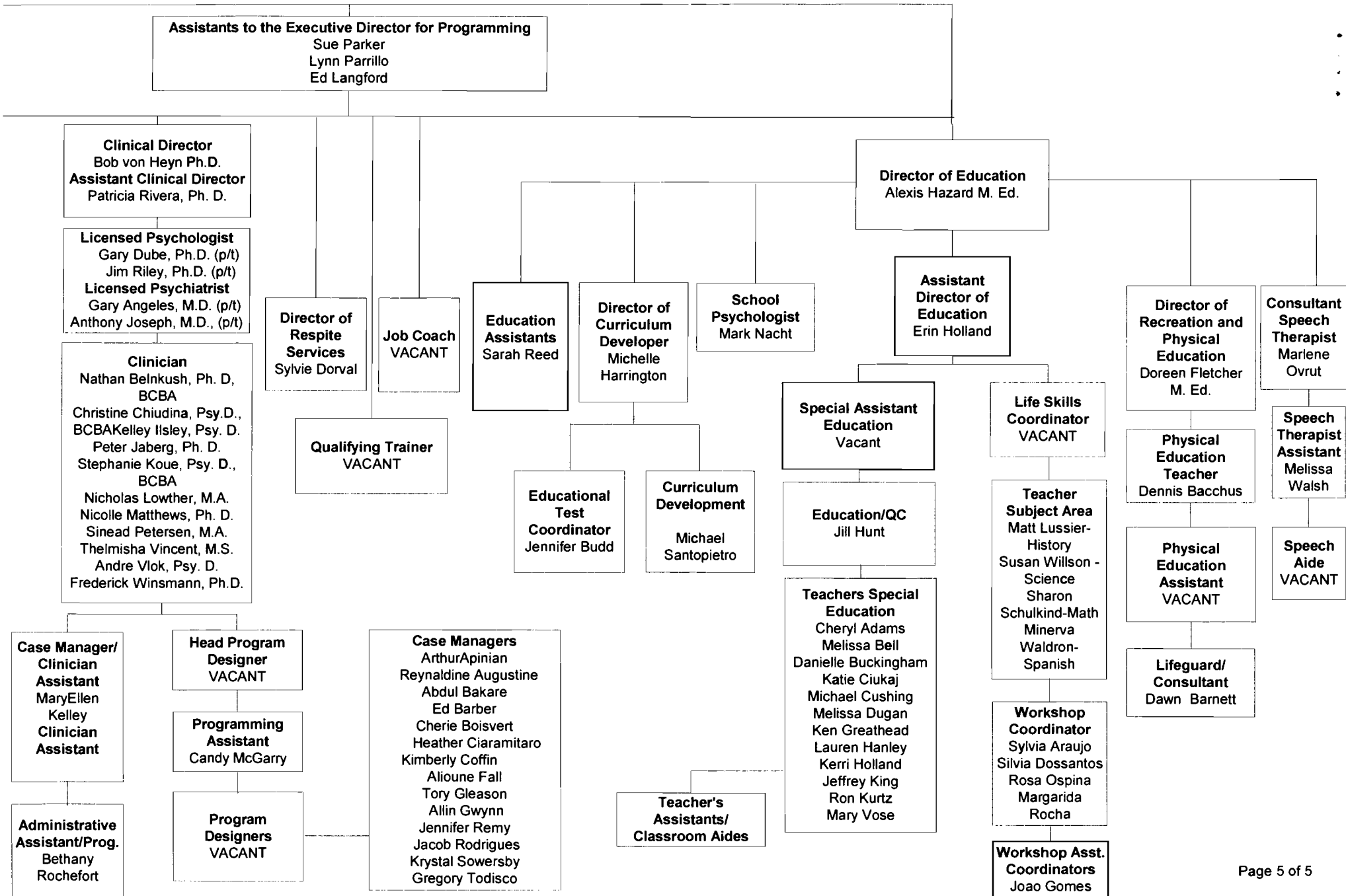
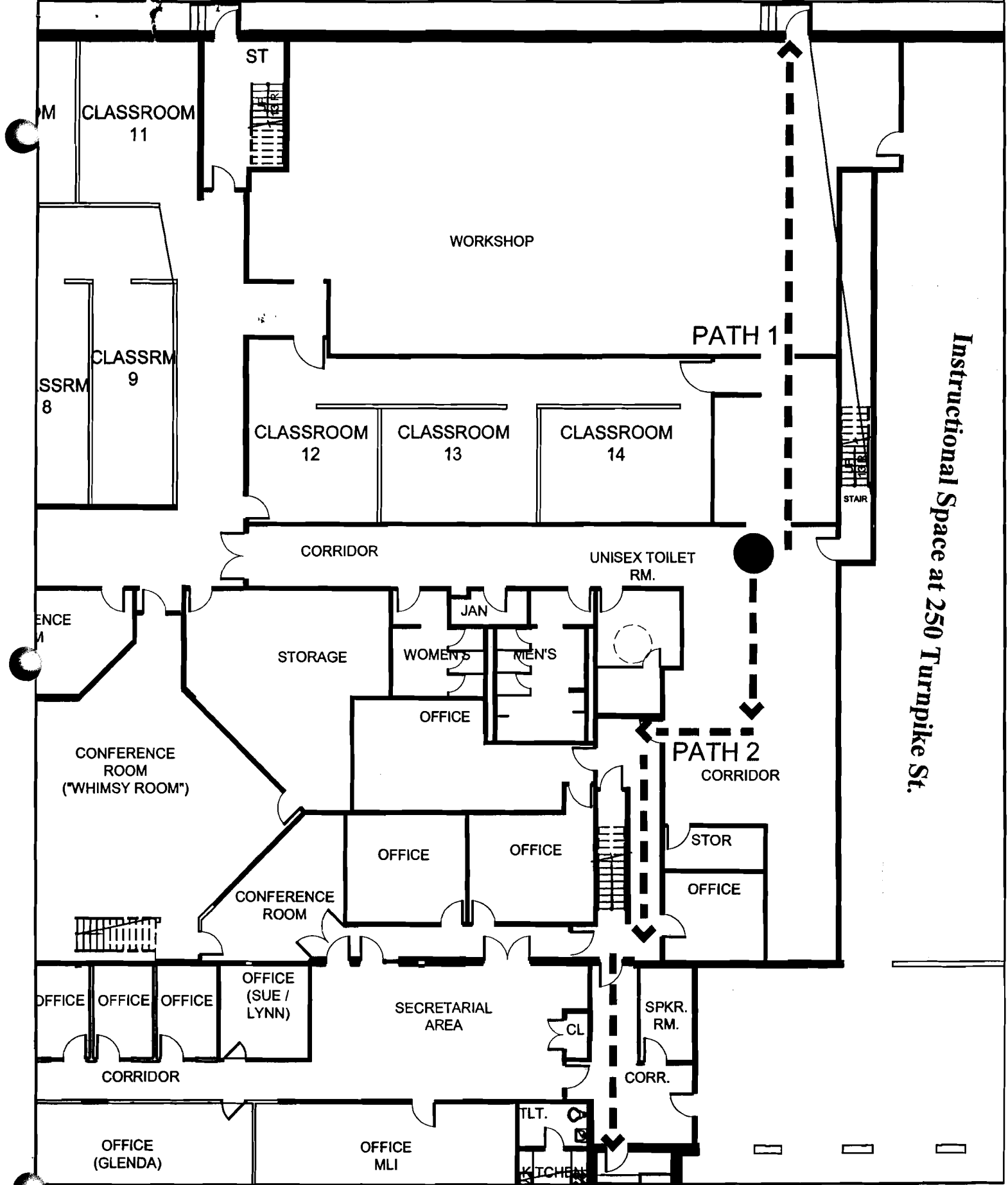


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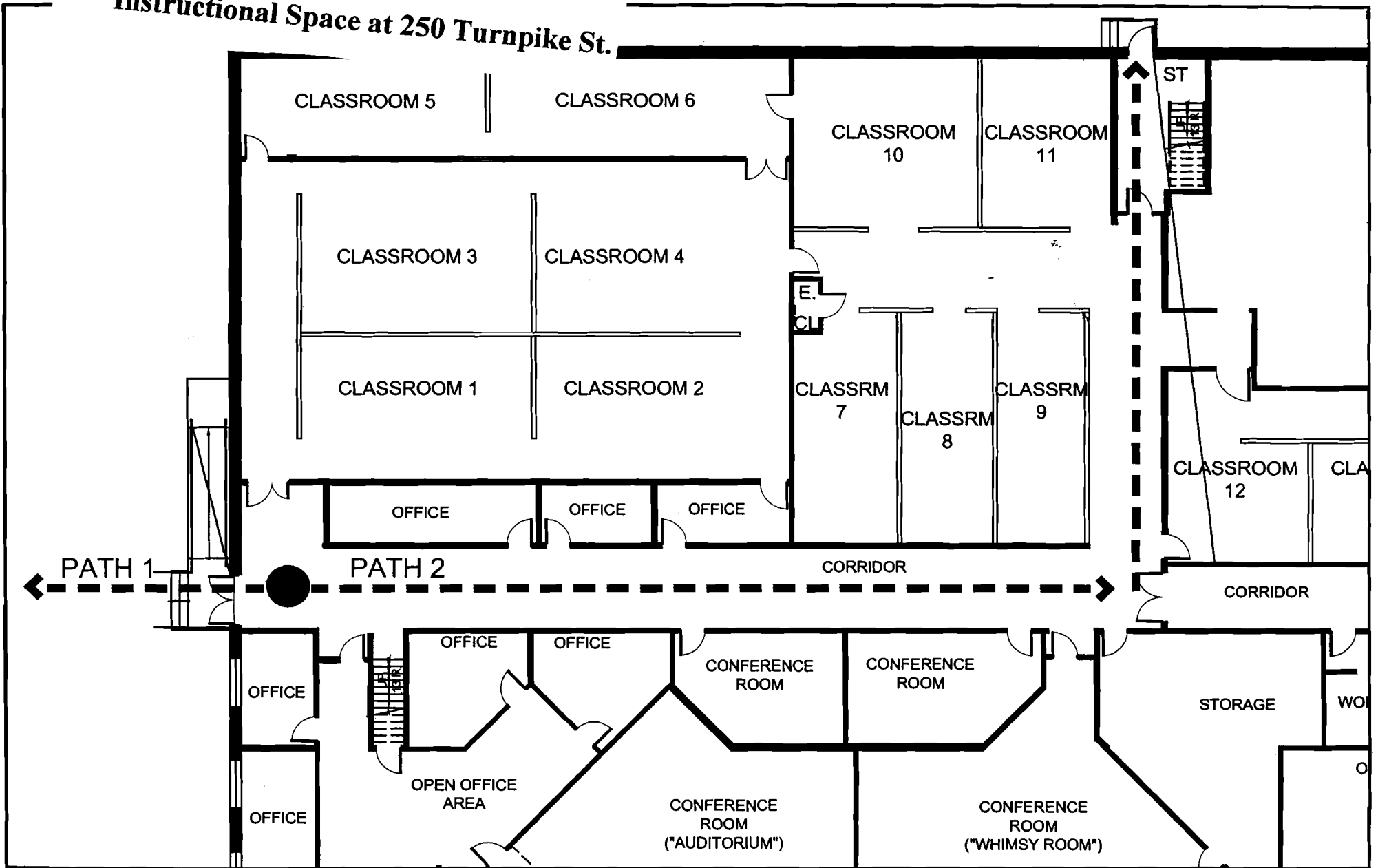


Instructional Space at 250 Turnpike St.

EGRESS PATH 1: MOVE THROUGH VESTIBULE AND INTO WORKSHOP, CONTINUE TOWARD DOOR AND GO THROUGH DOOR TO OUTSIDE. MOVE TO A SAFE PLACE AWAY FROM BUILDING.

EGRESS PATH 2: MOVE AWAY FROM WORKSHOP TURN RIGHT AND GO THROUGH DOOR, TURN LEFT AND MOVE DOWN CORRIDOR, GO THROUGH DOOR INTO ANOTHER CORRIDOR, AND GO THROUGH DOOR STRAIGHT AHEAD TO OUTSIDE. MOVE TO A SAFE PLACE AWAY FROM BUILDING.

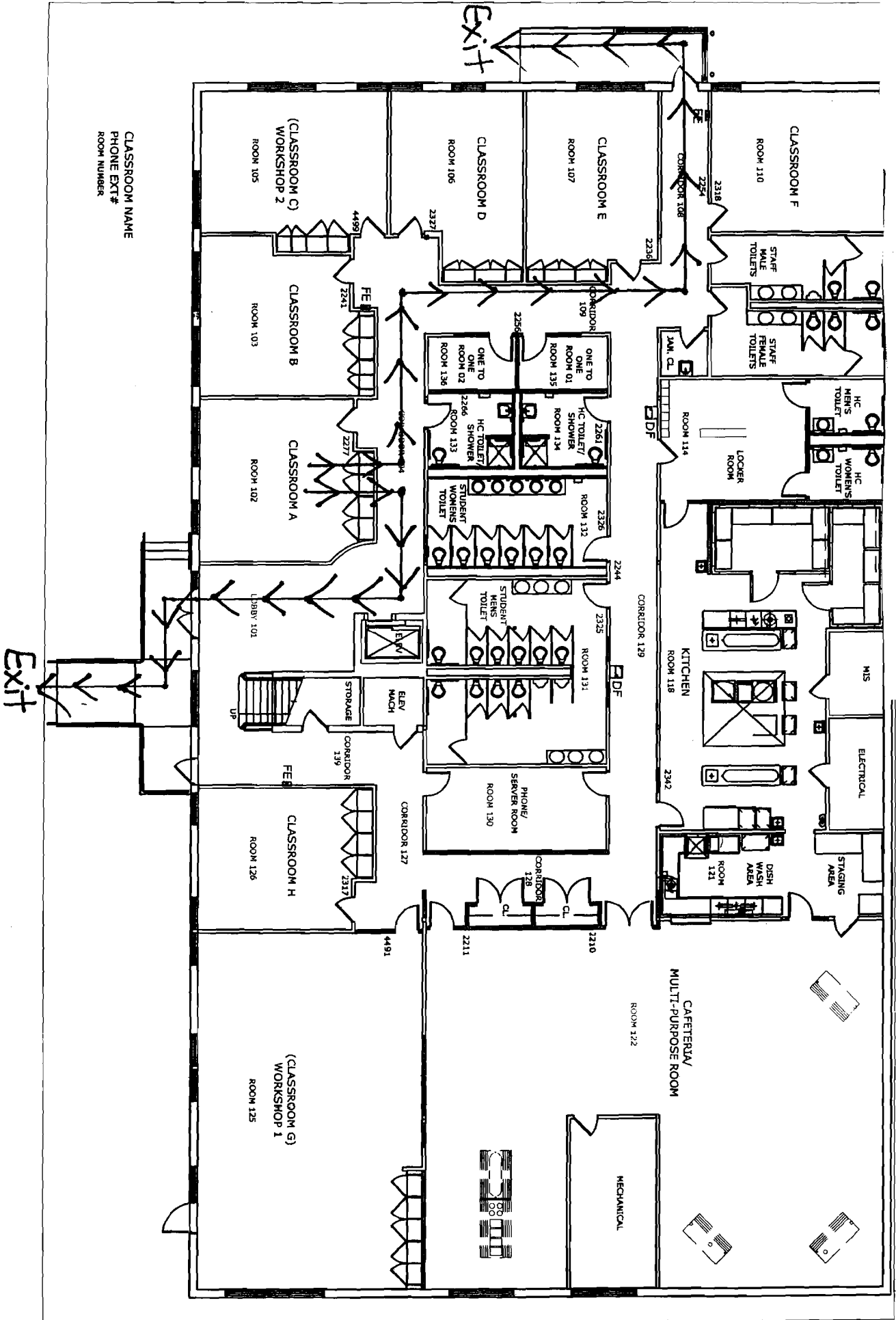
Instructional Space at 250 Turnpike St.



EGRESS PATH 1: MOVE THROUGH DOOR AND OUTSIDE. MOVE TO SAFE PLACE AWAY FROM BUILDING.

EGRESS PATH 2: MOVE DOWN CORRIDOR, TURN LEFT BEFORE DOUBLE DOORS, CONTINUE TO DOOR STRAIGHT AHEAD, MOVE THROUGH DOOR, CONTINUE THROUGH NEXT DOOR TO OUTSIDE. MOVE TO SAFE PLACE AWAY FROM BUILDING.

Instructional Space at Downstairs 240 Turnpike St.

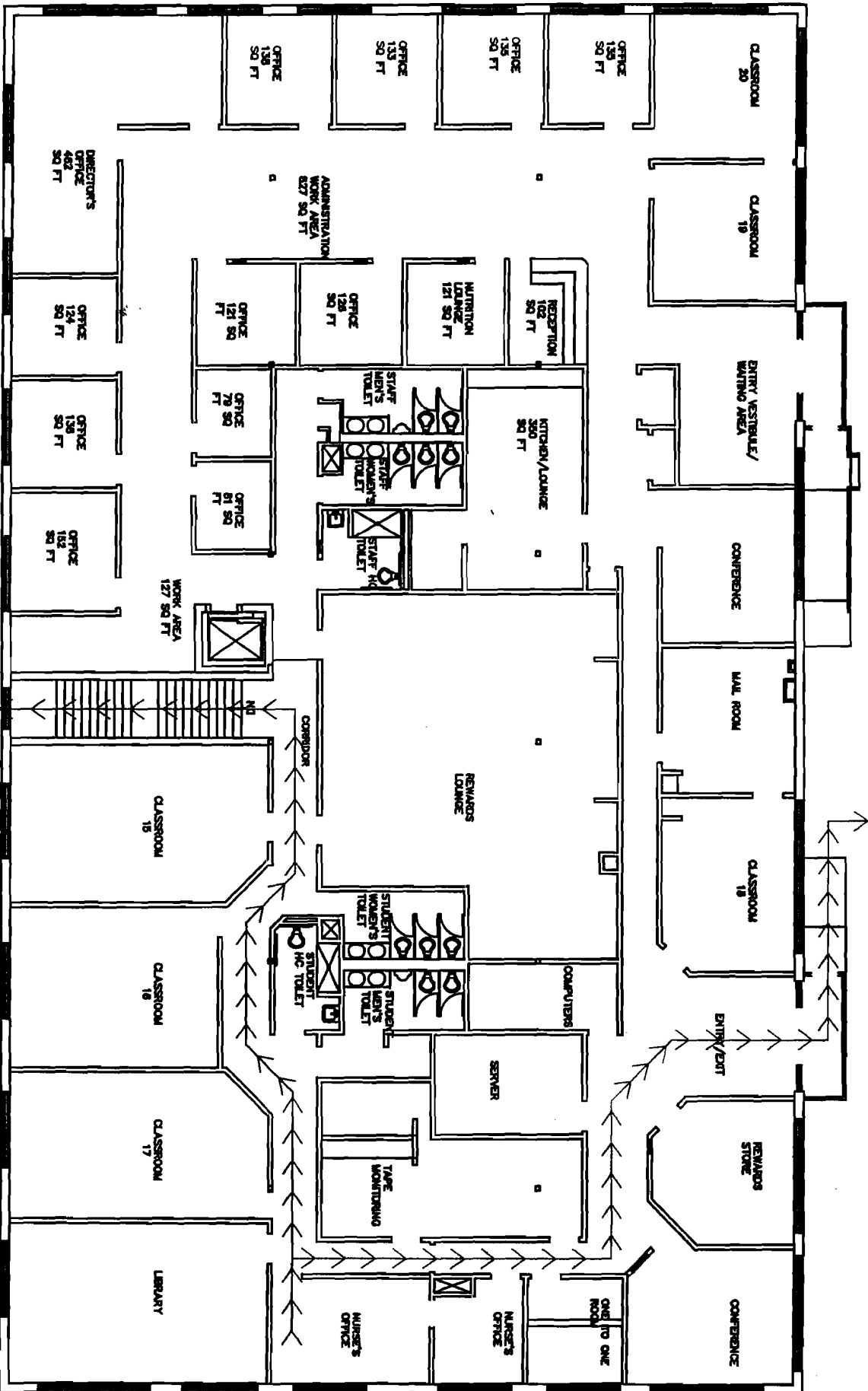


CLASSROOM NAME
PHONE EXT#
ROOM NUMBER

Exit

Exit

Instructional Space at Upstairs 240 Turnpike St.



SECOND LEVEL, FLOOR PLAN

EXIT

EXIT

FIRE ESCAPE ROUTE 1

FIRE ESCAPE ROUTE 2