



CHICAGO EDUCATION PROJECT
providing special education alternatives

2009-2010 Student Registration Form

Student Name: _____ D.O.B. _____

Today's Date: _____

Emergency Contact	Phone Number	Relationship

Is the student on any special diets? If so, please specify:

Please list all allergies to food, environment, etc:

Medical Release

We/I the undersigned do hereby authorize CHICAGO EDUCATION PROJECT, INC. to authorize emergency medical treatment for our child, _____, by a licensed physician or dentist in the event we cannot be contacted. In giving CHICAGO EDUCATION PROJECT, INC. permission to authorize emergency treatment, we/I do not hold CHICAGO EDUCATION PROJECT and/or its employee(s) responsible for the treatment given to the above-named individual. We/I will assume full financial responsibility for the emergency care and/or transportation for said child and will not hold CHICAGO EDUCATION PROJECT, INC. financially responsible.

Name of Parent/Guardian: (please print) _____

Signature of Parent/Guardian: _____ Date: _____

Allergies to medication: _____

Medications/Prescriptions

Please list any medications student is to receive during school hours:
(If medications are to be distributed by CEP staff during school hours, attached permission slip must be signed).

Name of Medication:	Dosage:
Dates to be given:	Times to be given:
(first dosage date)	a.
(last dosage date)	b.
	c.

Name of Medication:	Dosage:
Dates to be given:	Times to be given:
(first dosage date)	a.
(last dosage date)	b.
	c.

Students who are to receive occupational therapy will need to provide CEP with a current prescription for O.T. therapy from a licensed physician (copies of prescriptions are sufficient). New prescriptions are needed for each school year.

- OT Prescription is attached
- OT Prescription will be faxed to CEP directly from doctor

Contact/Reference List

CEP would like to distribute a Contact List to the parents of CEP students. This contact list would include your home phone number, mailing and e-mail address. Similarly, we'd like to distribute a list of references to prospective parents that would also include some of this information.

Does CEP have your permission to include this information in our Contact List? Y / N

Does CEP have your permission to include this information in our Reference List? Y / N

Transportation Information

Transportation Carrier: _____

Contact Name: _____ Phone Number: _____

Fax Number: _____ (School Calendars will be faxed to transportation companies)

Photos

Occasionally, opportunities arise in which Chicago Education Project would like to use pictures of our students in different media, such as: websites, newsletters, brochures, newspapers and other school mailings, and public communication forums. Personal information such as last names will not be released.

- I do not give Chicago Education Project permission to use photos of my child in school publications.
- I grant Chicago Education Project permission to use photographs of my child in school publications. These publications include (but are not limited to): websites, newsletters, brochures, and other school mailings.

Please state a pseudonym, if you would not like your child's real name to be used.

Pseudonym: _____

Parent Name: _____ Parent Signature: _____

Video

We would like to videotape our students' activities at various times throughout the day. These videos will allow us to analyze behaviors and teaching techniques, and also maintain documentation of your child's progress. Although these videos will be primarily for teacher use, we may also use them in correspondence with our consultants, at parent meetings/training to discuss specific techniques or behaviors, and in educational settings, such as: new teacher training or workshops to demonstrate the effectiveness of ABA with a Verbal Behavior approach, and to parents who are interested in placement of their child in our program. Copies of any videos taken during school hours and Chicago Education Project events are the property of Chicago Education Project and parents. Videotapes will not be sold or distributed in any fashion without your written permission independent of this release.

- I give permission for my child to be videotaped and/or audio recorded by Chicago Education Project located in Schaumburg, Illinois. I understand that these videos will be used for the purpose of analyzing techniques, behaviors, progress, and educating others about ABA/Verbal Behavior. This documentation will **ONLY** be used for education and/or research and will not contain any identifying information.
- I do not give Chicago Education Project permission to use video and/or audio recording of my child used for the purpose of analyzing techniques, behaviors, progress, and educating others about ABA/Verbal Behavior.

Parent Name: _____ Parent Signature: _____

Behavior Intervention Plans

In many cases students enrolled at Chicago Education Project will have a Behavior Intervention Plan. This plan outlines specific proactive and reactive behavior management strategies that are not already embedded into the classroom management strategies being used by individual classroom teachers. Behaviors targeted for reduction include any behavior that is dangerous to the student, others or property, any behavior that limits the students' access to a wider range of reinforcers, and/or any behavior that interferes with skill acquisition.

Behavior plans proactively list a variety of replacement behaviors and other antecedent management strategies that would help increase the students' repertoire of skills making it possible for the student make better choices. Behavior plans also list reactive, or consequence management strategies, by function to make behaviors targeted for decrease irrelevant, inefficient, or ineffective.

Chicago Education Project favors proactive strategies such as expectation statements, replacement skill acquisition, communication training, discrimination training, etc. to teach students to make better choices before engaging maladaptive behaviors. When reactive strategies are necessary, Chicago Education Project chooses plans for which the scientific community has determined to be an effective strategy for that particular function and topography. Reactive strategies are also chosen in tandem with a proactive strategy to maximize the learning opportunity in each occurrence of maladaptive behavior. Reactive strategies can be found in their entirety in the Behavior Plans and Procedures manual.

Determination of Behavior Intervention Plan

The specific function for all behaviors targeted for decrease is determined for the individual student so that implemented strategies have a greater likelihood of succeeding with the least amount of modification. These plans are piloted in the classroom by Master's Level Board Certified Behavior Analysts before implementation information and training are disseminated to the classroom teacher and staff. Procedures in the pilot may include the following:

Minimally Restrictive Procedures

- **Non-exclusionary time-out** (five minutes or less): Following a behavior that is considered to be clinically undesirable, there is an interruption in the availability of ongoing reinforcement for the child without requiring that he or she leave the immediate environment. Thus, the child is not "excluded" from his or her surroundings.
- **Privilege restriction:** Staff takes away or withholds a privilege or activity in which the child was presently engaged or is scheduled to participate in at some future time. The privilege or activity is never a good or service to which the child is entitled as a basic human right (e.g., meals, clothing, companionship) or as a component of his/her IEP.
- **Response cost:** Following a behavior that is considered to be clinically undesirable, staff removes a secondary reinforcer (e.g., token, coin) that the child has earned or removes a secondary reinforcer that was given to the child at the start of an activity or time period.
- **Interruption/Response blocking:** Following a behavior that is considered to be clinically undesirable, staff stop the child from engaging in the behavior by blocking or physically preventing its completion.

- **Contingent effort** (five minutes or less): Following a behavior that is considered to be clinically undesirable, the child is prompted to engage in *one* or more motor responses that require effort but are not resisted physically.
- **Corrective feedback/Social disapproval**: Following a behavior that is considered to be clinically undesirable, staff present a disapproving facial expression and a verbal statement such as, "No" or "Stop (description of the behavior)."

Mildly Restrictive Procedures

- **Exclusionary time-out** (15 minutes or less): Following a behavior that is considered to be clinically undesirable, there is an interruption in the availability of ongoing reinforcement for the child by requiring that he or she leave the immediate environment, for example, to sit outside of the classroom or to stand behind a partition in another area of the residence. Thus, the child is "excluded" from his or her surroundings.
- **Contingent effort** (15 minutes or less): Following a behavior that is considered to be undesirable, the child is prompted to engage in one or more motor responses that require effort.
- **Task requirement**: Following a behavior that is considered to be clinically undesirable, the child is requested or guided to complete a task that is unrelated to the ongoing activity.
- **Guided compliance**: Following a behavior that is considered to be clinically undesirable, the child is guided physically to engage in an alternative behavior. The alternative behavior is relevant to and does not interfere with ongoing instruction and learning.

Physical Interventions

- **Guided compliance** ("putting through"): Staff guide the child to engage in an ongoing appropriate behavior.
 - a. Example: Contingent on hitting staff during a laundry folding task, the child is guided to grasp a towel and fold it one time.
- **Escort**: Staff escort the child from one location to another.
 - a. Example: Contingent on hitting staff in the dining area, the child is escorted out of the dining area and into the hallway.
- **Hands down**: Staff grasp one or both hands of the child, guide the hand(s) to a stationary position, and maintain this position for a specified duration.
 - a. Example: Contingent on hitting staff during an instructional activity, the child's or adult's hands are held against the top of the table for a duration of 10 seconds.
- **Interruption/Response blocking**: Staff stop the child from engaging in a behavior by blocking and physically preventing its completion.
 - a. Example: Contingent on the child raising his or her hand to hit, staff grasp the individual's hand, stop forward motion, and then release the grasp.
- **Restitutive overcorrection**: Staff guide the child to restore, clean-up, or rearrange the environment
 - a. Example: Contingent on throwing food during a meal, the child is guided to wipe off the table top, pick up food debris from the floor, and deposit soiled materials in the trash.

- **Positive practice overcorrection:** Staff guide the child to perform one or more appropriate alternatives to-the target behavior.
 - a. Example: Contingent on grabbing an object from a peer, the child is guided to return the object and to "practice" this behavior four more times.

- **Simple correction:** Staff guide the child to perform one corrective response.
 - a. Example: Contingent on tearing a napkin during a meal, the child is guided to pick up and retrieve another napkin.

- **Protective Holding Procedures:** Staff physically support the student using minimally invasive physical support or Crisis Prevention Institute approved holding procedures for children to keep the student or others safe. Any CPI approved intervention is accompanied by documentation that is provided to the parent with 1 school day of the incident.
- Example: Contingent on floor dropping, staff may physically support the student from behind to block from escaping his environment.

I understand that during a pilot of a potential Behavior Intervention Plan, qualified staff may implement one of the above procedures. Should it be deemed necessary that this course of action continue as part of an evidenced based procedure, the Behavior Intervention Plan will be explained to me in full, will require my written consent, possible participation outside of the school setting and a copy will be given to me for my records.

Student Name

Parent Signature

Parent Name (Printed)

Date