

October 24, 2016

Notes:

Portions of the material in this document were used from existing model policies from the Departments of Education in Alabama, Georgia, Kentucky, Ohio and Vermont in accordance with the fifteen (15) principles outlined within the Restraint and Seclusion: Resource Document. This work was published by the U. S. Department of Education in collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA). Both the Alabama and Georgia Departments of Education **prohibit** the use of seclusion.

I. INTRODUCTION

The State of Mississippi, Department of Education and the Board of Trustees of the Harrison County School District (HCS D) recognize that restraint and seclusion have resulted in physical injury, psychological trauma, and death to students in public and private schools.¹ Restraint and seclusion shall not be used as routine school safety measures; that is, they shall not be implemented except in situations where a child’s behavior poses imminent danger of serious physical harm to self or others and not as a routine strategy implemented to address instructional problems or inappropriate behavior (e.g., disrespect, noncompliance, insubordination, out of seat), as a means of coercion or retaliation, or as a convenience.²

Experts generally view restraint and seclusion as a “treatment failure,” rather than a way to promote self-regulation. In fact, there is literature that points to restraint and seclusion having the opposite effect of promoting self-regulation. Restraint and seclusion actually advances more emotional and behavioral disruptions.³ As such, interventions for students must promote the right for students to be supported by a positive approach to challenging behavior that uses proactive strategies to create a safe school climate that fosters dignity, creates authentic student engagement, increases instructional time, and improves student achievement for all students. When teachers and administrators implement evidence-based positive behavior supports with fidelity, a positive school climate and culture is eminent and conducive to effective teaching and learning without the constant disruptions that have become commonplace in classrooms.⁴

¹ **Stop Hurting Kids Website**

<http://stophurtingkids.com/resources/>

A comprehensive draft of suggested language for state-level legislation that prevents restraint and seclusion, and responds to current best practices and positive approaches in the disability field. Supports local stakeholders to craft effective legislation and avoid known “loopholes” that can undermine successful implementation. (15 pages) *Source: The Alliance to Prevent Restraint, Aversive Interventions and Seclusion*

² <https://www2.ed.gov/policy/seclusion/restraints-and-seclusion-resources.pdf> (U.S. Department of Education—Restraint and Seclusion: Resource Department (p. 3)

³For more information, see,

L.M. Finke, *The Use of Seclusion is Not an Evidence-Based Practice*, 14 *Journal of Child and Adolescent Psychiatric Nursing*, 186 (2001); K.H. Millstein & N.S. Cotton, *Predictors of the Use of Seclusion on an Inpatient Child Psychiatric Unit*, 29 *Journal of the American Academy of Child & Adolescent Psychiatry* 256, 256-64 (1990); W. K. Mohr & J.A. Anderson, *Faulty Assumptions Associated With the Use of Restraints With Children*, 14 *Journal of Child and Adolescent Psychiatric Nursing* 141 (2001); D.E. Miller., *The Management of Misbehavior by Seclusion*, 4(1) *Residential Treatment for Children and Youth* 63 (1986); National Association of State Mental Health Program Directors (NASMHPD), *Seclusion and Restraint Position Statement as Revised by NASMHPD Forensic Division and Accepted by NASMHPD Membership (7/15/07)*, http://www.nasmhpd.org/general_files/position_statement/S&R%20position%20statement.Forensic%20Div.%20prop.%20approved%20by%20NASMHPD.07.07.final.pdf

⁴ *Id.*

Unfortunately, there are times when students exhibit behaviors which place themselves or others in imminent danger. Research, recent reports, and a GAO investigation clearly establish that because restraints, seclusion and aversive interventions are so harmful, they must be prohibited except in the rarest of circumstances; and then only after intense training, under rigorous supervision, and after specified preconditions have been met.⁵ School personnel have the right to work in a safe environment and should be provided training and support to prevent injury and trauma to themselves and others. School activities and programs must implement proactive strategies and interventions to reduce the likelihood of these situations.

II. PURPOSE

The focus and purpose of this policy is to create a district-wide policy that applies to all schools and learning environments that receive public funding, or over which the Harrison County School District has regulatory authority to ensure the safe management of the student(s) and their instructive environment. It is also the Board’s intent to create and maintain a positive, safe learning environment and promote positive behavioral interventions and supports in the District’s schools by preventing the use of restraint and seclusion and other harmful aversive interventions. All students have the right to be treated with dignity and be free from physical or mental abuse, aversive behavioral interventions that compromise health and safety, and any restraint or seclusion imposed solely for purposes of discipline or convenience, or as a substitute for appropriate educational or behavioral support.⁶

Therefore, seclusion is prohibited in schools, programs and activities; restraint shall not occur, except when there is an immediate risk of physical harm to the student or others, and shall occur only in a manner that protects the safety of all children and adults at school. The use of a non-aversive effective behavioral system such as Positive Behavioral Intervention and Supports (PBIS) shall be used to create a learning environment that promotes the use of evidence-based behavioral interventions, thus enhancing academic and social behavioral outcomes for all students.⁷

This Board policy is hereby established for the prohibition of seclusion, regulation and prevention of physical control, restraint, personnel training, best-practices and positive behavioral interventions and support, documentation and public reporting requirements for the same. It shall not prohibit, exclude or infringe upon the lawful exercise of law enforcement efforts by sworn law enforcement officers.

4. DEFINITIONS

⁵ **Stop Hurting Kids Website**

<http://stophurtingkids.com/resources/>

Preventing the Use of Restraint and Seclusion in Schools: Addressing a National Epidemic through the Keeping All Students Safe Act. This overview of initiatives and public policy concerns includes a history of legislative attempts to establish federal restrictions on the use of restraint and seclusion in schools, and a statement of the need for legislative action. (3 pages) *Source: The Alliance to Prevent Restraint, Aversive Interventions and Seclusion*

⁶ **Stop Hurting Kids Website**

<http://stophurtingkids.com/resources/>

A comprehensive draft of suggested language for state-level legislation that prevents restraint and seclusion, and responds to current best practices and positive approaches in the disability field. Supports local stakeholders to craft effective legislation and avoid known “loopholes” that can undermine successful implementation. (15 pages) *Source: The Alliance to Prevent Restraint, Aversive Interventions and Seclusion*

⁷ <https://www2.ed.gov/policy/seclusion/restraints-and-seclusion-resources.pdf> (U.S. Department of Education—Restraint and Seclusion: Resource Department (p. 3).

Aversive behavioral interventions means a physical or sensory intervention program intended to modify behavior that the implementer knows would cause physical trauma, emotional trauma, or both, to a student even when the substance or stimulus appears to be pleasant or neutral to others and may include hitting, pinching, slapping, water spray, noxious fumes, extreme physical exercise, loud auditory stimuli, withholding of meals, or denial of reasonable access to toileting facilities.

Aversive technique means physical, emotional or mental distress as a method of redirecting or controlling behavior.

Behavioral intervention means the implementation of strategies to address behavior that is dangerous or inappropriate, or otherwise impedes the learning of the students.

Behavioral Intervention Plan means a plan that details strategies to address behaviors that impede learning, or are ongoing, and do not readily respond to general intervention or classroom management techniques, by teaching pro-social skills and other positive replacement behaviors. The plan may include positive strategies, program or curricular modifications, and supplementary aids and supports required to address problem behaviors.

Positive behavioral supports means a school-wide systematic approach to embed evidence-based practices and data-driven decision-making to:

- A. Improve school climate and culture in order to achieve improved academic and social outcomes;
- B. Increase learning for all students, including those with the most complex and intensive behavior needs;
- C. Encompass a range of systemic and individualized positive strategies to reinforce desired behaviors;
- D. Diminish reoccurrence of inappropriate or dangerous behaviors; and
- E. Teach appropriate behaviors to students.

Positive alternatives are a set of instructional and environmental supports to teach students pro-social alternatives to problem behaviors with high rates of positive feedback.

Positive Behavior Support Plan – means the design, implementation, and evaluation of individual or group instructional and environmental modifications, including programs of behavioral instruction, to produce significant improvements in behavior through skill acquisition and the reduction of problematic behavior.

Chemical restraint means a drug or medication used on a student to control violent behavior or restrict freedom of movement that is not:

- A. Prescribed by a licensed physician, or other qualified health professional acting under the scope of the professional's authority under state law, for the standard treatment of a student's medical or psychiatric condition; and
- B. Administered as prescribed by the licensed physician or other qualified health professional acting under the scope of the professional's authority under state law. (SB2594)

Continuous Monitoring means a staff member shall keep the student in full view at all times while the student remains in seclusion. School staff engaged in monitoring should be knowledgeable regarding: (a) restraint and seclusion procedures and effective alternatives; (b) emergency and crisis procedures; (c) strategies to guide and prompt staff members engaged in restraint or seclusion

procedures; and (d) procedures and processes for working as a team to implement, monitor, and debrief uses of restraint or seclusion. Trained school staff should also inspect and prepare the seclusion area before a child is placed in seclusion.

Dangerous behavior means behavior that presents an imminent danger of physical harm to self or others but does not include inappropriate behaviors such as disrespect, noncompliance, insubordination, or out of seat behaviors.

De-escalation means the use of behavior management techniques intended to:

- A. Mitigate and defuse dangerous behavior of a student; or
- B. Reduce the imminent danger of physical harm to self or others. .

De-escalation techniques – are strategically employed verbal or non-verbal interventions used to reduce the intensity of threatening behavior before a crisis situation occurs.

Emergency means a sudden, urgent occurrence, usually unexpected but sometimes anticipated, that requires immediate action

Emergency situation means spontaneous unpredictable events posing an imminent threat of serious bodily injury. (SB2594)

Functional Behavioral Assessment (FBA) is a school-based, collaborative process that includes the parent and, as appropriate, the child, to determine why a child engages in challenging behaviors and how the behavior relates to the child’s environment.

- A. The term includes direct assessments, indirect assessments and data analysis designed to assist the team to identify and define the problem behavior in concrete terms,
- B. Contextual factors (including affective and cognitive factors) are identified that contribute to the behavior, and a hypothesis is formulated regarding the general conditions under which a behavior usually occurs and the probable consequences that maintain the behavior.
- C. Formal documentation of the assessment by appropriately qualified individuals becomes part of the child’s educational record.

Mechanical restraint means the use of any device or equipment to restrict a student’s freedom of movement, but **does not include:**

- A. A device implemented by trained school personnel or utilized by a student that has been prescribed by an appropriate medical or related services professional that is used for the specific and approved purposes for which the device was designed;
- B. An adaptive device or mechanical support used to achieve proper body position, balance, or alignment to allow greater freedom of mobility than would be possible without the use of the device or mechanical support;
- C. A vehicle safety restraint if used as intended during the transport of a student in a moving vehicle;
- D. Restraint for medical immobilization; or
- E. An orthopedically prescribed device that permits a student to participate in activities without risk of harm.
- F. Seat belts in wheelchairs or on toilets.

Physical escort means the temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a student who is acting out (with minimal resistance) and able to

respond to such physical prompt, to move to a safe location. (SB2594) It includes assisting the student to the student’s feet in order to be escorted

Physical prompt is a teaching technique that involves physical contact with the student and that enables the student to learn or model the physical movement necessary for the development of the desired competency.

Physical restraint means a personal restriction that immobilizes or reduces the ability of an individual to move the individual's arms, legs, body or head freely. Such term does not include a physical escort. . (SB2594)

Physical restraint refers to direct physical contact from an adult that prevents or significantly restricts a student’s movement or prevents an imminent and substantial risk of bodily harm to the student or others. The term physical restraint **does not** include:

- A. Mechanical restraint or chemical restraint.
- B. Providing limited physical contact and/or redirection to promote student safety or prevent self-injurious behavior,
- C. Providing physical guidance or prompting when teaching a skill, redirecting attention,
- D. Providing guidance to a location, providing comfort, or providing limited physical contact as reasonably needed to prevent imminent destruction to school or another person’s property.
- E. Providing physical guidance or prompting when teaching a skill, redirecting attention for a brief period of physical contact necessary to break up a fight.
- F. Momentarily deflecting the movement of a student when the student’s movement would be destructive, harmful or dangerous to the student or to others; (Alabama, Georgia, Maine)

Physical restraint that restricts the flow of air to the student’s lungs refers to any method (facedown, face-up, or choke hold) of physical restraint in which physical pressure is applied to the student’s body that restricts the flow of air into the student’s lungs.

Prone restraint refers to a specific type of restraint in which a student is intentionally placed face down on the floor or another surface, and physical pressure is applied to the student’s body to keep the student in the prone position.

Prone Physical Restraint means holding a student face down on his or her stomach using physical force for the purpose of controlling the student’s movement. (Vermont)

Restraint is any method or device used to limit freedom of movement. (MDE TF)

- A. **Physical restraint** involves emergency physical contact that safely prevents or significantly restricts a student’s movement.
- B. **Mechanical restraint** is use of any device or material attached to or adjacent to a student’s body that restricts movement and which cannot be easily removed by a student. Mechanical restraint does not include assistive technology devices documented in a student's individualized education plan (IEP), Section 504 plan, behavior intervention plan (BIP), or as otherwise prescribed for the student by a medical or related service provide

Seclusion means involuntary placement of a student in a safe location (room, enclosure or space) from which the student is isolated from others and prevented from leaving, but remains under constant and direct adult visual observation. Seclusion is a safety intervention that provides an opportunity for the student to regain self-control. (MDE TF). Such term does not include time-out.

Seclusion refers to a procedure that isolates and confines the student in a separate, locked area until he or she is no longer an immediate danger to himself/herself or others. The seclusion occurs in a specifically constructed or designated room or space that is physically isolated from common areas and from which the student is physically prevented from leaving. Seclusion **does not include**

- A. Situations in which a staff member trained in the use of de-escalation techniques or restraint is physically present in the same unlocked room as the student,
- B. Time-out
- C. In-school suspension
- D. Detention, or
- E. A student-requested break in a different location in the room or in a separate room.

Serious bodily injury is any bodily injury that involves—

- A. A substantial risk of death;
- B. Extreme physical pain;
- C. Protracted and obvious disfigurement; or
- D. Protracted loss or impairment of the function of a bodily member, organ, or mental faculty.

Trained, certified and authorized personnel shall mean individuals that have successfully completed the requisite training as required by this policy.

- 1. Training shall include, but is not limited to:
 - a. a continuum of prevention techniques;
 - b. environmental management;
 - c. a continuum of de-escalation techniques;
 - d. nationally recognized physical management and restraint practices, including, but not limited to, techniques that allow restraint in an upright or sitting position and information about the dangers created by prone restraint;
 - e. methods to explain the use of restraint to the student who is to be restrained and to the individual's family;
 - f. appropriate documentation and notification procedures; and
 - g. Re-training all authorized personnel at least once, annually.

V. PROHIBITED ACTS

The HCSD shall ensure that any known or observable problematic mental or physical condition shall be seriously considered prior to the use of any and all forms of intervention, control, restraint, and seclusion with consideration to the possible response of the student due to their mental and physical condition, and the environment in which the incident or circumstance is taking place.

Therefore, the District shall, in cases where a student has a history of dangerous behavior or repeated use for which restraint or seclusion was considered or used, whether multiple uses within the same classroom, or multiple uses by the same individual, will trigger the school to review devise a plan for: (1) teaching and supporting more appropriate behavior; and (2) determining positive methods to prevent behavioral escalations that have previously resulted in the use of restraint or seclusion.⁸

⁸ <https://www2.ed.gov/policy/seclusion/restraints-and-seclusion-resources.pdf> (U.S. Department of Education—Restraint and Seclusion: Resource Department (p. 6), Id.

Trained personnel should develop this plan in concert with parents and relevant professionals by using practices such as functional behavioral assessments (FBAs) and behavioral intervention plans (BIPs).⁹

Be it known that the District does not condone, tolerate, or consent to, in any manner, method, or course of action, the subsequent abuses to students.

No student shall be subjected to:

- a. Any action or inaction that has the potential to cause any physical or mental duress or injury.
- b. Any unnecessary physical contact.
- c. Any unnecessary touching or physical contact or threat of same.
- d. Any retaliatory or punitive physical exercise beyond that which their fellow students are routinely engaged in during the scope of their physical education curriculum.
- e. Any encouragement, directly or circuitously, to harass, bully or intimidate another student at the direction of, or at the negligence of, school personnel, for recompense, gratuity, or unspecified favor, be it real or implied
- f. Any denial, refusal, or delayed schedule of routine and/or
- g. Any denial, refusal, delayed use of, or intimidation with the loss of prompt use of requested or required toilet facilities.
- h. The use of any chemical medication, or any substance not prescribed and supervised by a licensed medical professional
- i. The use of seclusion

The District prohibits the use of seclusion, as restraint and seclusion is violent, expensive, largely preventable and adverse events.¹⁰ Research demonstrates that the use of prevention and positive approaches are cost saving. There are significant dangers and risks to ALL involved in the use of seclusion. It poses an inherent risk to the physical safety and psychological health of everyone involved; it is never risk-free. In addition to producing anxiety, fear and a decreased ability to learn; death, trauma, and injuries can and have resulted from the use of these techniques. All children experience trauma from the use of restraint and seclusion; however, children with significant disabilities are at increased risk if they are not able to fully understand or communicate what happened, how they feel, or report injury or pain as a result of restraint or seclusion. They may acquire post-traumatic stress syndrome or exhibit new challenging or dangerous behaviors.¹¹

⁹ Id.

¹⁰ U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Jan Lebel (2011) *The business case for preventing and reducing restraint and seclusion use*. Washington, DC: Retrieved from <http://store.samhsa.gov/shin/content//SMA11-4632/SMA11-4632.pdf>

¹¹ There is a strong and non-controversial body of research outlining the dangers of restraint and seclusion and amply documenting their harmful effects. The concern about these techniques and the national call for prevention of the use of restraint and seclusion stand uncontested. Education and clinical professionals must use only interventions that are both evidence and values based. **Seclusion should never be used in a school setting**, only techniques shown to be effective in reducing and preventing restraint should be employed. [Preventing the Use of Restraint and Seclusion in Schools: Addressing a National Epidemic through the Keeping All Students Safe Act](#). This overview of initiatives and public policy concerns includes a history of legislative attempts to establish federal

Both students and staff have been injured in secluding and restraining students and, in some cases, students have died in seclusion rooms or during the process of being restrained. Therefore, as noted within this policy the use of seclusion is prohibited in all schools, activities and programs over which HCSD has authority.¹²

VI. LIMITATIONS ON THE USE OF RESTRAINT

A RESTRAINT AND SECLUSION POLICY FOR ALL STUDENTS significantly limits the use of restraint and seclusion in all public Mississippi schools and educational programs. Core to reducing the use of restraint and seclusion is through the consistent and continuous involvement of leadership toward organizational change.¹³

The use of **chemical restraints** is expressly prohibited in public Mississippi schools and educational programs. School or educational program staff cannot administer any medication that is used to control behavior or restrict the student's freedom of movement when it is not a prescribed treatment for the student's medical or psychiatric condition. In all instances, staff should provide medication exactly as prescribed including the appropriate dosage and with the same frequency as prescribed.

The use of **mechanical restraints** is expressly prohibited in public Mississippi schools and educational programs. Mechanical restraints include devices or materials attached to or adjacent to a student's body that is intended to restrict the normal freedom of movement and which cannot be easily removed by the student. Examples of mechanical restraints include:

- A. Straightjackets,
- B. Straps,
- C. Handcuffs except when used by law enforcement personnel.

The District authorizes trained personnel to physically restrain students in limited emergency crisis situations only. Only trained, certified, and authorized safety personnel may use mechanical restraints or handcuffs on students 13 years old and older for violent behavior or threat to cause adaptive or protective devices recommended by a physician or therapist are not considered to be mechanical restraints and are allowed when used as recommended by a physician or therapist to promote normative body positioning and physical functioning. For example, a prone stander or adaptive chair with an attached lap tray would not be a mechanical restraint if used to promote normative body functioning or physical functioning in a student with a physical disability if the equipment was recommended by a physician or therapist and used as prescribed. However, if the same equipment was used to restrict the student's movement for the purpose of controlling behavior, it would be considered mechanical restraint and would not be permitted in schools and educational programs.

restrictions on the use of restraint and seclusion in schools, and a statement of the need for legislative action. (3 pages) *Source: The Alliance to Prevent Restraint, Aversive Interventions and Seclusion*

¹² For more information, *see*, National Disability Rights Network, *School is Not Supposed to Hurt*, 7 (2009), <http://www.ndrn.org/sr/SR-Report.pdf>, Council of Parent Attorneys and Advocates, Inc., *Unsafe in the SchoolHouse: Abuse of Children with Disabilities*, 4 (2009), http://www.copaa.org/pdf/UnsafeCOPAAMay_27_2009.pdf, D.E. Miller., *The Management of Misbehavior by Seclusion*, 4(1) Residential Treatment for Children and Youth 63, 63-73 (1986).

¹³ Six Core Strategies for Reducing the Use of Seclusion and Restraint. These strategies were developed through extensive literature reviews (available upon request from joan.gillece@nasmhpd.org) and dialogues with experts who have successfully reduced the use of S/R in a variety of mental health settings for children and adults across the United States and internationally. *National Association of State Mental Health Program Directors 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314* ~ www.NASMHPD.org

In rare instances, it may be necessary to use adaptive or protective devices to prevent self-injurious behavior. The use of these devices must be recommended by a physician or therapist and used as described. They **shall not** be used to control behavior or limit movement except in those situations in which the student is demonstrating self-injurious behaviors. Students who experience these types of self-injurious behaviors should receive a functional behavior assessment, and a behavior intervention plan should be developed to address the behaviors.

Seatbelts and other safety equipment such as safety harnesses are not considered to be mechanical restraints and are permitted when used as recommended to secure students during transportation. If these types of protective devices are utilized, staff should receive training in the proper use of the equipment including rapid removal in an emergency situation.

Prone physical restraints are expressly prohibited in public Mississippi schools and educational programs. When a student is intentionally placed face down on the floor or another surface, and physical pressure is applied to the student's body to keep the student in the prone position, there is an increased risk of injury to the student. Pressure applied on the back and chest areas can result in the student experiencing respiratory distress. When the staff member applying the restraint is substantially larger than the student, the student may also experience broken bones or other physical injuries. Another danger associated with the use of prone restraints is the limited ability of the staff to monitor the student's physical status.

The use of **physical restraints** is prohibited except in those situations in which students are in imminent danger to themselves or others and when the student is not responsive to less intensive de-escalation techniques. Only physical restraints that are included in the school or educational program's adopted approach should be utilized. Staff must be trained in the use of the adopted restraint techniques and all instances of restraint should be monitored. Restraints should be immediately terminated when the student is no longer a danger to himself/herself or others or when the student is observed to exhibit signs of severe distress or injury, including but not limited to respiratory distress.

Physical restraints, as defined in this policy, do not include providing limited physical contact and/or redirection to promote student safety, providing physical guidance or prompting when teaching a skill, redirecting attention, providing guidance to a location, or providing comfort. For example, running after and holding a student who is about to run in front of an oncoming automobile is not in any way prohibited based on the adoption of the rule. Providing physical guidance (e.g. lightly holding a student at the elbow to guide him/her from one location to another) is also permitted.

Restraint should never be used:

- A. When the student is responsive to less intensive interventions and de-escalation techniques such as verbal commands and directives.
- B. As a form of discipline or punishment, as a means to obtain compliance, or as a replacement for less restrictive alternatives.
- C. When students cannot be safely restrained due to the size of the student or staff or for any other reason.
- D. When the use of the intervention would be contraindicated due to the student's psychiatric, medical, or physical conditions as described in the student's educational records.
- E. For the convenience of staff.
- F. As a substitute for an educational program.
- G. As a substitute for inadequate staffing or training.

All school personnel shall be trained annually to use an array of positive behavioral supports, methods and intervention knowledge and skills to increase appropriate student behaviors and decrease inappropriate or dangerous student behaviors. All school personnel should receive comprehensive training on school-wide programs of positive behavioral supports and other strategies, including de-escalation techniques, for preventing dangerous behavior that leads to the use of restraint or seclusion.

VII. INDIVIDUALIZED EDUCATION PLAN (IEP) BEHAVIORAL INTERVENTION PLAN (BIP)

The District, in keeping with the Individual with Disabilities Education Act requires public schools to develop an IEP for every student with a disability who is found to meet the federal and state requirements for special education. The IEP must be designed to provide the child with a free appropriate public education (FAPE). The IEP refers both to the educational program to be provided to a child with a disability and to the written document that describes that educational program.¹⁴ Since restraint and seclusion do not constitute a program, treatment, therapy, or services and may actually deny a student FAPE, restraint and seclusion cannot be included in an IEP. However, the IEP, as well as the BIP which is part of an IEP, should include positive behavioral supports and other services, supports and assistance to prevent restraint and seclusion and to provide a student with FAPE. In addition, the IEP should include a trauma-informed care plan, if appropriate, which describes what special needs a student may have because of prior trauma.¹⁵

The District, further, shall exclude restraint and seclusion as a planned intervention in the IEP, 504 Plan, or BIP. In almost all instances, the use of restraint and seclusion **would not** be documented in an IEP or BIP. These interventions are used in emergency situations in which the student is in eminent danger to himself or others, and it would not be possible to determine if restraint and seclusion would be required in such instances at the time the IEP or BIP were developed. Inclusion of the use of restraint and seclusion in a student's IEP or BIP implies that it is a planned intervention, and restraint and seclusion is an intervention which is used in an emergency situation, therefore, it cannot be anticipated.

IEPs and BIPs should include Peer-Reviewed Research and Evidence-Based Practices in the IEP, 504 Plan or BIP. The Individual with Disabilities Education Act (IDEA), guarantees that an appropriate special education program must be designed to provide the student with meaningful educational benefit and explicitly provide for the use of positive behavioral interventions to address specified student behavior.¹⁶ Learning environments mired in fear, abuse, emotional distress, anxiety and psychological trauma are not meaningful and do not promote positive environments designed to teach children appropriate and alternative ways to behave and communicate.

No Child Left Behind Act (NCLB), as enacted in 2001, requires educational programs and practices to be grounded in scientifically-based research. In fact, the 2005 reauthorization of IDEA requires that the IEP team's choice of special education, related and supplementary services, must be guided by peer-reviewed research.¹⁷ There is a lack of evidence that aversive techniques, restraint and

¹⁴ Individuals with Disabilities Educ. Improvement Act of 2004, 20 U.S.C. § 1400 et. seq.

¹⁵ See generally G.R. Hodas, *Responding to Childhood Trauma: The Promise and Practice of Trauma Informed*. (2006), http://www.nasmhpd.org/nasmhpd_collections/collection5/publications/ntac_pubs/Responding%20to%20Childhood%20Trauma%20-%20Hodas.pdf.

¹⁶ Individuals with Disabilities Education Act, § 614(d)(1)(A)(i)(IV), 20 U.S.C.A. § 1414(d)(1)(A)(i)(IV).

¹⁷ 34 C.F.R. § 300.320(a) (4) A statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program

seclusion offer a safe means of teaching desirable, self-directed behavior that a child can maintain over the long term. Conversely, the use of aversive techniques as therapeutic intervention is unethical, as they create unnecessary risks to everyone involved, violate basic rights, and contradict the belief among health professionals of having no therapeutic value. Additionally, the research also reflects that there is no therapeutic value to aversive practices and their use can actually increase problematic behavior, and decrease positive, pro-social behavior. However, safe, positive methods of changing and redirecting undesirable behavior are well documented and are successful regardless of a child’s diagnostic label, degree of disability, or severity of behaviors.

VIII. PREVENTION STRATEGIES-POSITIVE BEHAVIORAL INTERVENTION AND SUPPORTS (PBIS)

The District shall include peer-reviewed research and evidence-based practices in the IEP, 504 Plan, or BIP. No evidence-based research has demonstrated that restraints or seclusion are therapeutically effective. However, research has demonstrated that restraint and seclusion can be physically and psychologically harmful. Restraint and seclusion can escalate a student’s agitation and can cause students to act more aggressively, increasing the possibility for harm to themselves, teachers, and others. Struggles during physical restraint have led to injury and even death of students by asphyxia.¹⁸ Students secluded for disruptive behavior have also suffered emotional distress, and have inflicted harm on themselves while in seclusion, some cases leading to death. This can hardly be categorized as “safe.”¹⁹

1. Schools shall implement an evidence-based school wide system or framework of positive behavioral interventions and supports (PBIS). The system or framework must include a plan for addressing all critical elements of PBIS at each tier (primary/school-wide, secondary/classroom, and tertiary/individual) to ensure fidelity of implementation and success. The PBIS system or framework must also include proactive strategies for defining, teaching and supporting appropriate student behaviors to create positive school environments.

A. Every student deserves to be treated with dignity, be free from abuse, and treated as a unique individual with individual needs, strengths, and circumstances.

B. Education environments shall be structured to greatly reduce, and in most cases eliminate, the need to use restraint or seclusion. Positive Behavior Intervention and Supports (PBIS) create structure to the environment using a non-aversive effective behavioral system. It is a decision making framework that guides selection, integration, and implementation of evidence-based academic and behavioral practices for improving important academic and behavior outcomes for all students.

C. PBIS prevention-oriented framework or approach applies to all students, all staff, and all settings. Research supports the conclusion that PBIS, when integrated with effective

modifications or supports for school personnel that will be provided to enable the child—(i) To advance appropriately toward attaining the annual goals;

¹⁸ The Lethal Hazard of Prone Restraint: Positional Asphyxiation, prepared by Protection and Advocacy, Inc (CA P&A)(April 2002) <http://www.disabilityrightsca.org/pubs/701801.pdf>.

¹⁹ For more information, see, National Disability Rights Network, *School is Not Supposed to Hurt*, 7 (2009), <http://www.ndrn.org/sr/SR-Report.pdf>, Council of Parent Attorneys and Advocates, Inc., *Unsafe in the SchoolHouse: Abuse of Children with Disabilities*, 4 (2009), http://www.copaa.org/pdf/UnsafeCOPAAMay_27_2009.pdf, D.E. Miller., *The Management of Misbehavior by Seclusion*, 4(1) Residential Treatment for Children and Youth 63, 63-73 (1986).

academic instruction, provides the support students need to become actively engaged in their own learning and academic success.

D. Components of a system of Positive Behavior Intervention and Supports include:

1. Trained school staff to identify conditions such as:
 - a. Where, under what conditions, with whom and why specific inappropriate behavior may occur.
 - b. Preventative assessments should include:
 - i. A review of existing data,
 - ii. Interviews with parents, family members and students and
 - iii. Examination of previous and existing behavioral intervention plans.
 - c. With the analysis of these data schools shall develop and implement preventative behavioral interventions and teach appropriate behavior.
 - i. Modify the environmental factors that escalate the inappropriate behavior.
 - ii. Support the attainment of appropriate behavior.
 - iii. Use verbal de-escalation to defuse potentially violent dangerous behavior.
2. Schools must establish a system that will support students' efforts to manage their own behavior; implement instructing techniques in how to self-manage behavior, decrease the development of new problem behaviors; prevent worsening of existing problem behaviors; redesign learning/teaching environments to eliminate triggers and maintainers of problem behaviors. The system should include family involvement as an integral part of the system.

Behavioral Intervention and Strategies

Positive behavior strategies and supports focus on proactive ways of preventing violent and disruptive behaviors instead of reacting to a behavior after its occurrence. If positive behavior intervention, strategies are implemented properly, and timely, the use of reactive measures should be truly limited to unavoidable behavioral crisis situations. Positive behavior intervention strategies and supports are intended to increase the occurrence of behaviors that school personnel want to encourage and to decrease behaviors that school personnel want to lessen or eliminate.²⁰

1. Behavioral intervention must be consistent with the child's right to be treated as an individual. Schools should implement an evidence-based system of positive behavioral intervention and support. Elements of the system of support should include universal screening to identify potential students, teaching school-wide expected behaviors and social skills, and a system to monitor the effectiveness of the interventions and supports.
2. Behavioral strategies, in conjunction with the school-wide system of behavioral interventions should be used to help identify the causes of dangerous behavior and could reduce the need for restraint or seclusion. Information on a student through interviews, observation, and records help identify the causes of the dangerous behavior and should guide the development of a behavioral plan for the student. A complete plan should include:

²⁰ <https://www2.ed.gov/policy/seclusion/restraints-and-seclusion-resources.pdf> (U.S. Department of Education—Restraint and Seclusion: Resource Department (p. 3))

- a. Addressing the characteristics of the setting and the event;
- b. If possible, removing the antecedents that triggered the event;
- c. Adding antecedents that promote appropriate behavior;
- d. Teaching appropriate behaviors to replace the dangerous behaviors.

VIII. WRITTEN POLICIES AND PROCEDURES

The District shall require schools and educational programs that utilize physical restraint and seclusion as defined in this policy for ALL Students to develop written procedures that govern its use.

The following procedures must be reviewed with all school or program staff. Parents must be provided information regarding the school or program’s policies governing the use of physical restraint. This information must be provided to parents at the beginning of each school year or upon the student’s enrollment in school if the student enrolls after school has started.

The written policies and procedures below ensure the safety of all students, school personnel, and visitors and include the following provisions:

- A. Staff and faculty training on the use of physical restraint and seclusion and the school or programs policy and procedures,
- B. Written parental notification when physical restraint and seclusion is used to restrain or seclude their student within a reasonable time not to exceed one school day from the use of restraint,
- C. Documentation of the use of physical restraint by staff or faculty participating in or supervising the restraint for each student in each instance in which the student is restrained.
- D. Procedures for the periodic review of the use of restraint and the documentation as required in the rule.
- E. Procedures by which parents may submit a complaint regarding the physical restraint or seclusion of their child, which shall require the district and school to investigate the circumstances surrounding the physical restraint or seclusion, make written findings, and if appropriate, take corrective action.
- F. Procedures for reporting the use of restraint and the documentation described in this policy and any prohibited use of seclusion and chemical, mechanical, or physical restraint to the local board of education annually.
- G. Procedures requiring immediate notification to the Mississippi Department of Education and local law enforcement in the event of death, substantial risk of death, extreme physical pain, protracted and obvious disfigurement or protracted loss or impairment of the function of a bodily member, organ, or mental faculty resulting from the use of physical restraint or seclusion
- H. The documentation described in this policy and any prohibited use of seclusion and chemical, mechanical, or physical restraint is to be reported to the MDE Department of _____ annually.
- I. The written policies described in this policy are to be included in each local education agencies’ code of conduct and/or the student handbook.

School and program administrators must monitor the staff’s adherence to these procedures and must immediately address any situations in which the procedures are not being followed. Policies and procedures must be reviewed at least annually and changes should be made as needed.

X. ANNUAL NOTIFICATION

Annually, at or before the beginning of the academic year, the District requires each school or education program shall inform all school personnel, and parents of students enrolled in the school or program of the policies pertaining to the use of physical restraint and seclusion and the intent to emphasize the use of positive behavioral interventions and supports and its intention to avoid the use of physical restraint or seclusion to address targeted student behavior.

(Vermont)

XI. DOCUMENTATION OF THE USE OF RESTRAINT AND SECLUSION

The use of physical restraint and seclusion must be documented by staff or faculty participating in or supervising the restraint or seclusion for each student in each instance in which the student is restrained or secluded. This documentation will be provided using a report that is completed for each student in each instance in which the student is restrained or secluded. Schools and programs are encouraged to develop a standard incident report form. This report should include the following:

- A. The name, age, gender and grade of the student;
- B. The date, time, and duration of the restraint or seclusion;
- C. Any injuries, death or hospitalization to student or staff resulting from the use of restraint or seclusion;
- D. The precipitating event[s] leading up to the restraint or seclusion;
- E. A list of school personnel who participated in the application, monitoring and supervision of the student while restrained or secluded;
- F. The type of restraint or seclusion used;
- G. The reason for the restraint or seclusion;
- H. The location where the restraint or seclusion occurred;
- I. A description of techniques used in physically restraining or secluding the student and any other interactions between the student and school personnel during the use of physical restraint or seclusion;
- J. A description of the student's behavior during physical restraint or seclusion;
- K. A description as to how the student's behavior posed an imminent danger of physical harm to self or others;
- L. A description of all the interventions used prior to the application of the restraint or seclusion;
- M. A description of the effectiveness of physical restraint or seclusion in de-escalating the situation;
- N. Whether the student has a behavioral intervention plan;
- O. A description of the planned positive behavioral interventions which shall be used to reduce the future need for physical restraint or seclusion of the student; and
- P. The date notification was provided to the student's parents.
- Q. The name of school employee that the parent can contact

XII. DEBRIEFING SESSION

The District shall require schools hold a debriefing session after the imposition of physical restraint or seclusion upon a student.

The debriefing session shall occur as soon as practical, but not later than five (5) school days following the restraint or seclusion, unless delayed by written mutual agreement of the parent. **The** following persons shall participate in the debriefing session:

- A. The implementer of the physical restraint or seclusion;
- B. At least two (2) of any other school personnel who were in the proximity of the student immediately before or during the physical restraint or seclusion;
- C. The parent;
- D. The student, if the parent requests; and
- E. Appropriate supervisory and administrative school or program personnel.

The debriefing session shall include:

- A. Identification of the events leading up to the seclusion or physical restraint;
- B. Consideration of relevant information in the student’s records and information from teachers, parents, other school district professionals, and the student;
- C. Planning for the prevention and reduction of the need for seclusion or physical restraint, with consideration of recommended appropriate positive behavioral supports and interventions to assist school personnel.
- D. Consideration of whether positive behavioral supports and interventions were implemented with fidelity; and

All documentation utilized in the debriefing session shall become part of the student’s education record.

Completed reports should be reviewed by school or program administrators and other staff, as appropriate, on a weekly basis. Monthly summary reports should be maintained to document the use of physical restraint and seclusion. This monthly summary report should be signed by the school or program administrator and maintained on file in the school.

Information from the individual reports as well as the summary reports should be used to regularly assess the effectiveness of the use of physical restraint techniques and seclusion. When a student repeatedly must be restrained, secluded or when the amount of time spent being restrained or secluded exceeds the recommended times, the staff should determine if the interventions are effectively meeting the student’s needs.

There are several actions that the staff may undertake. They include:

- A. Conducting a Functional Behavioral Assessment and developing a Behavior Intervention Plan;
- B. Consulting with other professionals such as social workers, psychologists, or psychiatrists to examine other interventions that may be more suitable in meeting the student’s needs; and/or
- C. Considering other placement options which may be more effective in addressing the student’s needs.

XIII. REPORTING THE USE OF RESTRAINT AND SECLUSION

The District shall document and report every used of restraint and seclusion in accordance with the requirements set forth in this policy. “Each incident of the use of restraint and of the use of seclusion should be properly documented for the main purposes of preventing future need for the use of restraint or seclusion and creating a record for consideration when developing a plan to address the student’s needs and staff training needs.”²¹ There shall be mandatory reporting of all incidents

²¹ <https://www2.ed.gov/policy/seclusion/restraints-and-seclusion-resources.pdf>. *Id.*

by school districts in annual frequency reports. It is necessary to collect statewide data on restraint and seclusion from each school district to track trends, plan preventative measures and adjust policy at the state and local level.²² Additionally, these data are necessary towards informing decisions related to targeting training, technical assistance and in determining corrective action regarding the inappropriate use of seclusion and restraint. Therefore, SCCSC, as a district within the state education agency must collect and make public detailed data available on the emergency use of these interventions through a statewide mechanism.²³

School or Program Administrator Notification

Any person who imposes a restraint or seclusion shall report its use to the school or program administrator as soon as possible, but in no event later than the end of the school day of its use.

Parental Notification

The school administrator must

- A. Make a documented attempt to provide verbal or electronic notice of any incident of restraint or seclusion to the student’s parents as soon as practical but in no event later than the end of the school day of its use;
- B. Provide written notice to the parents within 24 hours of each use of restraint or seclusion that includes the requirements under the documentation and debriefing section of this policy;
- C. Shall provide the date and time when the debriefing session will occur and that the parents have the opportunity to participate in the debriefing; and
- D. Shall provide the name and telephone number of the contact person who can provide further information.

The school administrator must immediately notify parents when their child is injured or if death occurs in a restraint or in seclusion and/or is removed from the school setting by law enforcement or medical personnel.

¹⁷ <http://tash.org/advocacy-issues/coalitions-partnerships/aprais/>. Preventing the Use of Restraint and Seclusion in Schools: Addressing a National Epidemic through the Keeping All Students Safe Act. The Alliance to Prevent Restraint, Aversive Interventions, and Seclusion. APRAIS-TASH.

^{23 4} Data on the frequency of use of restraint and seclusion for all children should be periodically reviewed via mandatory frequency reports submitted to MDE. “Data to be reviewed at these meetings should include information, consistent with privacy laws, about the frequency and duration of restraint and seclusion incidents across individual children, groups of children (e.g., gender, race, national origin, disability status and type of disability, limited English proficiency, etc.), settings, individual staff, and programs, as well as the number and proportion of children who were restrained or placed in seclusion since the last meeting and for the year to date. Such reviews should be used to determine whether state, district, and school policies are being properly followed, whether procedures are being implemented as intended, and whether the school staff should receive additional training on the proper use of restraint and seclusion or PBIS.” *Id.*

Superintendent or Supervisor Notification

The school administrator must report the use of restraint or seclusion to the superintendent or Supervisor whenever:

- A. There is death, injury or hospitalization to staff or student as a result of a restraint or seclusion; or
- B. An individual employee or contracted service provider has engaged in the use of physical restraint or seclusion three (3) separate times on one (1) or more students; or
- C. Physical restraint has been used for more than fifteen (15) minutes; or
- D. Any student has been restrained or secluded three (3) or more times per school year; or
- E. A student has been restrained or secluded more than once in a school day; or
- F. A student is restrained or secluded who is not on a behavioral intervention plan; or
- G. Restraint or seclusion has been used in violation of these rules, including the use of any prohibited form of restraint.

Reports to the Superintendent shall be made within three school days of the incident that requires reporting and shall include all the information required of a written record of each use of restraint or seclusion.

Mississippi Department of Education Notification

The Superintendent of a school district or the Supervisor of a program must report the following information:

- A. There is death, injury requiring outside medical treatment or hospitalization to staff or student as a result of a restraint or seclusion;
- B. Physical restraint or seclusion has been used in violation of this policy, including the use of any prohibited restraint or seclusion and
- C. The report shall include all the information required of a written record of each use of restraint or seclusion.

The Superintendent of the School District or Supervisor of a Program must report the following data annually related to incidents of physical restraint and seclusion:

- A. Aggregate number of uses of physical restraint;
- B. Aggregate number of students placed in physical restraint;
- C. Aggregate number of uses of seclusion;
- D. Aggregate number of students placed in seclusion;
- E. Aggregate number of instances of substantial risk of death, extreme physical pain, protracted and obvious disfigurement or protracted loss or impairment of the function of a bodily member, organ, or mental faculty to students related to physical restraint and seclusion;
- F. Aggregate number of instances of substantial risk of death, extreme physical pain, protracted and obvious disfigurement or protracted loss or impairment of the function of a bodily member, organ, or mental faculty to school personnel related to physical restraint and seclusion; and
- G. Aggregate number of instances in which a school resource officer or other sworn law enforcement officer is involved in the physical restraint or seclusion of a student.

XIII. STAFF AND SAFETY AND TRAINING

When using physical restraint for students who are an imminent danger to themselves or others, school staff shall take precautions necessary to ensure the safety of the student and the staff engaged in restraining the student. Restraint should be implemented in a safe and humane manner without

any intent to harm or create undue discomfort for the student. Prone restraints are prohibited in all situations.

Ensuring safety requires that staff be trained in the use of restraint techniques and that the techniques are used in an appropriate manner. Training for staff and compliance with the adopted restraint technique training program is essential to promoting staff and student safety. Schools and programs must ensure that staff and faculty are trained in the use of physical restraint. This training shall be provided as a part of a program which addresses a full continuum of positive behavioral intervention strategies, crisis intervention, and de-escalation techniques.

When using physical restraint to protect students who are a danger to themselves or others, the following procedures are recommended:

- A. Less restrictive interventions should first be used to de-escalate the behavior and the student should only be restrained when these less intensive interventions prove unsuccessful.
- B. Restraints should be conducted by staff trained in the restraint procedures that have been adopted by the school or program. Staff should know and utilize the prescribed procedures for requesting assistance.
- C. Adults should carefully observe the student throughout the restraint to observe the student's physical status and to determine when the child is no longer a danger to himself/herself or others.
- D. Restraint shall be immediately terminated if the child is observed to be, appears to be, or claims to be in severe distress. The student's breathing should be carefully monitored, and the restraint shall be immediately terminated if the student is exhibiting any respiratory distress.
- E. When possible, all potentially dangerous materials such as pencils, pens, or other sharp objects should be removed to ensure the student's safety.
- F. The restraint should be removed as soon as the student is no longer a danger to himself/herself or others. Generally, students should be restrained for very short periods of time.
- G. As soon as appropriate after the restraint is removed, the staff shall discuss the incident leading up to the restraint with the student and discuss alternative behaviors that could have been utilized.
- H. When the student is no longer a danger to himself/herself or others, he/she should be returned to the instructional activity or to a less restrictive environment.

Staff should be trained in the physical restraint approach that is adopted or developed by the school district, school, and/or educational program. When adopting or developing training programs, school and program administrators should select programs that are founded on evidence-based techniques and strategies that focus on:

- A. Preventing the need for restraint;
- B. Keeping staff and students safe during required restraints;
- C. Identification of antecedent behaviors;
- D. Use of positive behavior supports, crisis prevention, de-escalation, and conflict management;
- E. Training in first aid;
- F. Training in cardio-pulmonary resuscitation (CPR) if staff are not readily available who are trained in CPR;
- G. Information regarding state regulations pertaining to the use of physical restraint; and

H. Certification for school personnel and re-certification as required by the training program.

Schools and programs must maintain written or electronic documentation on training provided and the list of participants in each training. Records of such training must be made available to MDE or any member of the public upon request.

Administrators should monitor the use of physical restraint to ensure fidelity of implementation. Coaching and follow-up training should be provided on an on-going basis and any situations in which the procedures are not being followed should be immediately addressed.

XV. MONITORING AND COMPLAINT PROCESSES

School District or Program Monitoring and Complaint Procedures

Each school in said district shall establish a monitoring procedure as part of their restraint and seclusion policy to ensure policy and practice are implemented as set forth in policy. As part of its district complaint procedures, every school district or program shall have policies and procedures that include:

1. A procedure for a parent to present written complaints to the Superintendent of the school district or Administrator of a program to initiate a complaint investigation by the school district or program regarding an incident of restraint or seclusion; and
2. A requirement that the district or program will respond to the parent's complaint in writing within thirty (30) days of the filing of a complaint regarding an incident of restraint or seclusion.

XVI. MONITORING AND CORRECTIVE ACTION

Periodic review of this policy shall be the responsibility of each school or program and shall make its records concerning restraint and seclusion available to staff from the Mississippi Department of Education upon request.

The State Superintendent of the Department of Education shall review reports and identify those schools in need of additional training and, when those reports reflect an over-use of these interventions, shall direct the school to work with the department to develop a corrective action plan.

If a school fails to comply with provisions of this policy regarding restraint for ALL Students, the state board may at its discretion withhold all or part of the state-contributed funds allotted to school district or program.

XVII. ROLE OF LAW ENFORCEMENT AND EMERGENCY MEDICAL PERSONNEL

In situations in which the student is a danger to himself or others, it may become necessary to seek assistance from law enforcement and/or emergency medical personnel. Nothing in the Restraint Policy for ALL Students, HCSD, should be construed to interfere with the duties of law enforcement or emergency medical personnel.

Parents must be informed as soon as possible when students are removed from the school or program setting by emergency medical or law enforcement personnel.

Resources:

MDE Task Force Recommendations

MDE's draft policies

<http://www.mde.k12.ms.us/docs/2015-board-agenda/tab-03-sbp-4013.pdf?sfvrsn=2>

2014 legislation introduced by Senator Grey Tollison

<http://billstatus.ls.state.ms.us/documents/2014/html/SB/2500-2599/SB2594PS.htm>

U.S. Department of Education Restraint and Seclusion: Resource Document

<https://www2.ed.gov/policy/seclusion/restraints-and-seclusion-resources.pdf>

How Safe Is The Schoolhouse?

An Analysis of State Seclusion and Restraint Laws and Policies

March 22, 2015

<http://www.autcom.org/pdf/HowSafeSchoolhouse.pdf>

States we may want to use information from:

Delaware

<http://www.doe.k12.de.us/cms/lib09/DE01922744/Centricity/Domain/78/14DEAdminCode610.pdf>

Georgia (Alabama copied GA)

<http://www.gadoe.org/External-Affairs-and-Policy/Policy/Documents/Guidance%20Seclusion%20and%20Restraint.pdf>

Kentucky

<http://www.lrc.ky.gov/kar/704/007/160.htm>

Maine

<http://www.maine.gov/doe/school-safety/restraints/index.html>

Ohio

<http://education.ohio.gov/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/Policy-Positive-Behavior-Interventions-and-Support>

Vermont

<http://education.vermont.gov/documents/4500.pdf>