



Special Education Services

SUPPORTING STUDENT ACHIEVEMENT

February

2012

Each Student is unique....all students can achieve.

Our commitment is to every student.

Success for Each Student

Elementary Student Engagement Rooms

This year, eleven schools are operating a Student Engagement Room with the support of an educational assistant to assist students in the completion of their work, to learn to regain self-control and the necessary strategies to return successfully to the classroom. As well, the room is used as a preventative and positive place for students to engage in their learning activity before behaviours can escalate.

These rooms serve students in kindergarten through to grade eight. Typically the support for primary grades is a pro-active and preventative approach in that students will come to the room for individual work time with the educational assistant during times of the day when being in their regular classroom presents difficulties for them. They have one-to-one work time with the educational assistant. Once work is completed, body breaks are encouraged, cooperative games may be played with other students and/or the educational assistant and then the students will return to their regular classroom.



Pictured above are Chad Harvey, Principal, and Heather Giffen, Educational Assistant, at Queen Victoria PS with their gruvy boards and helping hands.

In junior/intermediate grades, students are typically referred to the student engagement room as an alternative to suspension or as part of the progressive discipline process due to unacceptable behaviours. A problem-solving/ restorative practices approach is provided, allowing the student to address areas of concern, make amends, find acceptable solutions for all involved, and re-engage in their learning with the support of a caring adult. As well, body breaks are incorporated to allow students needing breaks from the regular classroom during the day to have the space to decompress in a quiet and supportive place. Many times the students will engage in service-to-school initiatives such as baking muffins or bread for the breakfast club, or assisting with the recycling program at the school.

Dates to Note:

<u>Teamwork by Design</u>	March 21 & 22, 2012
Professional Learning Leadership Sessions	9:00am - 3:00pm
Working Together with Passion and Purpose	March 21, 2012
Professional Learning Leadership Session	4:30pm-6:30pm
Special Education Advisory Committee (SEAC) meeting	March 22, 2012
Parent Involvement Committee (PIC) meeting	5:00pm
	March 28, 2012
	5:30pm

Success for Each Student

Student Engagement rooms (continued)

Resources that may be used in Student Engagement rooms include:

- Therapy putty
- Clips and magnets for patterning
- Chirp and Chickadee magazines
- Gruvy Board for body breaks
- Literacy materials
- Speech/language activities
- Social Behaviour Mapping (book/DVD available from the Resource Centre)
- Helping hands for bulletin board. Student traces hand then cuts it out. He/she writes issue/problem in the centre and “what I can do to improve” on each finger tip.
- Restorative Practices posters and questions
- Tickets: invite a buddy to gym at recess

Respect and other character trait resources – posters, books, etc..

The eleven schools which currently have Student Engagement Rooms are: Prince of Wales, Queen Elizabeth (Belleville), Earl Prentice, Queen Elizabeth (Trenton), Prince Charles (Belleville), Stirling Senior, Queen Elizabeth (Picton), Harry J Clarke, College St, Queen Victoria, Pinecrest. Some schools have specific names for their student engagement room such as Foundations and the Big Idea Room.

Comments:

“It’s a flexible model of support that floats between classrooms and the student engagement room based on student needs.”

“There are three recommended components to the student engagement room: work, restoration and service to school.”

“Students are given the opportunity to work on the skills they need to get back to the classroom.”

“It’s making a difference for our students who are struggling in the regular classroom.”



Pictured above are students from Queen Victoria engaged in a cooperative game during a nutritional break

School Age Hearing Assessment Update

The Lions Club has been conducting a hearing screening (and vision screening) of many of the SK and Grade 1 students in our board. If a student does not pass the hearing screening they are recommended to have a full audiological examination completed. Parents/Guardians were informed of the following message:

If you want OHIP to cover the cost of the audiological examination you need a referral from your family doctor. The referral had to be made to an audiologist who is situated within a medical setting, such as a hospital. If you wish to pay for the audiological assessment yourself, (approx. \$50) you can set up an appointment with any hearing clinic or audiologist in the area.

We recently became aware that Helix Hearing Care Centre in Belleville, will test school age children free of charge.

Success for Each Student

ISRT/ISEH Learning Session, January 13, 2012

Working Together for Kids' Mental Health Screening Tools Training

On January 13, 2012, ISRTs and ISEHs had the opportunity to learn about the *Working Together for Kids' Mental Health Demonstration Project* and received training on four mental health screening tools that were selected for educators to use with children and youth.

In 2010-2011, Hastings and Prince Edward District School Board was selected by the Ministry of Children and Youth Services (MCYS), Education (EDU), and Health and Long-Term Care (MOHLTC) as one of four sites to participate in the *Working Together for Kids' Mental Health Demonstration Project*. Moira School Group along with our Section 23 classes (Park Dale junior class and SJAM/PCYC primary class), were chosen as the lead community and classes within our board for this initiative last year.

One of the priorities of the program was to look at ways to improve the capacity of educators to identify and respond early to indicators of mental health needs in children and youth and provide professionals with the tools, knowledge and supports they need to identify warning signs and take appropriate action to direct children and youth to the right services.

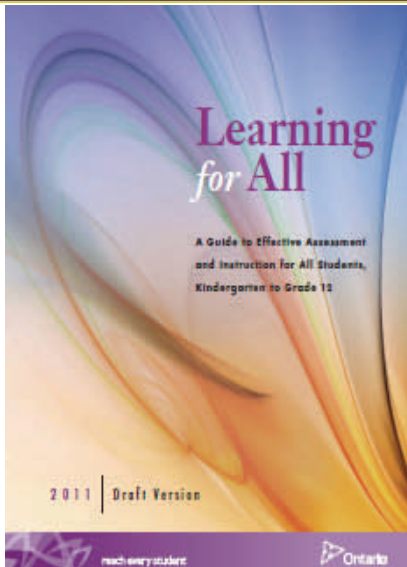
Resource teachers learned about selecting the appropriate identification tool depending on the type of mental health concern and how to administer, score, and develop next steps. These brief questionnaires help the in school team to organize some of their observations at school and communicate those observations with the parents. These tools do not diagnose a child or necessarily indicate that there is something wrong. They are just a tool to assist with identifying a possible concern. If a student is experiencing a mental health problem and may be in need of further assessment or treatment, referrals can be sent to Children's Mental Health Services. If schools have completed a screening tool and have obtained parental consent to share with CMHS, referrals will bypass their usual intake process. This allows for a faster and more user friendly service.

The 4 identification tools are the:

<p><u>Strengths and Difficulties Questionnaire (SDQ)</u></p> <ul style="list-style-type: none"> •Brief behavioural screen (5 minutes to complete) •Appropriate for ages 3 to 16 years •Ratings indicate if behaviours are 'not', 'somewhat' or 'certainly' true of the individual based on observations •25 items include emotional symptoms (5), conduct problems (5), hyperactivity/inattention (5), peer problems (5) and positive prosocial behaviours (5 items) •Items are scored and compared to norms •Versions for parent and teacher (3-4 and 4-16 years) and youth self-report (11-16 years) •Available in wide range of languages; some include impact and follow-up questions •Available in public domain (via internet) free of charge 	<p><u>Global Appraisal of Individual Needs–Short Screen (GAIN-SS)</u></p> <ul style="list-style-type: none"> •Brief behavioural screen (5 minutes to complete) •Appropriate for ages 12 to 18 years •Respondents indicate if behaviours observed 'never', '1+ years ago', '2-12 months ago' or within 'past month' •20 items include internalizing/emotional symptoms (5), externalizing/behavioural (5), substance use (5), and crime/violence (5) (includes self-harm/suicide) •Items rated as occurring within past year are counted to determine risk for disorder •Completed by or with youth (self-report) •Available in English and French •Nominal license fee (\$100 over 5 years)
<p><u>Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA)</u></p> <ul style="list-style-type: none"> •Clinical rating scale (20 minutes to complete) •Appropriate for children and youth (no ages specified) •Ratings indicate 'severity' of problems over previous two week period (using glossary) •13 + 2 items include emotional, behavioural, overactivity/inattention, substance use, self-harm, self-care, disabilities, family life, school attendance •Versions for clinical team and parent •Available in English and French •Available free of charge with permission of University of Liverpool 	<p><u>Child and Adolescent Needs and Strengths – Education version (CANS-EI)</u></p> <ul style="list-style-type: none"> •Clinical rating scale (30 minutes to complete) •Appropriate for children and youth (no ages specified) •48 items include educational (8), Student (22), life domain Needs (10) and student strengths (8) •Designed to develop shared view of needs and strengths to facilitate communication and service planning •Items rated on degree of problem (or strength) on 4 point scale (using glossary) •Available in English and French •Available free of charge with permission of author

Employee Excellence

Learning for All: A Guide to Effective Assessment and Instruction for All Students, K to Grade 12



In January 2012, the Ministry of Education announced the electronic release of a revised *Learning for All, K – 12 (Draft)*. This resource document is available at:

<http://www.edu.gov.on.ca/eng/general/elemsec/speced/learning.html>

Of particular interest is the information contained in Chapter Three and Four as the suggested strategies reflect those promoted in the HPEDSB Continuous Assessment as an Intervention Model.



Developing **class profiles** and **student profiles** can help teachers plan daily assessment and instruction that enables every student to learn and achieve success. The resulting strategies and approaches are, according to principles of UDL, “**necessary for some, and good for all**”.

Always Start with the Student

When we believe that it is our students who are the starting point for our unit and lesson planning, not the course content or textbook, we try to live that belief by getting to know our students' learning needs and preferences and then responding to that knowledge through the opportunities we provide in our classrooms.

Ontario Ministry of Education, 2009



Student Engagement Support Meeting



On January 24, 2012 the Student Engagement Support Meeting was held. Administrators, teachers, and educational assistants shared resources, strategies, and best practices from the Student Engagement Rooms in their schools .

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Continuous Assessment as an Intervention Model

Continuous Assessment as an Intervention Model—Flow Chart

PHASE A

Classroom Assessment and Interventions

- Gathering information e.g. classroom observations, curriculum-based assessments, previous teachers, parent contacts, student profiles, OSR - Speech & Language Reports, hearing/vision reports, other professional assessments, etc.
- Monitoring student success
- Implementing interventions, differentiated instructional strategies and accommodations as needed to promote learning
- Class teacher to seek assistance from the In-School Support Team if the concern continues

PHASE B

In-school Support Team Assessment and Interventions

- In-school Support Team assistance may include focused observations, individualized assessments, design and implementation of intervention suggestions, including behavior management techniques, coordination of services offered through community partners, etc.
- ISRT/ISEH maintains meeting minutes for In-school Team Meetings/Case Conferences and updates the Intervention Plans regularly
- Consultation with SES Coordinator if the concern continues

PHASE C

Special Education Services Team Assessment and Interventions

- If the student is challenged to make improvements despite implementation of various recommended highly specific interventions and/or instructional strategies the SES Team will review the documented In-school Support Team evidence
- Documented evidence will be brought to the SES Team meeting and reviewed in consultation with Psycho-educational Services to determine if further recommendations for highly specific interventions and/or instructional strategies are needed or if a Psycho-educational Assessment is recommended
- Upon receiving approval for a Psycho-educational Assessment, the In-school Support Team will be asked to obtain parent consent and complete a Psycho-educational Referral package within two weeks and submitted to SES

System Memo #76, released January 27, 2012 described enhancements made to the *Continuous Assessment as an Intervention Model – Referrals for Psycho-educational Assessments process*.

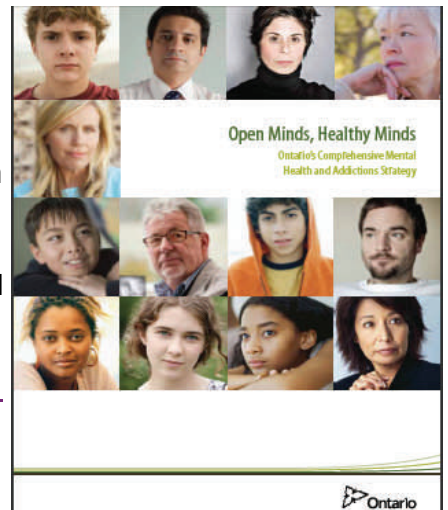
Consultations with school and system personnel at the elementary and secondary level were conducted to determine recommendations which would lead to deeper implementation of the *Continuous Assessment as an Intervention Model*. A special thanks to Karen Dinsmore, Diane Carson, Kim Mahoney, Terri Cook, Special Education Services Coordinators, and the Special Education Services Psycho-educational Team for their valuable input and suggestions for improving the *Continuous Assessment as an Intervention Model* process to promote student learning.

Community Connections

Welcome Donalda Simmons - New HPEDSB Mental Health Leader!

All District School Boards face challenges in addressing student mental health needs as it has been found that up to 20 per cent or more of children and youth experience mental health problems at any given time. Educators have indicated the need for additional strategies and supports focused on addressing the mental health and addiction needs of students in order to maximize student achievement and well-being.

In November, 2011 the Ministry of Education released details related to initiatives to support students and District School Boards that will be phased in over the next three years as part of Ontario's plan to improve services and supports for children and youth with mental health and addictions needs. These initiatives are in support of the recently released [Open Minds, Healthy Minds - Ontario's Comprehensive Mental Health and Addictions Strategy](#).



Beginning in 2012, resources to support professional learning opportunities focused on capacity building in mental health and addictions will be made available to all district school boards to build on the effective work currently being done to support students with mental health and addiction issues.

In the first year, fifteen District School Boards will also be funded to hire Mental Health Leaders. Working alongside system leaders, these individuals will provide leadership and coordination within the board and community in the area of school mental health, with particular focus on (1) the development / refinement, and implementation of the board mental health strategy and (2) the delivery of educator mental health literacy resources amongst school staff.



We are very excited to announce that Donalda Simmons, M.S.W. has been hired for this position in HPEDSB. Donalda has a masters degree in social work and has been working with children, youth and families in Hastings and Prince Edward County for over 30 years. She brings extensive clinical experience combined with program and community development expertise. Her facilitation skills have been instrumental in fostering community connections and the development of interagency community protocols. She looks forward to assisting us to create the conditions for promoting positive mental health and well-being and for supporting students who struggle with mental health and addictions problems. The first phase of her work will focus on awareness of what we are currently doing to support our students and how this intersects with our community partners. As well, a strategy for the delivery of mental health literacy training amongst school staff will be developed and implemented. Don't be surprised to see her visiting your school or observing at a committee meeting as she is keen to get to know our school communities. Please contact Donald at 613-966-1170 ext 2121 if you have any questions about the HPEDSB Mental Health Leader.

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Community Connections

Bringing Mental Health to School (part 1)

Mental Health is a Continuum:

We all struggle with Mental Health at some point in our life; we all have stresses. It is our ability to cope, using our strengths, our resiliency and our attachments, that help us to maintain our mental health. When mental health is stressed, then feelings, thoughts and behaviours can spill over, leading to mental health problems such as burnout, compassion fatigue, anxiety or panic attacks. When a thought, feeling or behavior interferes with someone's ability to function, that person now has a mental health problem. If left untreated, this can lead to a diagnosable mental illness or disorder.

Mental Illness can be categorized as a problem with thought, mood or behaviour. Acute stresses, especially when combined with other factors, can trigger symptoms or an acute episode. Internalizing behaviours include such things as cutting, endorsing suicide or substance abuse. Examples of externalizing behaviours include aggression or fighting. A psychosis occurs when someone loses some touch with reality, and if stressed enough, we all have that potential.

Children and youth do not exist in isolation. Individual, family and environmental factors play a role in determining a person's susceptibility or pre-disposition to mental illness and many in our community are at risk. We can identify those with low resilience who are already further along the continuum and who may already be experiencing mental health problems.

Those who:

- are easily discouraged and have few or no connections / supports
- struggle with relationships and friendships
- feel they don't belong
- can't find their own strengths or abilities
- see themselves as worthless

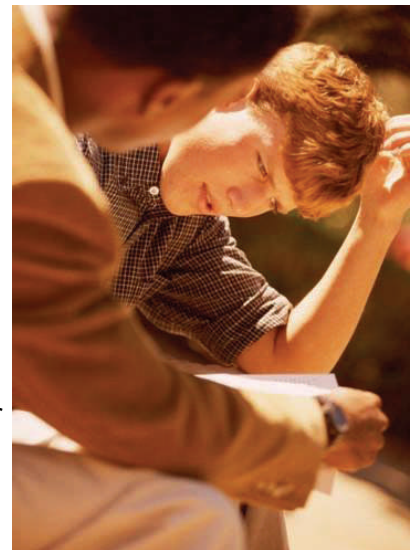
These are all sign of risk or low resilience. When any of these signs or symptoms present themselves and are interfering with a child's ability to cope or function on a day to day basis, that child needs help.

Protective Factors Build Resilience:

Anything that prevents or reduces vulnerability for the development of a disorder is a protective factor. These include strong social supports, healthy coping strategies in response to stress and at least one healthy, caring adult in a child's life. One healthy adult can build resilience in our children and youth and can make connections and strengthen attachments.

One healthy adult can:

- help children find and connect with those activities that interest them
- support children and their families through various initiatives
- use a restorative approach to build relationships and foster a sense of community.



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Community Connections

Working Together with Passion and Purpose

Famous novelist Frederick Buechner states that "Purpose is the place where your deep gladness meets the world's needs." Working together this way requires focus, clarity and spirit. What do these three qualities or characteristics look like? Guest speaker Charmaine Hammond aims to provide participants with strategies for working together in meaningful ways. At this presentation you will learn:

- 3 essentials to working together on purpose,
- How to get clear on our purpose and,
- Building purpose and passion into our work together.



Bounce Forward...

with Charmaine Hammond

Building resilient and inspired teams!

Grow. Build. Change. Connect

Date: WEDNESDAY, MARCH 21, 2012

Time: 4:30 to 6:30 p.m

Location: Hastings and Prince Edward District School Board

*Charmaine is also an award winning and bestselling author of **On Toby's Terms** (Bettie Youngs Books, Sept. 2010), **Toby The Pet Therapy Dog – and his hospital friends** (Bettie Youngs Books, Aug. 2011), and **Bounce Forward** (Hammond International Publishing, April 2011), and has been published in **Chicken Soup for the Soul- What I learned from the dog** (Sept. 2009). She is also co-authoring a new book **GPS Your Best Life**. Her book **On Toby's Terms** is currently in development to become a major motion picture! She has been featured on CBC, CTV, Global TV, 820 CHAM, Alberta Prime Time News, many major newspapers, and in various magazines. For additional information about Charmaine Hammond visit:*

<http://www.hammondgroup.biz/>

Register online using the following link: <https://sw eb.hpedsb.on.ca:8005/registration/index.cfm?event=352>

Communities and Schools Together (CAST)

On April 17, 2012 York River Public School, will host a free evening presentation by Jennifer Kolari from 6:30pm - 8:00pm.

[Jennifer Kolari](#), has a Masters of Social Work, Registered Social Worker, is a therapist who has been helping children, teens and families get connected for 20 years.

Jennifer spent several years counseling children, teens and parents for the Toronto District School Board and serving as a field supervisor for the University of Toronto faculty of Social Work. Before that she was a family therapist at Integra, a children's mental health centre in Toronto. She has several presentations that she delivers. The one we have requested will be applicable to agencies, teachers and parents and is the basis of her book Connected Parenting.

A \$10.00 gas card will be offered for those travelling.

Sagonaska Provincial Demonstration School Workshop

Sagonaska Provincial Demonstration School will be offering a workshop at 350 Dundas Street West, Belleville:

Language Instruction Strategies

April 18, 2012 10:00am—3:00 pm

Learn strategies for teaching reading to students with LD

Cost \$30.00