Section D: Resource Program
Resource Room

The resource room is a specialized classroom designed for struggling students with unique needs and challenges, such as cognitive disabilities, learning disabilities, behavioural problems, and academic delays in various subjects. They are provided with intensive direct, specialized instruction and academic remediation and assistance with their subject areas and related assignments individually or in small groups.

Resource rooms are classrooms where instruction and assistance is provided to students identified with challenges. Appropriate program development, delivery and monitoring are conducted by a combination of special education teacher, resource teacher and paraprofessionals. These classrooms are equipped with appropriate resources, materials, and the specialized equipment required. The number of students served in a resource room at a certain time varies and may consist of one or more students per instructor.

The students identified with disabilities are eligible to receive extra support from AANDC’s High Cost Special Education Program. This support can include special instruction provided in an individualized or group setting for a portion of the day in the resource room and further support in the inclusive environment of the individual’s assigned classroom. Individual needs are supported in resource rooms and regular inclusive classroom with modifications, accommodations, and or/adaptations as outlined by the student’s Individual Education Plan (IEP).

There are several operational models that resource rooms can follow. The majority of resource rooms operate in what is referred to as a “pull-out” model or “pull-out” programs where the student leaves the regular classroom to receive specialized services from resource, speech, occupational/physical therapist, counsellor and other supportive personnel. The resource room plan consists of regular inclusive classroom placement that includes resource room pull-out, and resource teacher remediation services appears to be the most frequently used format of special education models. Within this plan, the student is enrolled in the inclusive classroom setting but receives supplemental or remedial instruction in a resource room. The resource teacher provides support to the student on a temporary basis while using assessment techniques and planning effective instructional strategies to be carried out in the regular classroom. The resource room teacher provides the time, materials, and specific training required for an effective approach to reach students with special needs.

But there are resource rooms that follow the inclusion model where remedial and special educational supports are provided the entire school day in the student’s classroom environment. In this model, all the special educational personnel, programs and services occur in the student’s assigned classroom without any type of pull-out. Many resource rooms choose to create their own type of service delivery model based on elements from
both the pull-out and inclusive models to best accommodate the needs of the students, school and community.

Regardless of the resource room model being implemented in the school, there are protocols and procedures that the resource teacher must be respect and adhere to in order for privacy and confidentiality for the referred students and their parents. The remainder of this section will outline and explain those procedures and protocols.

**Overview of Consultative-Collaborative Service Delivery Model**

**The Consultative-Collaborative Model**

The Consultative-Collaborative model (CC model) is a framework for special service delivery to students. The CC model recognizes the most enabling environment is generally the regular classroom. When educators have exhausted all possibilities for success in the regular classroom, then the student is placed in an alternative environment. The child retains his/her enrolment in the classroom while his/her appropriate programming remains the responsibility of the regular classroom teacher, regardless of where the child is temporarily placed.

A collaborative model of service delivery involves working jointly with team members, including the parents/guardians. This model includes the transference of knowledge across discipline boundaries in order to facilitate the provision of consistent programming for individual students.

In this approach, students may receive combined direct and consultative services. These services may include:

- Discipline-specific evaluation
- Collaborative goal and program development
- Implementation of programming in a variety of settings
- Professional development and training of the other members of the child’s team

**Consultation** involves discussion and sharing of ideas and materials regarding the student and/or the class.

**Collaboration** involves the resource teacher teaming with other professionals, particularly the classroom teacher and/or teaching assistants to assist with meeting the needs of students in a variety of ways. This may include team teaching, small group and/or individual instruction.

**Direct Service** involves individual and group assessments, individual and group modifications/enrichment programs and English as an Additional Language.
The Consultative-Collaborative model involves seven levels of special education service delivery.

**Classroom Teacher**

The first level refers to the unassisted efforts of the classroom teacher. The consultative-collaborative approach is consistent with the view that teachers are professionals who wish to retain responsibility for resolving teacher-learning problems in their classrooms (Bravi, 1984). Teachers are viewed as continually evolving toward greater professionalism and broader abilities to work with all students.
Parents / Guardians

The second level of service delivery refers to the family support which the classroom can call upon when concerned with an individual student’s learning problems. This support may include insights into the individual student’s medical history, likes and dislikes, etc. This support can come from parents, guardians, grandparents, aunts, uncles, and other extended family members.

Teacher Team

The third level of service delivery refers to a team of teachers. The teacher team is the second level of assistance available to the classroom teacher and is made up of close colleagues who have particular curricular or technological expertise. As well, curriculum specialists such as MFNERC In-School Program specialists may support the teacher at this time.

Resource Teacher

The resource teacher is at the fourth level of service delivery in the consultative-collaborative model. The school-based resource teacher is an in-house special educator who provides and channels support services to the classroom teacher.

In-School Support Services Team

The fifth level of support services is supplied by an in-house team of staff. Team personnel may include the special education coordinator, Elders, principal, vice-principal, school counsellor, resource teacher(s), classroom teachers and paraeducators /EA/TA. Teams may be generated on a case by case basis. They are created only when necessary and usually only include as many members as are needed to solve a given problem. In some schools, a permanent team exists to coordinate all support services in the school and to help access extra school services for a small number of students. School-based support services usually include a resource program and may also include programs such as counselling, peer tutoring, and behaviour interventions.

Manitoba First Nations Education Resource Centre Special Education

The next level of support is provided on a regional basis under the coordination of the special education coordinator at MFNERC. The support services team consists of special education specialists, clinicians, and community wellness specialist who can provide either direct service or indirect support.
External Support Services

The final kind of support refers to services that are available to students, but are not part of the regular education system. These include a wide range of advocacy and treatment organizations that interact with schooling in the lives of children and their families (e.g., Child and Family Services, and so forth).

The Consultative-Collaborative Process

There are five phases for delivering services to teachers and students:

Phase 1: Assistance Request

A. Informal Request
   1. An informal discussion initiated by either the classroom teacher or resource teacher takes place.
   2. Classroom teacher tries suggestions which arise from the discussion.

B. Formal Request
   1. The classroom teacher submits a written assistance request form. Student work samples may be provided for the resource teacher at this time.
      The parent in consultation with classroom teacher or principal may submit a request for assistance.
   2. A conference between resource teacher and classroom teacher is held to clarify student and teacher needs. One individual will take responsibility for contacting the parents.
   3. Dates are set for the resource teacher to observe the student in relevant settings.

Phase 2: Assessment

A. Sources of Assessment Data: Data may be collected from a combination of the following sources:

   Work Samples: Samples of daily work may include: writing folders, tests, assignments, computation or word problems, etc.

   Student Observation: Resource teacher may observe and record behaviour patterns as it relates to the student’s interaction with peers, educators, learning materials, and learning situation (e.g., groups, pairs or independent assignment or unassigned time).
Environmental Assessment Data: Could include the student’s interaction with her/his physical environment (e.g., seating arrangement, mobility, light, and so forth).

Curriculum-Based Assessment Data: Quality and quantity of student work compared to curricular outcomes.

Informal Assessment Data: Informal reading samples, running records, miscue analysis, reading inventories, subject area checklists, interest surveys, task analysis, learning logs, and so forth.

Formal Assessment Data: Criterion reference tests. (Brigance, Key Math, Peabody Picture Vocabulary, PIAT, Provincial Assessments, Woodcock Johnson Psycho-educational Battery, and so forth.)

Interview with Student: To obtain information about students’ attitudes toward school, subject areas, their concept of themselves as a student as well as interest areas.

Student Records: Cumulative records, resource files, and teacher files.

Data from Other Sources: Parents and where appropriate curriculum specialists, speech/language clinicians, school psychologist, student services team, public health, and outside agencies.

Diagnostic Teaching: Teachers have an opportunity to adapt or modify several aspects of instruction, to study the impact of such adaptations or modifications on pupil performance, ability, and achievement.

B. Assessment Conference

At this point, it may be appropriate to meet with the classroom teacher and parent to share assessment results before a program is developed.

Phase 3: Program Development

1. The resource teacher and where appropriate other support personnel meet with the classroom teacher to develop an intervention program which identifies strengths and weaknesses, provides goals, outcomes, strategies, materials, and criteria for evaluation and to assign personnel. The program may be written as a short-term intervention, a resource program, an Individual Accommodation Plan (IAP) or an IEP.

2. Establish a timeline for program implementation and re-evaluation.

Phase 4: Program Implementation

1. Teacher implements program with support.
2. Continuous evaluation of program and student performance is to be documented to provide for ongoing revisions of strategies, materials, etc. to meet student-specific outcomes.

**Phase 5: Program Evaluation**

1. The case is closed when goals and outcomes have been achieved. Case closure is determined by team members involved in the case.
2. Referral to other services may occur.
3. Program participants are informed of results.

Sample Timeline for:

**Operational Phases and Decision Making in the Consultative-Collaborative Model of Special Education Service Delivery**

<table>
<thead>
<tr>
<th>Phase/Duration</th>
<th>Resource Teacher Activities</th>
<th>Consultation &amp; Collaboration with Classroom Teacher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance Request</td>
<td>• Review assistance request form</td>
<td>• Clarify roles</td>
</tr>
<tr>
<td>(1–5 days)</td>
<td>• Review student file</td>
<td>• Specify reasons for assistance request</td>
</tr>
<tr>
<td></td>
<td>• Review grade level curriculum</td>
<td>• Explore possible behavioural and instructional objectives</td>
</tr>
<tr>
<td></td>
<td>• Contact significant people (parents, previous teachers, specialists, etc.)</td>
<td>• Schedule in-class observation</td>
</tr>
<tr>
<td></td>
<td>• Schedule assistance request conference with teacher</td>
<td>• Schedule curriculum-based assessment procedures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Arrange home contact</td>
</tr>
<tr>
<td>Assessment</td>
<td>• In-class observations</td>
<td>• Review “diagnostic analysis”</td>
</tr>
<tr>
<td>(5–10 days)</td>
<td>• Academic interviews</td>
<td>• Set instructional and behavioural objectives</td>
</tr>
<tr>
<td></td>
<td>• Work sample analyses</td>
<td>• Determine measurement systems</td>
</tr>
<tr>
<td></td>
<td>• Curriculum-based assessment</td>
<td>• Set criteria for success for all objectives in the measurement systems</td>
</tr>
<tr>
<td></td>
<td>• Ecological assessment</td>
<td>• Explore behaviour management and instructional methods</td>
</tr>
<tr>
<td></td>
<td>• Curriculum analysis</td>
<td>• Consider referral to another level of service delivery</td>
</tr>
<tr>
<td></td>
<td>• Analytic teaching</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Develop “diagnostic analysis”</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Development</td>
<td>• Develop instructional methods and materials</td>
<td>• Review instructional methods and materials</td>
</tr>
<tr>
<td>(1-10 days)</td>
<td>• Develop behaviour management and/or motivational strategy</td>
<td>• Review behaviour management and/or motivational strategy</td>
</tr>
<tr>
<td></td>
<td>• Develop measurement checklists,</td>
<td>• Review measurement system</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase/Duration</td>
<td>Resource Teacher Activities</td>
<td>Consultation &amp; Collaboration with Classroom Teacher</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
|                             | charts, graphs, etc.  
• Designate personnel and other resources  
• *Trial teaching  
• Outline liaison with other support services if needed | • Agree on resource utilization and personnel responsibilities  
• Schedule sequence of instruction in program implementation  
• Verify criteria for success and specify target mastery dates  
• Arrange home contact |
| Program Implementation     | • Demonstration teaching  
• Team teaching in class  
• Teacher coaching  
• Short-term, part-time alternative placement  
• Support for differentiated instruction in the classroom | • Ongoing consultation between resource & classroom teachers  
• Continuous direct measurement of instruction  
• Continuous direct measurement of behaviour  
• Monitoring of sequence of instruction and achievement of criteria for success  
• Transfer alternative program to classroom if necessary  
• *Fine tune program and program supports in the classroom  
• Maintain home contact |
| (1-8 weeks)                 |                                                                                              |                                                                                                                     |
| Program Evaluation          | • Evaluate mastery against target dates and criteria for success  
• Evaluate if program is “up and running” toward mastery target dates and success criteria independently in classroom | • Close case if criteria for success have been met  
• Re-enter assessment phase if criteria for success are not being met by target dates  
• Consider referral to another level of service delivery  
• Agree on probes for monitoring maintenance and/or generalization of program gains to be implemented by classroom teacher  
• Conclude home contact |
| (Variable)                  |                                                                                              |                                                                                                                     |


**Communicating with Parents/Guardians/Caregivers**

It is very important for all parents to hear good things about their children. This is especially true when parents are supporting children and the system working with their children. The following are examples of comments parents want to hear from time to time:
- You are doing a good job!
- Look at how well Dakota is doing in this area!
- Did you know that Dakota does great 80% of the time?
- Your child is lucky to have you as a parent!
- I think you are a very good parent!
- You are a great advocate for your child!
- You are helping us so much!
- You are an invaluable resource for us!

**Examples of Questions School Personnel Can Ask Parents:**
- How are you doing?
- What kinds of support do you have in place?
- What impact does your child have on your family?
- What does your child need from the school?
- If you could design the perfect educational environment for your child what would it look like?
- What are the three most important things I need to remember when working with your child?
- How do you deal with Dakota’s behaviour?
- How do you help him/her to stay on task?
- How do you keep him/her organized?
- What do you do when (s)he forgets?
- How do you channel his/her energy?

**Samples Questions to Ask Parents of Children Referred to Resource Programs:**
- Are you aware that your child’s teacher has requested learning support for your child?
- Do you have any concerns about this? What are they?
- What are your child’s strengths and weaknesses? What kind of things is your child good at?
- What kind of things does your child like to do at home and in the community?
- If you have received help in the past to solve problems with your child, what was the most helpful/what worked?
- If you woke up tomorrow and things were different for your child, what would you see?
What would be an indication that your child was getting the support that he/she needs from the resource program?

Service Request Procedures

Internal Request:
A written referral is made to a resource teacher.
Referral sources may include the student, parent, classroom teacher, principal.
See Section O for blank templates of student referral forms.

Sample Resource Assessment Report

A written resource report is:

- Proof that the request has been acted upon
- Documentation of assessment procedures and results
- An information base for students, parents, and teachers for program planning purposes

The following outline lists the pertinent elements necessary in an assessment report.

A. Student Information

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td></td>
</tr>
<tr>
<td>Grade Placement:</td>
<td></td>
</tr>
<tr>
<td>Parents/Guardian:</td>
<td></td>
</tr>
<tr>
<td>Teacher:</td>
<td></td>
</tr>
<tr>
<td>School:</td>
<td></td>
</tr>
<tr>
<td>Date of Report:</td>
<td></td>
</tr>
</tbody>
</table>

B. Summary of Assessment

Purpose of Assessment: (respond to the nature of the referral)
Areas Assessed:
Methods of Assessment:
- Background (cum file, resource file)
- Classroom observations
- Include at least one of the following
  - Work samples
  - Student observation
  - Environmental assessment data
  - Curriculum-based assessment data
  - Informal assessment data
  - Formal assessment
  - Interview with student
  - Student records
  - Data from other sources
  - Diagnostic teaching
- Results

C. Summary of Strengths
D. Summary of Weaknesses
E. Recommendations

The following page contains a filled-in sample assessment report. Assessment reports will vary in their content because of all the variables involved in each case. But every assessment report needs to have the five sections of information addressed in order to be a complete assessment report.

Sample Assessment Report

A. Student Information:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Anonymous Smith</th>
<th>DOB:</th>
<th>1988-September-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade Placement:</td>
<td>5</td>
<td>Teacher:</td>
<td>Ms. Anonymous Doe</td>
</tr>
<tr>
<td>School:</td>
<td></td>
<td>Date of Report:</td>
<td>2001-March-05</td>
</tr>
</tbody>
</table>

B. Purpose of Assessment:

Ms. Doe and Ms. Smith, Anonymous’ mother, requested that Anonymous be assessed to determine achievement levels. Her teacher requires more information about her academic skills in order to provide appropriate programming.

C. Background Information:

When Anonymous completed these tests, she had been away from school for a number of weeks. Leaving school was connected to an altercation between herself and other female
students. At the time of this assessment, Anonymous had decided that she wanted to return to school. Ms. Smith accompanied her to school to make arrangements for her return. Anonymous’ teacher, Ms. Doe, and her mother decided upon the need for reading and math assessment for the purpose of determining grade level of achievement.

At this time, this author reviewed her cum file and a previously completed psychological assessment report on Anonymous. That assessment indicated that Anonymous was cognitively challenged and therefore should at least be receiving adapted program opportunities. Ms. Smith was not familiar with the report, although she did recall Anonymous being assessed by a school psychologist. Anonymous’ mother does feel the report accurately described her daughter’s level of functioning as compared to her ability to complete tasks in the home setting.

The author explained the programming options available for Anonymous to Ms. Smith, the type of programming indicated by the psychological assessment report, and the need for clarity around Anonymous’ strengths and weaknesses.

In recent years, Anonymous had been receiving support through Level II Special Education Funding for children experiencing Emotional and Behavioural problems. The documented information available on file to substantiate the funding application based on behavioural concerns is scant. Academic history indicates that Anonymous has been struggling to progress compared to her peers and grade level expectations. Alternative assignments and adapted programming have been made available when possible. This type of arrangement has been difficult for Anonymous as she and her peers are aware of the inconsistent expectations and Anonymous does not wish to been seen as “different.”

Anonymous’ recent behaviour is consistent with an individual who is frustrated by content and quantity of work that is far above her achievement and academic levels. As well, Anonymous is no doubt frustrated by limited language, ability to interact with peers and the struggle to maintain appearances.

D. **Summary of Assessment**

**Assessment Observations:**

In the mathematics area, Anonymous really struggled with basic skills. She used scrap paper on which she drew sticks and crossed them out to complete adding and subtracting questions. She appeared not to have skills in borrowing or carrying. Problem solving was beyond what Anonymous was able to do.

When completing the word identification section, Anonymous attempted to sound out words. She looked at parts of words that she recognized and used them to identify words rather than decoding the whole word; e.g., she said brown for down and hop for help when asked for synonyms; Anonymous had no idea how to complete this section. I suspect her overall level of language is quite low.
Assessment Scores:
Areas Assessed, Assessment Method and Scores:

Reading scores were obtained using the WJR Reading Mastery Tests

<table>
<thead>
<tr>
<th>Area</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual-Auditory Learning</td>
<td>K.4</td>
</tr>
<tr>
<td>Letter Word Identification</td>
<td>1.7</td>
</tr>
<tr>
<td>Word Identification</td>
<td>1.8</td>
</tr>
<tr>
<td>Word Attack</td>
<td>1.5</td>
</tr>
<tr>
<td>Work Comprehension</td>
<td>K.8</td>
</tr>
<tr>
<td>Passage Comprehension</td>
<td>1.5</td>
</tr>
</tbody>
</table>

Mathematics scores were obtained using Key Math

<table>
<thead>
<tr>
<th>Concept</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Concepts</td>
<td>1.5</td>
</tr>
<tr>
<td>(Numeration, Rational Numbers, Geometry)</td>
<td></td>
</tr>
<tr>
<td>Operations</td>
<td>1</td>
</tr>
<tr>
<td>(Addition, Subtraction, Multiplication, Division)</td>
<td></td>
</tr>
<tr>
<td>Applications</td>
<td>1.4</td>
</tr>
<tr>
<td>(Measurement, Time &amp; Money, Estimation, Interpreting Data, Problem Solving)</td>
<td></td>
</tr>
</tbody>
</table>

E. Recommendations

1. Anonymous to be assessed by a psychologist to determine cognitive strengths, weaknesses, and to support instructional program decisions.

2. Modify curricular expectations including number, type, and content of outcomes to be addressed and the type of assignment used to reflect learning.

3. Keep Anonymous and her mother informed about all achievement and cognitive assessment results and the most appropriate program opportunities available to Anonymous.

4. Provide life skills and social skills training whenever possible. For example, Anonymous might benefit from working in the hot lunch program. She would benefit from Second Step activities, especially vocabulary development, modelling, and practicing alternate responses in social situations. Some program resources for life skills are available from the MFNERC satellite in Dauphin on loan.

5. Whenever possible directly teach Anonymous vocabulary associated with life skills, academic topics, strategies, or social skills.

6. Directly teach Anonymous to use devices to support her learning and lifestyle. E.g., learn when, which operation, and how to use a calculator.

7. If recommended by the psychologist, author will pursue Level II or Level III funding for Anonymous.
Submitted by: Resource Teacher

**External Request**

All external referrals must be channelled through the resource teacher and school principal. A written referral must be made to the appropriate personnel. Such personnel may include the speech/language clinician, school psychologist, occupational therapist, and so forth.

Referral sources may include the resource teacher, principal, or parent.

All referral forms must be authorized by the school administrator and resource teacher.

If the referral source is other than the parent/guardian, then the parent/guardian must be informed about the reasons for the referral. The parent/guardian indicates consent by signing the referral form.

A copy of the original referral form is made and placed in the resource file.

The original is mailed to the specialist.

**Preparing for the Clinical Assessments**

**Before Clinician Arrives**

- Obtain signed consent form from parent or legal guardian. If student is in care of CFS, the CFS worker must sign the consent form (not the foster parent).
- Do cum file summary.
- Do academic assessment, i.e., WJIII and complete a Resource Assessment Report—include all assessments conducted in the past.
- Gather all clinician reports conducted i.e., Speech-Language, Occupational Therapy, Genetics Clinic, etc.
- Have parent or guardian complete Background/History Form (for initial assessments only).
- Add all documentation to resource file.
- Provide summary of academic/behaviour concerns to psychologist (include age, grade, names of parents/guardians, names of classroom teacher).
- Coordinate with other school resource teachers a schedule of events for day of psychologist’s visit and give copy of schedule to psychologist—be sure to schedule according to the following timelines (per student).

- 1 hour-1 hour, 15 minutes—assessment with psychologist.
- 30 minutes—parent meeting.
- *parent meeting can occur anytime during the day following the assessment.
Once schedule is coordinated among resource teachers, inform parent(s)/guardian(s) of the date and time of the assessment and meeting.

Inform the required team members, i.e., classroom teacher(s), principal, counsellor, clinician, CFS worker of the time of the parent meeting—make sure they know to find their own coverage (substitute) if needed, to attend the meeting.

**During Psychologist Visit**

- Arrange for a quiet location for the assessment(s) to take place—sometimes pull-out programs will have to cancelled for the time of the assessment in order to make the resource room available as the quiet location
- Provide psychologist with cum and resource files—psychologist will let you know what he/she wants photocopies for his/her report—photocopy requested documentation while assessment is being conducted (ensure Connor’s Rating Scales are completed)
- Hold a brief meeting with psychologist to inform him/her of any new information and gather any necessary supplies/materials requested by the psychologist for the assessment
- Show psychologist to the student’s classroom—often the psychologist will want to observe the student in the classroom before starting the assessment
- Psychologist will return with student to the assessment area—leave psychologist to conduct the assessment with the student

**During Parent Meeting**

- Ensure all staff members initially invited to meeting are present
- Introduce everyone at the meeting to the psychologist
- Take detailed notes of the meeting (include date and who was in attendance)
- Psychologist usually leads meeting, detailing results of assessment—may ask questions to team members for information for report
- Psychologist may ask that all team members leave except for parent(s) to discuss information for report

**Following Psychologist’s Visit**

- Type out notes from parent meeting—place copy in resource file, give copy to parent
- Gather/order materials/resources that psychologist recommended during the meeting for implementation of an IEP/BIP
- Look for report to come by mail or email (psychologist will let you know)
- Psychologist will let you know who he/she would like you to make copies of the report for—give copies of report to specified people
- Place report in student's resource file (never place a copy in the cum file)
- Implement recommendations from the psychologist's report
- *The above outline was prepared by Bonnie Alston, RT, Sioux Valley School

**Record Keeping and Resource Files**

**Maintenance**
- Organization of resource files is the responsibility of the resource teacher.
- Confidentiality of information is to be maintained at all times. Storage in a locked cabinet is preferable.
- In the case of a transfer, a written request for the resource file accompanied by a release of information form, signed by the parent must be received before a resource file will be forwarded to a school. A record is kept of the name of the receiving school and the contact person.
- Parents may request access to their child’s resource file at any time.

**Resource Files**

1. Student Files
   - Special Needs Level II and Level III
   - Resource – resource referrals, reports, formal assessments

2. General Files
   - Samples could include
     - Forms – Referrals, IEPs Exception Need Student Lists
     - Teaching Strategies
     - Parent Information
     - Correspondance
     - Orders – POs, Catalogues, etc.
     - Teaching Journals – Articles
     - Information on Learning Disabilities Syndromes
     - Diagnostic Tests/Score Sheets
     - Audio-Visual materials

3. Types
   - Student resource files can be considered.
   - **Active**
Student files for individuals currently receiving direct or indirect support services.

**Inactive**
- Student files for individuals:
  - Who have transferred but are of school age
  - Whose case is closed

**Dead Files**
- Student files for individuals who are no longer of eligible school age

**Student Resource File Contents**
May include:
- Applications for Level 2 or 3 funding
- Psychological Reports
- OT/PT Reports
- Speech/Language Reports
- IEP / BIP / HIP / TIP
- Assessment Information
  - Work samples
  - Classroom observations
  - Curriculum assessments
  - Diagnostic score sheets
- Resource Summary Reports
  - Summary of assessment
  - Individual student plans
- Correspondence – letters to parents
- Referrals and Consent Forms
- Relevant Medical Information

**Cumulative File Contents:**
May include:
- General Student Data
- Report Cards
- Vision/Hearing Screening Results

---

**NOTE:** Any pertinent information that is not confidential could be forwarded and placed in students’ cumulative files.
• IEP (do not include application or student profile for Level II or Level III)
• Resource File Notice of Involvement (flag)

Handling and Administrating Medications

In special circumstances, some students may require medication during the school day to enable them to attend school. The administration of medication in school must be necessary for health and well-being of the student. Administrating medications at school should be considered only if administrating them at home is not an option. But the first dose of medication must be administered by either the parent or doctor to determine the student’s tolerance to the medication prior to school personnel administering the medication.

The designated school personnel may administer medications to students who, by reason of age, maturation, or physical or cognitive ability are not able to manage their own medications. Prior to the administration of prescribed or over-the-counter medications, the parent or legal guardian must provide a signed authorization permitting school personnel to administrating the medication. If parents or guardians are separated but have joint custody of a student, then both parents’ must be obtained.

The following information should be included on the authorization form:

• Name of student; date of birth; home /contact phone number; home address
• Name of parents/guardians, home/work /contact phone number
• Name of prescribing doctor; office address; phone number
• Name of dispensing pharmacy; address; phone number
• Name(s) of medication(s)
• Dosage and method of administration
• Start date and stop date of medication
• Confirmation that the first dosage was administered at home/hospital/nursing station
• Statement that the first dose was well tolerated by the student
• Storage requirement(s)
• Description of side effects
• Response to side effects
• Medication must be in the original pharmacy labelled container* (with the following information clearly printed on it):
  o Name of student
  o Name of prescribing doctor
- Name of medication
- Dose
- Frequency
- Name of pharmacy
- Date filled

*The label must be on the container itself, or the prescription label must be verified by a staff member, e.g., inhaler box has prescription label but not the inhaler. Any medication not meeting these conditions should not be administrated by school personnel.

Generally, the school’s resource teacher is the one who administers the medications. But there should be another staff member designated as the back-up alternative for administrating the medications.

The resource teacher needs to keep an updated log of students:

- Who are on medication and the severity of their condition
- Procedures to follow in case of emergency
- Who will administer medication
- Where the medication is kept
- Where medical information is kept for substitute teachers

The resource teacher needs to keep a daily log of administrating medication to all students with the following information:

- Date
- Time
- Dosage
- Medication administrator
- Administrator’s signature

All medications must be kept under lock and key.

The above section on administrating medication was adapted from Manitoba’s Rolling River School Division’s Policy.

**Medication or Health-Related Requirements**

Refer to the school policy or administration when health needs are to be met for students. This is advised due to the liability of the individual(s) involved in providing the required service(s), i.e., administering medications, changing oxygen tanks, use of ventilators, tube feeding, etc. It is important to have this policy in place when you have students who require...
health services. If no policy exists, it is advised that one be developed to address the school’s needs.

See Section K for further details.

**Administrative Support**

It is imperative that the administrator of the school be involved in the resource program. The extent of this involvement will depend on many factors such as the size, location, philosophy of the school, the staff allocation and strengths, and the needs of the students. Similarly, the degree to which the delivery model is implemented will vary from school to school. Even within a school, the degree of consultation, collaboration and direct service will shift depending upon the pressures on the program at any given time. This model must be flexible enough to allow it to change and adapt as required.

At the beginning of each school year, the principal and resource teacher should meet to establish a focus for the Resource Program. For a sample checklist template see Section O.

**Year at a Glance**

The following is a month-by-month sample of a work plan for resource teachers. The first portion of every month pertains to all resource teachers. The second part pertains specifically to a resource teacher assigned to certain grades (early, middle, or senior years).

**August–September**

- Orientation package regarding Special Education Program for staff and parents (referral process, general information about resource department, etc.)
- Obtain copy of Student Resource Profile and Special Education Program (SEP) work plan
- Class lists devised with low and high cost students identified
- Review student resource files
- Individualized Education Plan (IEP) meetings regarding students on existing caseload (contact Child and Family Services for those students in care)
- Review, update and complete IEPs including BIPs, IHCPs, ITs
- Para-educator orientation workshop
- Para-educator schedules
- Organize programming information for IEP binders
- Para-educator training for IEP programming
- Create resource teacher direct service timetable for low and high cost students
□ Enroll students on software programs (e.g., Success Maker, Earobics)
□ Intake of new students transferring in—obtain cum files and resource files
□ Talk with school psychologist to set up dates for year and upcoming assessments
□ Talk with occupational therapist to set up programming for students assessed and to discuss upcoming assessments
□ Train para educators on occupational therapy programming
□ SEP Committee established (or re-established)
□ SEP Committee meeting – review what was submitted on SEP proposal submitted in June
□ Obtain and familiarize with school’s Special Education Policy
□ Yearly work plan finalized

<table>
<thead>
<tr>
<th>Early Years</th>
<th>Middle Years</th>
<th>Senior Years</th>
</tr>
</thead>
</table>
| • Meet with speech and language pathologist to discuss caseload, set dates for preschool and Phonological Awareness screening, set dates for early literacy workshops, schedule speech/language educational assistants |  | • Develop transition plans for students leaving high school
• Grade Three Assessment workshops with Grade 3 teachers (numeracy and reading) |  | • Modify courses for students on IEPs for Semester 1
• Observation Surveys for Grade 1 students |  | • Planning for students with “M” designation
 |  | • Planning for students with “I” designation
 |  | • Grade 12 ELA exam workshop
 |  | • Grade Seven Reading and Student Engagement Workshops
 |  | • Grade 8 Expository Writing Workshop

**October**

□ IEPs implemented including sharing IEPs with all team members
□ Vision-hearing screenings and re-screenings
□ Referrals to audiologists, optometrists, family physicians (for students who did not pass screenings)
□ Speech and language programming for new referrals
□ Compile list of possible students for new referrals
□ Obtain parent/guardian consent forms for psychological assessments
□ Informal monthly meetings with classroom teachers of students on caseload
□ Update Student Resource Profile – students transferring in and out
- Schedule next month’s IEP meetings

<table>
<thead>
<tr>
<th>Early Years</th>
<th>Middle Years</th>
<th>Senior Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>• DIAL-4 screening for kindergarten students (and nursery students who were not screened at Preschool Wellness Fair)</td>
<td>• Middle years team meeting</td>
<td>• Senior years team meeting →</td>
</tr>
<tr>
<td>• Speech and language educational assistant schedule finalized</td>
<td>• Life Skills Programs implemented</td>
<td>• Implement transition plans</td>
</tr>
<tr>
<td>• Phonological Awareness and Alphabet Screening for kindergarten students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Phonological Awareness screening for Grade 1 students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Begin Alphabet Intervention Program for students who did not pass screens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Begin Phonological Awareness Intervention Program for students who did not pass screens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Grade 3 Provincial Assessments completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Early literacy team meeting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**November**

- Continued resource program implementation – direct and indirect service
- Resource assessments, as outlined in IEPs
- IEP regularly scheduled meetings
- Type up IEP minutes from meetings, distribute minutes to IEP team members
- Resource reports on student programs and progress
- Begin academic assessments for school psychologist
- Update Student Resource Profile, as needed
- Maintain resource files

<table>
<thead>
<tr>
<th>Early Years</th>
<th>Middle Years</th>
<th>Senior Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>• IEP report cards</td>
<td>→</td>
<td>• IEP Midterm reports</td>
</tr>
<tr>
<td>• Parent/Teacher Interviews</td>
<td>→</td>
<td>• implement transition plans</td>
</tr>
<tr>
<td>• Kindergarten alphabet reassessments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Phonological Awareness and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Years</td>
<td>Middle Years</td>
<td>Senior Years</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
</tbody>
</table>
| Alphabet Programs continued | • Grade Eight Expository Writing assessments  
• Life Skills programs continued | → |

**December**
- Continued resource program implementation – direct and indirect service
- Informal monthly meetings with classroom teachers of students on caseload
- Clinician assessments, as scheduled
- SEP Committee meeting – review proposal, update budget, order materials as needed
- Update Student Resource Profile, as needed
- Maintain resource files

<table>
<thead>
<tr>
<th>Early Years</th>
<th>Middle Years</th>
<th>Senior Years</th>
</tr>
</thead>
</table>
| • Kindergarten alphabet reassessments  
• Phonological Awareness and Alphabet programs continued  
• Irlen Syndrome Screening (Grade 3 students) | • Grade Seven Reading and Student Engagement assessments  
• Grade Eight Expository Writing assessments  
• Life Skills programs continued  
• Irlen Syndrome Screening (Grade 6 students) | implement transition plans  
→  
Irlen Syndrome Screening (Grade 9 students) |

**January**
- Continued resource program implementation – direct and indirect service
- Informal monthly meetings with classroom teachers of students on caseload
- Clinician assessments, as scheduled
- Refer students who did not pass Irlen Syndrome screenings to certified Irlen Syndrome screener
- Update Student Resource Profile, as needed
- Maintain resource files

<table>
<thead>
<tr>
<th>Early Years</th>
<th>Middle Years</th>
<th>Senior Years</th>
</tr>
</thead>
</table>
| • Kindergarten alphabet reassessments  
• Phonological Awareness and Alphabet programs continued  
• Grade One Phonological awareness rescreen | • Grade Seven Reading and Student Engagement assessments completed  
• Grade Eight Expository Writing assessments completed  
• Life Skills programs continued | • Assist with Grade 12 ELA Exams  
• Semester one assessments  
• IEP report cards  
• Modify courses for students on IEPs for Semester 2 |
February

- Continued resource program implementation – direct and indirect service
- Informal monthly meetings with classroom teachers of students on caseload
- Assessments for new referrals continued
- Clinician assessments, as scheduled
- Update Student Resource Profile, as needed
- Maintain resource files
- Schedule next month’s IEP meetings

<table>
<thead>
<tr>
<th>Early Years</th>
<th>Middle Years</th>
<th>Senior Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Phonological Awareness and Alphabet programs continued</td>
<td>• Life Skills programs continued</td>
<td>• implement transition plans</td>
</tr>
</tbody>
</table>

March

- Continued resource program implementation – direct and indirect service
- Resource assessments, as outlined in IEPs
- IEP regularly scheduled meetings
- Type up IEP minutes from meetings, distribute minutes to IEP team members
- Resource reports on student programs and progress
- Update Student Resource Profile, as needed
- Maintain resource files

<table>
<thead>
<tr>
<th>Early Years</th>
<th>Middle Years</th>
<th>Senior Years</th>
</tr>
</thead>
</table>
| • IEP report cards
• Parent/Teacher Interviews
• Kindergarten alphabet reassessments
• Phonological Awareness and Alphabet programs continued | →
→
Life Skills programs continued | IEP Midterm reports
→
implement transition plans |

April

- Continued resource program implementation – direct and indirect service
- Informal monthly meetings with classroom teachers of students on caseload
- Assessments for new referrals continued
- Clinician assessments, as scheduled
- Update Student Resource Profile, as needed
- SEP Committee meeting – complete Special Education Annual Report due May 1st for AANDC, develop SEP work plan draft
- Para-educator evaluations (including Speech/Language Educational Assistant)
- Maintain resource files

<table>
<thead>
<tr>
<th>Early Years</th>
<th>Middle Years</th>
<th>Senior Years</th>
</tr>
</thead>
</table>
| • Phonological Awareness and Alphabet programs continued  
• Meet with preschool program coordinators to see who needs transition to school plans  
• Develop transition plans for children entering Nursery  
• Conduct preliminary planning for Preschool Wellness Fair – arrange for screeners, send out invitations | Life Skills Programs continued | → implement transition plans |

Continued resource program implementation – direct and indirect service
- Informal monthly meetings with classroom teachers of students on caseload
- Clinician assessments, as scheduled
- Update Student Resource Profile, finalize copy for SEP work plan
- SEP Committee meeting – finalize SEP work plan, present plan to Chief and Council, obtain necessary signatures
- SEP Committee meeting – submit SEP work plan and Special Education Policy to AANDC by May 15th
- Para-educator staffing requirements for following school year
- Maintain resource files
- Schedule next month’s IEP meetings

<table>
<thead>
<tr>
<th>Early Years</th>
<th>Middle Years</th>
<th>Senior Years</th>
</tr>
</thead>
</table>
| • Phonological Awareness and Alphabet programs continued  
• Implement transition plans  
• Preschool Wellness Fair Screening for students entering Nursery | Life Skills programs continued | → implement transition plans  
assist with adapting exams as needed  
facilitate visitations for students to new programs |
June

- Year-end assessments, as outlined in IEPs, progress review
- IEP meetings – review and evaluate IEP, develop recommendations for next school year
- Year-end IEP reports
- Finalize year-end Resource Assessment Reports
- Para-educator staffing requirements for following school year
- Student classroom placements for following school year
- Update existing resource files – create new files as necessary, flag cum files with red stickers for those students with resource files, cull files
- Record formal assessment results completed during the school year in cumulative files
- Order supplies/resources for next school year
- Resource room inventory
- Year-end meetings with school staff - arrange for exchange of information with receiving teachers (within school) and resource teachers, as necessary
- File SEP work plan along with Student Resource Profile and Special Education Policy

<table>
<thead>
<tr>
<th>Early Years</th>
<th>Middle Years</th>
<th>Senior Years</th>
</tr>
</thead>
</table>
| • Year-end Phonological Awareness and Alphabet assessments, make recommendations for next school year  
• Transition plans reviewed and evaluated, make recommendations for next school year | • Life Skills programs reviewed and evaluated, make recommendations for next school year | transition plans reviewed and evaluated, make recommendations for next school year  
assist with Grade 12 ELA Exams |