

Therapeutic services (private)	Provider	Describe integration with school program
Student Health (If student has documented physical (i.e. brittle bones) or psychological considerations, written clearance for mechanical restraint or seclusion by appropriate professional must be provided.)		
1. Date of most recent evaluation for disability eligibility		
2. Does the student have any medical conditions that impact and/or contribute to his/her performance of problem behavior? (i.e. seizures, ADHD, TBI, migraines)*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
3. What was the date of student's last medical exam?		
4. Date of last exams/screening for vision?		
5. Date of last exam/screening for hearing?		
6. Does the student take prescribed medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, please list below)
7. Are the medications taken regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. When the student does or does not take his/her medication is a difference in target behavior(s) observed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
* Medical clearance in writing by appropriate professional must accompany this request.		
Parent /Guardian Information		
Name:		Name:
Address (if different from student):		Address (if different from student):
Telephone:		Telephone:
Relationship to Student:		Relationship to Student:

I have reviewed all documents and received a copy of this request for a waiver for seclusion or mechanical restraint (as described below) to be used within my child's Behavior Intervention Plan, in the event my child's behavior presents a **significant and imminent risk of bodily harm to self or others**.

My signature authorizes my permission for this request. However, I understand that at any time, I can inform the school (**must be in writing**) that I withdraw my permission.

Parent/Guardian signature: _____ Date: _____

Print Name: _____

Parent/ Guardian Signature: _____ Date: _____

Print Name: _____

Requesting Administrator	Program/School:	District:
Name:	Title:	
Email:	Telephone:	Fax:

Signature: _____ Date: _____

Other Administrators	Print Name	Signature	Date
LEA Special Education Director (if applicable)			
Statewide Director (if applicable)			
Superintendent			

Problem Behavior:

Behavior 1:

A.) Describe the problem behavior(s) that present a **significant and imminent risk bodily harm to self or others** for which the waiver is being requested. Provide a measurable and observable description.

B.) Describe the **imminent risk of bodily harm to self or others** that is likely to occur unless action is taken to protect the student and others from harm.

C.) Has the student's behavior even resulted in **bodily harm to self or others**? If yes, please provide dates, injuries, and actions performed following the injuries.

Behavior 2:

A.) Describe the problem behavior(s) that present a **significant and imminent risk bodily harm to self or others** for which the waiver is being requested. Provide a measurable and observable description.

B.) Describe the **imminent risk of bodily harm to self or others** that is likely to occur unless action is taken to protect the student and others from harm.

C.) Has the student's behavior even resulted in **bodily harm to self or others**? If yes, please provide dates, injuries, and actions performed following the injuries.

Type of Waiver Requested: (check appropriate box)

“Mechanical restraint” means the application of any device or object that restricts a student’s freedom of movement or normal access to a portion of the body that the student cannot easily remove. “Mechanical restraint” does not include devices or objects used by trained school personnel, or used by a student, for the specific and approved therapeutic or safety purposes for which they were designed and, if applicable, prescribed, including the following:

- Restraints for medical immobilization;
- Adaptive devices or mechanical supports used to allow greater freedom of movement, stability than would be possible without use of such devices or mechanical supports;
- Vehicle safety restraints when used as intended during the transport of a student in a moving vehicle;
- Instruction and use of restraints as part of a criminal justice or other course; or
- Notwithstanding their design for other purposes, adaptive use of benign devices or objects, including mittens and caps, to deter self-injury. (Authority: 14 Del.C. §4112F(a)(2))

“Seclusion” means the involuntary confinement of a student alone in a room, enclosure, or space that is either locked or, while unlocked, physically disallows egress. The use of a “timeout” procedure during which a staff member remains accessible to the student shall not be considered “seclusion.” (Authority: 14 Del.C. §4112F(a)(5))

Detailed Description of Each Proposed Action:

Mechanical Restraint

A.) Provide a description of proposed device.

B.) Indicate safety procedures duration.

C.) Provide a plan for monitoring.

D.) Provide a schedule of administrative sign-off during implementation of procedure.

Seclusion
A.) Describe the physical space.
B.) Describe the safety procedures.
C.) Provide the proposed duration.
D.) Provide a plan for visual monitoring.
E.) Provide schedule of administrative sign-off during implementation.

Interventions <i>(If you answer yes to question #1, please completes #2-4 and provide copy of FBA)</i>
1. Has a Functional Behavior Assessment (FBA) been conducted for target behaviors? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Date of last FBA?
3. Which behaviors described above are the target of the FBA?
4. Briefly describe hypothesis developed for each target behavior.
Behavior 1:
Behavior 2:

Description of Behavior Plan	<i>(Provide copy of Behavior Plan with application)</i>
1. Is there an intervention that modifies the antecedents including the setting events identified in the hypothesis so that the problem behavior is prevented? Describe below.	
Behavior 1 <i>(identify behavior)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Describe:</i>
Behavior 2 <i>(identify behavior)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Describe:</i>
2. Is there an intervention that teaches the student replacement behavior? Describe below.	
Behavior 1 <i>(identify behavior)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Describe:</i>
Behavior 2 <i>(identify behavior)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Describe:</i>

3. Is the replacement behavior a functionally equivalent replacement behavior (FERB) or an alternative, socially valid skill? <i>(If more than one replacement behavior is being taught, please check all that apply).</i>			
Behavior 1	FERB	Alternate skill	
Behavior 2	FERB	Alternate skill	
4. Is there an intervention that reinforces the replacement behavior?			
Behavior 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Behavior 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is there an intervention that reinforces the replacement behavior? Does the reinforcement provide the same function (identified in the hypothesis) for the replacement behavior that resulted from the problem behavior?			
Behavior 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Behavior 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there an intervention that describes how others will respond after the problem behavior so that it no longer provides reinforcement/functional outcome?			
Behavior 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Behavior 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are de-escalation interventions described?			
Behavior 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Behavior 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are the behavior intervention strategies described in enough detail so that a person unfamiliar with the plan could implement it with accuracy?			
Behavior 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Behavior 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reinforcement <i>(Provide current schedule, noting changes in environments, staffing or activities)</i>	
1. Type of choices offered the student each day? Provide an example of choices checked below.	
Between tasks	
Within tasks	
Where to do tasks	
The person with whom to do the task	
When to do the task	
Terminating the task	
Rejecting	
Other	
2. What reinforcement is provided to the student?	Specify:
3. How often is reinforcement delivered?	Specify:

Data (Provide 60 school days of behavioral data prior to the date of this request. For each problem behavior described above provide the following: information can be provided in a chart, table or quantified summary statement that can be interpreted by someone unfamiliar with the program/ student)

- Start date of data
- End date of data
- Baseline dates
- Post – intervention dates
- Average frequency/ duration/intensity of behavior within each phase of timeframe of measure
- How were decisions made if the data did not show reduced rate of problem behavior(s) after intervention was implemented? What modifications were made to the Behavior Plan and what were the results of the modifications?

1. Provide implementation fidelity data (i.e. teacher self-assessments, external direct observation, anecdotal).

Restraint /Seclusion

1. How often is mechanical restraint or seclusion used? (Provide mechanical restraint/seclusion data in the school year prior to July 1, 2014 if applicable OR if renewal request provide current data including dates, frequency and duration.)

2. What is the average duration of the mechanical restraint or seclusion action before the student returns to a safe state?

3. What is the range of duration? (Least to most)

4. Is physical restraint currently being used? _____ Yes _____ No
If Yes, provide 60 school days of data including dates, frequency and duration.

5. Is Time Out currently being used? _____ Yes _____ No
If Yes, provide 60 school days of data including dates, frequency and duration.

Classroom/School Information

1. How many adults are in the classroom?

2. What is the adult: student ratio in the classroom?

3. What is the adult: student ratio provided for this student?

3. Does the school implement a continuum of multi-tiered behavioral supports? _____ Yes _____ No
If yes, how are students with disabilities who are in self-contained or separate classes included in the continuum of support?

Please submit all of the following documents applicable to this waiver Request:

- _____ Parent/Guardian signature on Waiver Request Form
- _____ Consent to Release Information (with parent/guardian signature)
- _____ Medical clearance related to specific physical or psychological conditions
- _____ Student's IEP
- _____ Student's IEP progress data
- _____ Student's 504 Plan
- _____ Student's attendance record for 12 month period
- _____ Student's schedule
- _____ Functional Behavior Assessment (if completed)
- _____ Behavior Intervention and/or Support Plan
- _____ Implementation data for 60 school days prior to date of Request for all steps of Behavior Plan (chart, table, quantitative summary).
- _____ Mechanical Restraint/Seclusion data (dates, frequency, duration)
- _____ Peer Review Report
- _____ Incident Reports related to Request
- _____ Other data specified in the Request form