

PROCEDURES FOR A CHILD-SPECIFIC EXCEPTION TO USE AVERSIVE BEHAVIORAL INTERVENIONS	CITATION(S) (8 NYCRR)
<p><b>1. CSE<sup>1</sup> considers whether a child-specific exception is warranted. District must:</b></p> <p>1. Submit application to the New York State Education Department (NYSED) for a child-specific exception.</p> <p><b>Student has IEP that includes aversive behavioral interventions prior to October 1, 2006. District must:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Submit application to NYSED for a child-specific exception no later than October 1, 2006.</li> <li style="text-align: center;">or</li> <li><input type="checkbox"/> Convene CSE to amend IEP to no longer recommend the use of aversive behavioral interventions.</li> </ul>	<p>§200.22(e)(1)</p>
<p><b>2. Independent panel of experts reviews written application. Panel reviews:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Application form</li> <li><input type="checkbox"/> Student's current IEP</li> <li><input type="checkbox"/> Student's date of birth</li> <li><input type="checkbox"/> Disability and diagnoses</li> <li><input type="checkbox"/> Student's most recent and relevant prior behavioral assessments</li> <li><input type="checkbox"/> Any proposed, current and/or prior behavioral intervention plans, including documentation of the implementation and progress monitoring of the effectiveness of such plans</li> <li><input type="checkbox"/> Other relevant individual evaluations and medical information that allow for an assessment of the student's cognitive and adaptive abilities and general health status</li> <li><input type="checkbox"/> Information from the child's parent (if submitted)</li> </ul>	<p>§200.22(e)(6) §200.22(e)(3)</p>
<p><b>3. Panel makes determination and provides it to the CSE as within 15 business days of receipt of the application (15 days does not apply if currently on IEP).</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Exception is warranted</li> <li><input type="checkbox"/> Exception is not warranted</li> <li><input type="checkbox"/> Reasons for recommendation</li> </ul>	<p>§200.22(e)(5)</p>
<p><b>4. The determination to the CSE is based on the professional judgment of the Panel that:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> the student is displaying self-injurious or aggressive behaviors that threaten the physical well-being of the student or that of others and a full range of evidence-based positive behavioral interventions have been consistently employed over an appropriate period of time and have failed to result in sufficient improvement of a student's behavior;</li> <li style="text-align: center;">or</li> <li><input type="checkbox"/> the student's self-injurious or aggressive behaviors are of such severity as to pose significant health and safety concerns that warrant the use of aversive behavioral interventions to effect rapid suppression of the behavior and a range of non-aversive prevention strategies have been employed and have failed to provide a sufficient level of safety.</li> </ul>	<p>§200.22(e)(4)(i) and (ii)</p>

<sup>1</sup> CSE in this chart refers to the Committee on Special Education or the Committee on Preschool Special Education, as appropriate

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<p><b>5. The Panel submits their determination as to whether aversive interventions are warranted and the reasons for that recommendation to:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> the school district; and</li> <li><input type="checkbox"/> the Commissioner of Education</li> </ul>	<p>§200.22(e)(5)</p>
<p><b>6. CSE considers Panel determination.</b></p>	
<p><b>7. CSE determines that student's IEP will include a child-specific exception allowing the use of aversive behavioral interventions. District must:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Obtain parent's informed written consent prior to recommending aversive behavioral interventions with the student.</li> <li><input type="checkbox"/> Develop an IEP that identifies the <u>specific</u>: <ul style="list-style-type: none"> <li>✓ Behavior(s) to be targeted by use of aversive behavioral interventions.</li> <li>✓ Aversive behavioral intervention(s) to be used to address the behavior(s).</li> <li>✓ Aversive conditioning device(s) where the aversive behavioral intervention(s) includes the use of such device.</li> </ul> </li> <li><input type="checkbox"/> Notify NYSED that a child-specific exception has been included in the student's IEP.</li> </ul>	<p>§200.22(e)(6) §200.22(e)(7) §200.22(e)(8)</p>
<p><b>8. For students recommended for aversive behavioral interventions. District must:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure that the student's IEP and behavioral intervention plan are being implemented.</li> <li><input type="checkbox"/> Convene CSE at least every six months to review the student's educational program and placement, and behavioral intervention plan.</li> <li><input type="checkbox"/> Ensure receipt of and review written progress monitoring and incident reports from the program serving the student.</li> <li><input type="checkbox"/> At least annually, observe and as appropriate, interview the student in the program.</li> <li><input type="checkbox"/> Communicate regularly with the student's parents about the child's behavior program and progress.</li> <li><input type="checkbox"/> Annually submit an application for child-specific exception, if continuation is being considered by the CSE.</li> </ul>	<p>§200.22(f)(7)(ii)</p>



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY,  
NY 12234

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**Child-Specific Exception Application  
Pursuant to 8NYCRR § 200.22(e)**

**Send original plus three copies to:**

**Child-Specific Exception Application  
New York State Education Department  
Office of Special Education  
89 Washington Avenue, Room 309 EB  
Albany, New York 12234**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School District: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name and Title of  
School District Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Period of Request (not to exceed one year): From: \_\_\_\_\_ To: \_\_\_\_\_

Date application submitted: \_\_\_\_\_

Name of the school/agency where aversive behavioral interventions would be implemented: \_\_\_\_\_

For New York State Education Department (NYSED) use only: The program has NYSED approved policies and procedures on behavioral interventions that are in compliance with Section 200.22(f)  yes  no.

**Student's Name:**

1. Describe the specific self-injurious or aggressive behavior(s) to be targeted by this intervention.
2. Describe what specific behavioral intervention(s) including any aversive conditioning devices, if applicable, are under consideration by the Committee on Special Education (CSE).
3. Describe why the CSE may be considering a recommendation that includes an aversive behavioral intervention.
4. Identify accompanying documents that provide information on the positive behavioral interventions and nonaversive prevention strategies that have been tried, including documentation of the implementation and progress monitoring of the effectiveness of such plans.
5. Describe any psychological or health issues (e.g. hearing or vision impairment, medications, mobility limitations, medical diagnoses or restrictions) that are relevant to this request.

***Attach additional pages as necessary***

**Required Documentation to Accompany Application:**

- Student's current IEP
- Student's date of birth
- Student's disability and diagnoses
- Student's most recent and relevant prior behavioral assessments
- Any proposed, current and/or prior behavioral intervention plans, including documentation of the implementation and progress monitoring of the effectiveness of such plans
- Other relevant individual evaluations and medical information that allow for an assessment of the student's cognitive and adaptive abilities and general health status
- Information from the child's parent (if available from the parent)

Assurance: This application has been discussed with the student's parent.

\_\_\_\_\_  
Signature of CSE/CSPE Chairperson  
or Director of Special Education  
Submitting Application

\_\_\_\_\_  
Signature of School Superintendent/NYC  
Regional Superintendent

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of School Physician

\_\_\_\_\_  
Signature of Parent\*

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Print or Type Name

\* If parent signature is not obtained, please explain.