**Purpose**

The WIEP is the process by which a school demonstrates to the New York State Education Department (NYSED) that it should not be designated as Persistently Dangerous (PD) or Potentially Persistently Dangerous (PPD) because some of the violent incidents reported in the School Safety and Educational Climate data are attributed to a student offender’s classified disability under Special Education Regulations.

The **WIEP-OC** process has been developed for use by a school to submit evidence for consideration in support of the exemption of a violent incident when a student offender is NOT classified to receive specialized instruction, although the student has been diagnosed with a disability or other condition.

**When is the WIEP-OC used?** In the Spring of each year, the Commissioner notifies district leaders that a school or schools within the district has been identified as Potentially Persistently Dangerous (PPD). The district leader is given an opportunity to present evidence that the conditions in the identified school do not threaten the safety of students because appropriate actions have been taken following reported incident(s).

Similarly, after a school is designated Persistently Dangerous (PD), the district/school leader is given an opportunity to petition for removal of the PD designation when the school’s reported data no longer meets the School Violence Index (SVI) threshold for designation.

The WIEP-OC process is one way for a school/district leader to provide evidence related to a student offender’s diagnosed disability or other condition, and the appropriate action the school has taken regarding school safety and behavioral interventions.

**What types of supporting evidence will be considered and when is the evidence due?** When a non-classified student offender has committed a weighted violent incident(s) as defined in the *Glossary of Terms Used in Annual Reporting of Incidents*, the Commissioner will consider any evidence presented by the deadline indicatedin the PPD/PD notification to the district. The WIEP-OC process requires that the school submit ***five types*** of documents supporting the request for exemption of weighted incidents committed by each non-classified student offender with a diagnosed disability or condition.

The ***five types*** of documents required for submission to be considered for the WIEP-OC exemption are listed below:

* **Behavioral, medical, or other type of formal evaluative documents[[1]](#footnote-1)** indicating a review of inappropriate student behavior related to reported serious incidents[[2]](#footnote-2)
* School’s System of Behavioral Supports and Interventions (Form #1) in place for **all** students;
* The Targeted Behavioral Action Plan (Form #2) developed by a Behavioral Intervention Team (BIT)**[[3]](#footnote-3)**
* Other evidence may be submitted, as appropriate, to support incomplete sections of the WIEP-OC such as documentation indicating that an offender has transferred from the school; and
* Attach a copy of the report for each weighted incident submitted for exemption consideration.

**Form #1: Provide a** **description of the school’s system of behavioral supports** **in place for all students.** Submission

 of this document is only needed once for this school site, even if multiple exemptions are being submitted for several

 different student offenders.

**Form #2:** **Targeted Behavioral Action Plan (TBAP)**

* Column 1: Describe the behavior resulting in the weighted incident; include relevant details such as particular time(s) of the school day and/or setting (cafeteria, recess, gym, etc.) of the weighted incident; use a separate page (Form #2) for each weighted incident submitted for exemption;
* Column 2: Behavioral interventions, supports, and strategies implemented by school/district staff or community partnership provider; at least some of the interventions must result in immediate improvement;
* Column 3: Record of the frequency (such as hourly, daily, weekly, monthly) of measuring progress of the interventions;
* Column 4: Describe the progress or lack of progress of each intervention; and
* Column 5: Describe the next steps/strategies to be continued or put in place to improve progress in interrupting

 problematic and dangerous behavior

**Form #1**

**Description of the School’s System of Behavioral Supports and Interventions**

**School District:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BEDS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School/Site Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BEDS**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person:**

**Telephone/e-mail of Contact Person:**

**Date Submitted to NYSED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Provide a description of the behavioral system of supports implemented in the school to instruct **all students** in behavioral expectations, as well as to provide classroom behavioral supports and interventions  |

**Form #2**

**Targeted Behavioral Action Plan (TBAP)**

Complete one page for **each** **weighted** incident that is submitted for consideration of exemption. Do not send the daily monitoring documentation attached to this summary.

 **Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Report**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **School/Site Name:**  \_\_\_\_\_**BEDS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Date(s) of each incident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Name and title of person completing this form:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Name of providers responsible for supports and/or interventions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **Problem Behavior** **with a Description** | **Interventions** | **Frequency of Measuring** **Progress of Interventions\*** | **Description of Progress** | **Next Steps** |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\*Please note frequency of monitoring progress, such as daily, weekly, or monthly.**

 **School Administrator’s pertinent observations and comments supporting this exemption (if any):**

**Form #2**

**Targeted Behavioral Action Plan (TBAP)**

**Do Not Send This Page to SED**

Complete one page for **each** **weighted** incident that is submitted for consideration of exemption. Do not send the daily monitoring documentation attached to this summary.

 **Student Name:** *John Doe* **Date of Report**: *5/20/16*

 **School/Site Name:**  *School of Hard Knocks* **BEDS**: *123456789100*

 Date(s) of each incident: 5/3/16, 3/2/16, 1/11/16, 10/16/15, 10/7/15,

 Name and title of person completing this form: *Jane Smith, School Social Worker; Mary Smith, Classroom Teacher*

 Name of providers responsible for providing supports and/or interventions: *School Counselor, School Based Support Team, Non-instructional monitors, Classroom Teacher*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Problem Behavior with a Description** | **Interventions** | **Frequency of measuring** **progress of interventions\*** | **Description of Progress** | **Next Steps** |
| *Aggression and physical fighting with other students. Incidents usually occur outside the classroom in large group settings.*  | *Increased supervision* | *Daily* | *Decrease in number of incidents (from 3 times a week to 2 times a week)* | *Maintain increased supervision (before school, lunch, or mid-day break, and dismissal)* |
| *Individual counseling* | *Once a week* | *Increase in outbursts of anger in various settings* | *Change in intervention to individual behavioral contract by school counselor* |
| *Immediate reinforcement of positive or appropriate behavior in the classroom and other group settings**- within 5-minute intervals* | *Weekly; teachers meet to discuss data once a week* | *Staff reports decrease in anger outburst in classroom* | *Develop a Behavior Support Plan that identifies most effective interventions, replacement skills and prevention strategies* |

 **School Administrator’s pertinent observations and comments supporting this exemption (if any):**

*Although John is not classified as a student with a disability, we have attached a statement of diagnosis of a conduct disorder. This diagnosis makes it difficult for John to control his impulsive behavior. John’s parent does not want him to take medication.*

**Checklist For Submission**

**Do Not Send This Page to SED**

Before you submit the WIEP-OC documents to NYSED you should ensure that all the required forms and supplemental documents are completed as instructed for each student offender. The required evidence includes the following items:

□ **Documentation of behavioral, medical, or other type of formal evaluation[[4]](#footnote-4)** indicating a review of inappropriate student

behavior related to reported serious incidents; A statement of diagnosis describing problematic behavioral characteristics

exhibited and signed by a professionally qualified provider is sufficient; an entire confidential evaluation report is not required.

□ Form #1: School’s System of Behavioral Supports and Interventions for all students;

□ Form #2: Targeted Behavioral Action Plan that includes the following:

* Description of behavior(s) resulting in the weighted incident(s) [*note: each behavior is recommended to have its own Form #2*]
* Behavioral interventions, supports, and strategies provided by school;
* Record of the frequency of measuring progress of the interventions;
* Description of progress of interventions;
* Next steps

□ A copy of the weighted incident report including a full description and the SSEC incident category the school district applied for

each non-classified student offender;

□ Other supportive evidence as appropriate to support incomplete sections of the WIEP-OC, such as documentation indicating

that a student has transferred from the school; documentation of parent/guardian refusal for the evaluation/investigation of student’s behavior and the school’s plan for intervention; etc.

Please mail all documents by the *prescribed date* that was stated in the letter of notification from the Commissioner or designee.

Questions regarding the submission of required documentation in support of consideration for exemption, and/or use of the attached forms may be directed to:

New York State Education Department

Office of Student Support Services EB – 318M

(518) 486-6090

SSEC@nysed.gov

1. **The documents must be completed by a provider professionally qualified to make a diagnosis, such as a licensed social worker, psychologist, psychiatrist, medical doctor, etc.** A statement of diagnosis describing problematic behavioral characteristics exhibited and signed by a professionally qualified provider is sufficient; an entire confidential evaluation report is not required. [↑](#footnote-ref-1)
2. If the underlying behavior(s) that resulted in the first weighted incident by the offender has resulted in additional weighted incidents, only one formal diagnostic document and the behavioral support plan addressing the problematic behavior(s) must be submitted. However, if additional behaviors not addressed by the offender’s initial diagnostic document lead to additional incident(s), updated documentation must be submitted showing that the student offender's evaluation and behavioral support plan have been revised to include the newer behaviors that resulted in additional weighted incidents. [↑](#footnote-ref-2)
3. This is an unofficial label of a team of school professionals responsible for reviewing individual student data and progress on a regular basis to develop appropriate supports and interventions; some schools may refer to this as a “child study team”, “student support team”, etc. [↑](#footnote-ref-3)
4. The evaluation documents must be completed by a qualified provider such as a licensed social worker, psychologist, psychiatrist, medical doctor, etc. [↑](#footnote-ref-4)