# Purpose

The WIEP is the process by which a school demonstrates to 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 it reported in the School Safety and Educational Climate data are attributed to a student offender’s classified disability.

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

Similarly, after a school is designated as Persistently Dangerous (PD), the district 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 process is one way for a school/district leader to provide evidence related to a student offender’s disability 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 student classified with disabilities has committed a 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 indicated in the PPD/PD notification to the district. The WIEP process requires that the school submit ***four required and two supplemental types*** of documents supporting the request for exemption of weighted incidents committed by each student offender classified with disabilities.

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

* The school’s System of Behavioral Supports and Interventions (Form #1) in place for all students;
* The *Functional Behavioral Assessment (FBA) and Behavioral Intervention Plan (BIP)* ***Checklist only*** (Form

 #2) for each student offender involved in a reported incident;

* A copy of each incident that is reported in a weighted category and is to be considered for exemption;
* *Trend Data: Progress Monitoring for Targeted Behavior* (Form #3) developed by a behavioral intervention

 team*[[1]](#footnote-1)*

The ***two types*** of appropriate and supplemental documents to include with the WIEP forms are listed below:

* If behaviors not addressed by the offender’s initial evaluation lead to additional incident(s), documentation must be submitted showing that the student’s initial evaluation and behavioral intervention plan have been revised to include any newer behaviors that resulted in additional weighted incidents;
* Other evidence may be submitted, as appropriate, to support incomplete sections of the WIEP forms, such as documentation indicating that a student offender has transferred from the school, etc.

**Form #1: Attach or 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 sought for several students.

**Form #2:** **Functional Behavioral Assessment (FBA) and Behavioral Intervention Plan (BIP) Checklist**

* Indicate the components of the FBA and BIP that are already in place for each student offender involved in a weighted incident that is submitted for exemption. Transfer the requested specific information from the offender’s FBA and BIP to Form #3 in Columns 1 (from FBA), and Columns 2, 3, and 4 (from BIP).
* It’s very important for the School Administrator to indicate in the box provided any special circumstances pertinent to the request for exemption, such as: the student having been transferred to a different setting, the FBA and/or BIP being amended to include additional behaviors and/or intervention plans, etc.

**Form #3: Trend Data - Progress Monitoring of Targeted Behavior**

* Column 1 - Baseline measures of Targeted Behavior related to the incident(s) submitted for exemption

 (frequency, duration, and intensity identified in the FBA)

* Column 2 - Behavioral intervention strategies including supports, and services provided by the school/district

 staff (including those provided through a community partnership) to address the problem behavior per the BIP

* Column 3 – The interval schedule for monitoring the progress of the interventions, such as daily or weekly, per

 the offender’s BIP

* Column 4 – Record the Progress Data (frequency, duration, and intensity) measured per the schedule specified

 in the BIP and entered in Column 3

* Column 5 - Describe the progress of the intervention strategies over the most recent three-month period by

 comparing the baseline measures from the FBA (Column 1) with the current behavior measured at the

 intervals prescribed in the BIP (Column 3) – increase? decrease?

* Column 6 – Based on the progress or lack of progress recorded in Column 5, what are the next steps for

 behavioral intervention strategies to address the behavior resulting in the weighted incident?

Other supportive and supplemental evidence:

* If there are compelling reasons that prevent the timely implementation of the student offender’s evaluation or BIP, the school administrator should submit pertinent observations/comments in the box on Form #2; only necessary supportive documentation should be attached for consideration.
* If a student classified with disabilities has not previously demonstrated behavior requiring the completion of a FBA, and now consistently exhibits aggressive behavior resulting in weighted incidents, that behavior should be considered for an evaluation by the school to identify and address behavior(s) related to the weighted violent incident(s) type reported.
* If the underlying behavior(s) that resulted in the first weighted incident has resulted in additional weighted incidents, only one FBA and BIP Checklist (Form #2) addressing these behaviors must be submitted. BIP revision to include more successful behavioral intervention(s) should be considered.
* If additional incident(s) is (are) caused by behaviors that are different and are not addressed by the student’s initial FBA and BIP, documentation must be submitted showing that the student's FBA and BIP have been revised to include the behaviors that resulted in additional weighted incidents.

Do not submit assessment tool forms such as, Functional Assessment Interview Tool; Parent/Guardian Form/ Staff Form; or Motivation Assessment Scale, etc.

**Form #1**

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

**School District:**  **BEDS**:

**School Name:**

**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 Functional Behavioral Assessment (FBA) and Behavioral Intervention Plan (BIP) Checklist**

Use this checklist to indicate the relationship between the student offender’s current behavioral status and the weighted incident(s) submitted for exemption. **Do not attach** the student offender’s FBA or BIP.

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

**School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**BEDS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name/Title of person completing this form:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Behavior(s) resulting in a weighted violent incident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Citation** |  |  |
| 8 NYCRR 200.1(r)8NYCRR 200.22(a) | **Date of FBA report**:The FBA includes the identification of the problem behavior(s).**Please list:** |   Yes [ ]  No [ ]  |
| The FBA provides a baseline of the student’s problem behavior(s) including frequency, duration, and intensity. (Include on Form #3 – column 1) |  Yes [ ]  No [ ]  |
| The FBA includes enough information in sufficient detail to form the basis for a behavioral intervention plan |  Yes [ ]  No [ ]  |
| 8 NYCRR 200.1 (mmm)8NYCRR 200.22 (b),(4),(5) | The BIP is based on the results of a functional behavior assessment. **Date of BIP:** |  Yes [ ]  No [ ]  |
| The BIP includes intervention strategies that include positive behavioral supports and services to address the behavior. (Include on Form #3 – column 2) |  Yes [ ]  No [ ]  |
| The implementation of a BIP includes regular progress monitoring of the frequency, duration and intensity of the behavioral interventions at scheduled intervals (Include on Form #3 – column 3 – noted by daily, weekly, etc.)  |  Yes [ ]  No [ ]  |
| The BIP identifies a schedule to measure the effectiveness of the interventions, including the frequency, duration and intensity. (Include on Form #3 – column 4)  |  Yes [ ]  No [ ]  |

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

**Form #3 Trend Data: Progress Monitoring of Targeted Behavior**

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

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

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

 **Behavior that resulted in a weighted violent incident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of incident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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| --- | --- | --- | --- | --- | --- |
| **Baseline of Targeted Behavior**  | **Interventions**  | **Frequency of Measuring Progress\*** | **Progress Data** | **Description of Progress** | **Next Steps** |
| Frequency:Duration:Intensity: |  |  | Frequency:Duration:Intensity |  |  |
| Frequency:Duration:Intensity: |  |  | Frequency:Duration:Intensity |  |  |
| Frequency:Duration:Intensity: |  |  | Frequency:Duration:Intensity |  |  |

**This chart summarizes the most current progress data for the following period of time (do not exceed three months):**

**Beginning date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through most current date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Form #3 Trend Data: Progress Monitoring of Targeted Behavior**

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

 **Student Name:** *John Doe* **Date of Report:** *5/13/16* \_\_\_\_\_\_\_

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

 **Behavior that resulted in a weighted violent incident:** \_\_\_*Carrying inappropriate objects*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of incident:** \_*5/3/16*\_\_\_\_\_\_\_\_\_

 **Name and title of person completing this form:**  \_*Jane Smith, School Social Worker*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| --- | --- | --- | --- | --- | --- |
| **Baseline of Targeted Behavior**  | **Interventions**  | **Frequency of Measuring Progress\*** | **Progress Data** | **Description of Progress** | **Next Steps** |
| Frequency: *3 times a week*Duration: *½ hour*Intensity: *medium* | *Instruction and verbal reminders* | *Daily* | Frequency: *Once a week*Duration: *½ hour*Intensity: *low* | *Decrease in impulsivity resulting in bringing in inappropriate objects to school* | *Maintain frequent verbal reminders* |
| Frequency: *3 times a week*Duration*: ½ hour*Intensity: *medium* | *Mentoring program meet at door of school to remind of inappropriate objects not to be brought to school* | *Daily* | Frequency: *Once a week*Duration: *½ hour*Intensity: *low* | *Decrease in inappropriate objects in possession found through screening* | *Continue mentoring program; identify a substitute mentor for use as necessary*  |
| Frequency:Duration:Intensity: |  |  | Frequency:Duration:Intensity |  |  |

**This chart summarizes the most current progress data for the following period of time (do not exceed three months):**

 **Beginning date:\_\_**May 15, 2016**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through most current date:\_\_\_\_\_**June 20, 2016**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

 **Form #3 Trend Data: Progress Monitoring of Targeted Behavior**

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

 **Student Name:** \_\_\_\_\_\_\_\_*John Doe*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Report:** \_\_\_*3/31/16*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 **Behavior that resulted in a weighted violent incident:** \_\_*Inappropriate touching of peers*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of incident:** \_*3/20/16*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Name and title of person completing this form:**  \_\_\_*Jane Smith, School Social Worker*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **Baseline of Targeted Behavior**  | **Interventions**  | **Frequency of Measuring Progress\*** | **Progress Data** | **Description of Progress** | **Next Steps** |
| Frequency: *Ten times a week*Duration:*15 seconds*Intensity: *high* | *Token Behavior Management System* | *Daily* | Frequency: *7 times a week*Duration: *5 seconds*Intensity: *Medium* | *When focused, John can earn 3 tokens of choice per week for not touching inappropriately*  | *Provide more valuable tokens for reinforcement* |
| Frequency: *Ten times a week*Duration: *15 seconds*Intensity: *high* | *Individual Behavior Contract*  | *Daily*  | Frequency: *7 times a week*Duration: *5 seconds*Intensity: *medium* | *When John selects appealing tokens his adherence to proactive behavior described in his contract increases* | *Vary tokens for reinforcement based on John’s personal high interest*  |
| Frequency:Duration:Intensity: |  |  | Frequency:Duration:Intensity |  |  |

**This chart summarizes the most current progress data for the following period of time (do not exceed three months):**

**Beginning date:\_\_\_**April 1, 2016**\_\_\_\_\_\_\_\_\_\_\_\_ through most current date:\_\_\_\_**June 15, 2016**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Checklist for Submission:**

Before submitting the WIEP documents to NYSED please ensure that all the required forms and supplemental documents are completed as instructed. Exemptions will not be granted if paperwork is incomplete or incorrect.

The ***four*** documents **required** for an exemption request to be considered include the following:

□ Form #1: A Description of the School’s System of Behavioral Supports and Interventions;

□ Form #2: Functional Behavioral Assessment (FBA) and Behavioral Intervention Plan (BIP) **Checklist only**;

□ Form #3: Trend Data: Progress Monitoring of Targeted Behavior; and

□ A copy of the original weighted incident that shows the incident category reported by the school district for each student offender;

The supplemental evidence includes, but is not limited to, the following items:

□ Other supporting and supplemental evidence required in support of missing/incomplete sections of the WIEP,

 such as documentation when a student has transferred from the school, etc.

□ If behaviors not addressed by the offender’s initial evaluation lead to additional incident(s), documentation must be submitted showing that the student’s initial evaluation and BIP have been revised, or are being revised, to include the additional behaviors that resulted in weighted incidents

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

Questions regarding the submission of required documents for consideration of exemption approval may be directed to:

New York State Education Department

 Office of Student Support Services 318M EB

89 Washington Ave. Albany, NY 12234

 (518) 486-6090

 SSEC@nysed.gov

1. This is an unofficial label of a team of school professional 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-1)