

***George-Little Rock
Community School***

***At-Risk
Program***

2014-2015

***Revised July 2014
Web Site
Flow Chart Page 10***

AT-RISK PROGRAM

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Core At-Risk Team Members

BUILDING ASSISTANCE TEAM

G-LR High School (Core Team)

Kevin Range
Dan Helkenn
John Heyer
Michele Johnson
Lori Fiedler
Valecia West

G-LR Middle School

Aaron Lonneman
Jill Hansen
Daniel Helkenn
Heather Keizer
Randy Meester
Jenny Vanderveen

Molly Schilling

Elementary - George Site

Kim Chadwick
Kristi Donaker
Marlene Fluth
Daniel Helkenn
Pam Krull
Shari Kruse
Paula Maxwell
Kevin Range
Sue Roseberry

Elementary - Little Rock Site

Karie Aeikens
Daniel Helkenn
Nyla Hellinga
Amanda Fredrichson
Sharon Klaahsen
Molly Schilling

G-LR Auxilliary Team

Jill Christensen
Kris Hamilton
Tim Mauldin
Jenna Noble
Brian Luenberger
Brittany Klaahsen
Brenda Sandbulte
Shannon Poor Bear
Russ Verburg

Information in this handbook reflects Policy No. 604.04.

**George-Little Rock Community School
School Improvement Council
Formed October, 2002
AT RISK/DRUG FREE SCHOOLS**
Dan Helkenn, At-Risk Coordinator, Chairperson
Updated May 2012

COMMUNITY MEMBERS			
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MISSION STATEMENT

The Mission of the George-Little Rock School District is to provide quality education for lifelong learning.

SCHOOL DISTRICT BELIEFS

WE BELIEVE:

- All people can learn and succeed.
- Every person is a valued participant in the life-long learning process.
- Application of knowledge enhances learning.
- That the basic moral attitudes of the community will be reflected in our educational program.
- All people must learn to adapt to change.
- All people have worth.
- Quality education is the foundation of a productive society.
- Education plays a vital role in developing a well-rounded individual.
- Education must take place in a safe environment.
- High expectations are a must.

PHILOSOPHY

George-Little Rock Community School believes that all children can learn. However, the school recognizes the fact that not all children have the same abilities, motivations, and interests. For this reason, it is the G-LR School belief that so far as is economically reasonable, the district's program must be sufficiently broad to effectively meet the needs of all students, and also believe that teaching materials and methodologies must be of a nature so as to provide maximum learning opportunities for all students.

George-Little Rock Community School believes that students learn best and teachers teach most effectively in an environment that includes a clear sense of purpose, high expectations of individuals and the schools, effective instructional and administrative leadership, frequent monitoring of progress, sense of personal safety and security, and comfortable surroundings. Therefore, the districts will always strive to assure that these conditions exist in its schools.

Finally, the school realizes that they are an important part of the vitality of the communities which they serve. Furthermore, they realize that they need the communities for support and as learning resources. Therefore, it is imperative that the communities are involved and committed to the pursuit and maintenance of educational excellence in the George-Little Rock Community School District.

LEGAL REQUIREMENTS

257.38(1) Provisions for At-Risk Students. The Board of Education shall have a plan to identify and provide special assistance to students who have difficulty mastering the language, academic, cultural, or social/emotional/behavioral skills necessary to reach the educational levels of which they are capable. The program shall serve students whose applications and achievement may be negatively affected by stereotypes linked to race, national origin, language background, gender, income, family status, parental status, or disability.

The program shall include strategies for identifying at-risk students and objectives for providing support services. These objectives shall be translated into performance objectives for all school personnel. The program shall also include provisions for in-service training for school personnel, community awareness, strategies and activities for involving and working with parents, provisions for monitoring the social/emotional/behavioral and academic improvement of at-risk students, provisions for appropriate counseling services, strategies for coordinating school programs and community-based support services, and maintenance of integrated educational environments in compliance with federal and state non-discrimination legislation.

BUILDING GOALS

The following components will be addressed and implemented at each educational level (K-12) within the George-Little Rock System. There are nine components.

- A. Identification of At-Risk students
- B. Support services
 1. instructional
 2. community based
 3. school based
 4. appropriate counseling services
- C. Parent involvement
- D. Prevention Strategies/School Personnel Involvement and In-service
- E. Multi-Cultural/Gender Fair
- F. Monitoring System
 1. behavioral
 2. social
 3. academic
- G. Basic Process/Flow Chart for Student Intervention

IDENTIFICATION OF STUDENTS AT-RISK

To identify students in need of intervention using a variety of sources, both in and out of the school environment, will be needed. Student identification, or referral, may come from any of the following resources:

- *Parental concern or referral
- *Teacher concern or referral
- *Student request for personal assistance
- *Other student concern or referral
- *Principal concern or referral
- *Guidance Counselor concern or referral
- *Any other staff, certified or classified, concern or referral

The Building Assistance Team Referral form which will be used is found in the appendix.

Strategies for Identification of At-Risk Students

The definition of at-risk students includes three distinct categories of students, not meeting the goals in the educational program, not completing high school, and not becoming a productive worker. The three categories are identified below.

Not Meeting Goals in Education Program

- * Low achievement scores; below the 40th percentile or two or more years behind.
- * Inability to cope with a full class schedule; low grades in one or more classes (below grade "C-" or 2.0 on 4.0 scale).
- * Poor attendance; missing one day per week or a total of nine days in a semester.
- * Suspended or expelled two or more times.
- * Lack of friends.
- * Dislike of school; frequent mentioning of not fitting in.
- * Sudden negative changes in classroom performance or social interaction.
- * Poor organization of study habits; cannot find homework, lacking necessary materials for class.
- * Low motivation to complete assignments.

- * Inability to pay fees, lunch tickets, transportation, materials, extra curricular expenses, etc.
- * Limited English proficiency.
- * Disabled and not succeeding as expected after being given support services by special education staff.
- * Difficulty meeting long-term goals.

Not Completing High School

- * Pregnancy
- * Teen parent
- * Dropout
- * No extra curricular involvement
- * Substance use or abuse; unhealthy physical involvement
- * Inability to adjust to transition steps in the education process (elementary to middle school, or middle school to high school)
- * Homeless
- * Frequently tardy
- * Suicidal tendencies
- * Negative peer influence (social crowd of dropouts, delinquents and/or poor achievers)
- * Victim of overwhelming peer harassment

Not Becoming a Productive Worker

- * No identified career interests
- * Course selection is highly random, leading toward no specific post-high school career choice
- * No reasonable career plans upon graduation or beyond graduation
- * No specific plan for post-high school training
- * Low motivation to seek employment
- * Inability to keep employment; unacceptable work behavior
- * Unfamiliarity with and inability to use community service agencies
- * Low aptitude/skills for competitive work

Support Services

Instructional Support Services - Students who need help to succeed in academic classes should receive assistance by the following activities:

- * Transition programs (elementary to middle school, middle school to high school, high school to career bound)
- * Computer-based tutorial assistance
- * Pull-out remedial programs
- * Peer tutoring
- * Extended school day offering homework assistance (ASAP)
- * Learning center
- * Summer School
- * Work experience and exploratory/vocational education offerings
- * Cooperative learning allowing mixed ability grouping
- * Contractual learning and personalized education plans
- * Alternative Learning Center

Community-Based

- * School should not be expected to take care of all the needs of students.
- * Other outside community services should be utilized whenever possible.
- * Multi-agency collaborative plans are established to ensure students' success in the school program.
- * Specific agencies considered in the George-Little Rock School System include:
 - Health Services of Lyon County
 - George-Little Rock Ministerial Association
 - Lyon County Department of Human Services
 - Seasons Center
 - Area Educational Agency Support Services
 - Northwest Iowa Drug and Rehabilitation Unit
 - Iowa Department of Job Service
 - Creative Living Center
 - Family Crisis Center
 - Avera McKennan Hospital Mental Health
 - Sanford Medical Center
 - Children's Care Hospital and School
 - Alternative High School

Other agencies are listed in the appendixes

School-Based

NW Area Education Agency offers the following services:

- * Speech-language pathologist
- * School psychologist
- * Consultant
- * School audiologist
- * School occupational therapist
- * School physical therapist
- * Social Worker

Counseling Services

Counseling is available from the Liaison Officer and At-Risk counselor. Appropriate counseling service includes the student termed at-risk as well as all students. The guidance program consists of examples listed: A crisis plan, student assistance teams, support groups, peer helper program, individualized career planning, individualized counseling, coordination of outside agencies, programs to help parents help their children, and consultation with staff to assist in understanding and helping students.

STRATEGIES FOR INVOLVING PARENTS

The following chart identifies parent/guardian involvement as a multidimensional process involving parents/guardians and/or other significant family members in different roles with different degrees of complexity. All parents/guardians are perceived as needing help/guidance to assume any of the identified roles. The school can help all parents/guardians and significant others to assume any or all of the identified roles.

Roles	Rationale	Activity Examples
<p>A. Valuer of Education</p> <p>Parent/guardian/family members are involved in performing basic obligations, such as registering, overseeing attendance, medical exams, responding to written or phone messages or providing messages to school to inform school of family situations which may affect educational performance of student/s.</p>	<p>Most parents work and are involved in other activities and have limited time to become involved in school matters and their attention needs to be captured.</p> <p>Many parents have to be shown how to become involved in school and to perceive school as an extension of their home environment, as unthreatening, helpful, and supportive.</p>	<p><u>Basic Communications</u></p> <ul style="list-style-type: none"> * Positive notes, daily or weekly * Checklist of accomplishments * Personal letters regarding student progress, attendance, behavior, etc. * Activities to draw parents into school, such as plays, exhibits, athletic events, open houses, child's work nights, etc. * Home visits, personal or phone * Monthly or quarterly phone contacts * Progress reports * Parent JMC link
<p>B. Supporter/Partner</p> <p>Parents asked to contribute material goods, money to assist the school, purchase material for home study and/or volunteer time.</p> <p>Parent continues to perform basic obligations identified in the role as valuer.</p>	<p>Teachers need allies and the allies they need most are parents.</p> <p>Parents are a child's first teacher and have the most potential to influence a child's development.</p> <p>Parents who don't know how to help are more comfortable starting out by making contributions.</p>	<ul style="list-style-type: none"> * Food for birthday parties, holidays, special events * Purchase of appropriate material for home study area * Contributions for field trips, learning materials, etc. * Donations of learning aids for classroom use or home use * Special clothing for seasonal weather that can be given to needy students * Parental assistance in home work, both individual and in cooperation with other parents
<p>C. Co-Decision Maker/Advisor</p> <p>Parent is asked for time obligations beyond the basics to help their children learn.</p> <p>Parent provides input on school policy and programs to improve services.</p> <p>Parent continues to perform roles as valuers and supporter/partners.</p>	<p>Many parents do not possess the necessary group skills to work comfortably with organization activity requiring group work. Parents can be helped to achieve these skills.</p> <p>When given developmentally appropriate ideas about how to help (what to do and when), parents will try to help their own children at home, at school (day or evening or weekends), or in cooperation with other parents.</p> <p>The number of parents who serve as advisors or co-decision makers is small compared to the total number of parents represented in any community.</p>	<ul style="list-style-type: none"> * Volunteer assistance to help in school * Volunteer assistance for parent/teacher organization * Participation in advisory committees and prevention groups such as MADD (Mothers Against Drunk Drivers) * Respond to school surveys * Member of special advisory committees * Members of PTA

PREVENTION STRATEGIES/INVOLVEMENT OF SCHOOL PERSONNEL

All school personnel are expected to provide support and assistance for all students including those identified as being at-risk. A combined effort on the part of school personnel will increase our chances of assisting students in being successful in school and decrease the chances of them being identified as at-risk in some area. The following is a list of strategies that can be used to assist students.

1. Once per week over nine weeks, contact one assigned at-risk student to assure that someone cares about them as an individual.
2. Once a month, call a parent of an assigned at-risk student. Update on students progress as well as discuss any concerns the school or parent may have.
3. Send short, positive notes home, identifying student success or short notes on how to help with homework.
4. Engage peers in cooperative learning/tutoring.
5. Utilize computer programs for tutoring, remedial help, and additional instruction time.
6. Provide in-class practice exercises with the specific objective to assist the most needy in the time provided.
7. Include low achievers in class participation and encourage their interaction by using questioning techniques involving opinion and evaluation.
8. Help all students review for tests, with specific attention given to those most likely to fail.
9. Utilize classroom learning centers as much as possible to maximize individualized learning and assistance.
10. Remember student names and use the preferred name when interacting with students, particularly in learning exercises.
11. Teach study skills in the content of subject matter; utilize reviews in class incorporating the study skills.
12. Present information/directions using as many learning modalities (hearing, seeing, touching or manipulation, speaking) as possible.
13. Deliberately select learning experiences with the greatest likelihood of success to minimize the possibility of failure.

STRATEGIES/TRAINING OPPORTUNITIES

All full-time and part-time professional and nonprofessional staff should be annually engaged in a minimum of one training program to increase their potential to assist students identified as at-risk. Such training can be included in annual staff development training programs and/or be provided by individual scheduling throughout the year. The following list indicates potential staff development ideas that can be incorporated into yearly plans:

- * Identification and referral of at-risk students, including abused, limited English proficiency, and homeless.
- * Shared collaboration between school and service agencies staff
- * Peer counseling/tutoring/helper programs
- * Standards Based Education
- * Teaching through learning channels
- * Teacher/student interaction time for problem solving
- * Emergency health care
- * Substance abuse identification/intervention
- * Parent communications/involvement
- * Teachers as counselors
- * Multi-Cultural/Gender Fair education
- * Career development/post-school planning
- * Learning centers-individual contracting
- * Behavior modification techniques
- * Computer assisted instruction/tutoring and remedial software
- * Building Assistance Team
- * 9 Instructional Strategies that Work
- * Mentors

**Staff development should also allow time for individual input and planning on local problems. Significant dialogue should occur among all staff at the local level to achieve ownership and a commitment to make a difference. Expertise at the local level often matches that from outside sources.

MULTI-CULTURAL/GENDER FAIR

At-Risk students need equal access to all education programs and support services, programming which promotes integration rather than segregation, the collection and analysis of student data on the basis of race, national origin, gender, and disability, and the proper hiring and placement of staff with regard to sex, race, national origin, creed, color, religion, disability, and parent/family and marital status.

The at-risk standard requires that a monitoring system be established to determine the progress of at-risk students. The standard also requires that in-service training be provided to all staff. Both of these areas should be developed with respect to nondiscrimination legislation to assure that all staff is kept abreast of teaching and placement practices that are sensitive to discrimination and that consistent information is generated to help staff make adjustments as necessary.

The following chart indicates some possible strategies to promote integration and avoid segregation.

Activities Promoting Integration	Activities To Avoid Segregation
Develop individual education plans that promote inclusion Use positive labeling: success rather than at-risk Allow open entry and exit for support programs and services Use peer assistance Use cooperative learning Encourage parent collaboration Promote fluid, flexible grouping	Use more than one criteria for identification Decrease the number of prerequisites for entry to program Review teaching practices Avoid dress codes not sensitive to cultural differences Avoid charging fees or supplement when fees can't be paid Provide support services allowing integration

Monitoring Behavior, Social, and Academic Improvements

Some students, once identified as being at-risk, may not remain at-risk throughout their school career. However, some students may need constant support until they leave school. Therefore, a monitoring system is needed to allow for the constant review of student performance. This will also allow for the entry and exit of students as needed.

Formal and informal assessments and/or studies at each level can be used to monitor and to verify student progress resulting from the support services provided. Examples of monitoring systems are listed below. The type of monitoring system which will be used should be decided on by the Building Assistance Team when a student is identified as well as who will be doing the monitoring. Documentation is essential in this area. The following monitoring strategies may be used:

- * follow up study
- * behavior checklists
- * achievement testing on a pre/post basis
- * peer observation
- * individualized education/career plans
- * report cards, including the review of defined behaviors
- * letters or notes sent to parents or guardians
- * recorded observation of performance
- * attendance records
- * assessments and/or communications with cooperating agencies
- * student/parent evaluations of services provided
- * records of economic assistance provided students for fees, materials and supplies, transportation, etc.
- * centralized databases or centralized records
- * student feedback questionnaire system

**Monitoring systems should be based on factual information that can be documented and that is consistent with state and federal legislation regarding student records.

Insert flow chart here.

EDUCATION PROGRAM

Series 600

Policy Title Program for At-Risk Students

Code No. 604.04

The board recognizes some students require additional assistance in order to graduate from the regular education program. The board will provide a plan to encourage and provide an opportunity for at-risk students to achieve their potential and obtain their high school diploma.

It is the responsibility of the superintendent to develop a plan for students at-risk which provides for identifying students, for program evaluation, and for the training of employees.

Legal Reference:

Iowa Code §§ 257.38-.41; 280.19, .19A (2007).
281 I.A.C. 12.5(13); 33; 61; 65.

Cross Reference:

505.00 Student Scholastic Achievement
607.01 Student Guidance and Counseling Program

Date of Adoption: February 11, 2008 Revised _____

Related Administrative Rules and Regulations: _____

BUILDING ASSISTANCE TEAM GUIDELINES

School policy should address prevention, early problem identification, referral procedures, legal concerns and questions, medical emergencies, treatment programs, school re-entry, staff training staff chemical problems, and team assessment and evaluation. George-Little Rock Community School recognize that students can experience a number of personal, behavioral/medical problems which can have an adverse affect on their behavior, conduct, or academic performance in school. Such problems could include learning disabilities, physical illness or problems, emotional and psychological problems, family or legal problems, alcohol or other drug abuse, social, economic, sexual, or other personal problems, or anything that is a barrier to students to achieving their potential. The school becomes concerned when any of these problems, which may occur in a student or in a family member, repeatedly and definitely interferes with a student's school performance, or jeopardizes the health, safety, welfare, educational opportunity, or rights of other students or personnel.

Therefore, George-Little Rock Community School established a Building Assistance Team to handle problems arising from behavioral/medical problems including alcohol and other drug abuse, to function within the following guidelines:

1. The responsibility to maintain satisfactory or acceptable levels of academic performance and general conduct remains with the student at all times, whether in school, at school-sponsored events, or on school grounds. When school performance falls below satisfactory or acceptable levels, the student may be given the choice of (1) improving conduct or performance, (2) accepting the appropriate disciplinary action, or (3) accepting referral to the Building Assistance Team staff resources.
2. Students may be referred to the Building Assistance Team by the principal. Referrals may come from any staff member or employee who is aware of a student who (1) exhibits a pattern of definite and repeated unacceptable or unsatisfactory performance, (2) who violates a school rule, or state or federal statute, or (3) who manifests any signs, symptoms, or indications of the presence of a behavioral/medical problem.
3. The Building Assistance Team through resources will attempt to arrive at the probable cause of the performance or behavioral problem. They will recommend referral to the appropriate source of care. Parents will be called in by the team and/or principal as deemed necessary.

4. At all times, it is the prerogative of the student to accept referral to the Building Assistance Team or to professional assistance or to reject it. If a student accepts or rejects assistance, it still remains his/her responsibility to bring performance up to satisfactory or acceptable levels, or to face such disciplinary action as may be warranted. Professional assessment may be required by the principal as a condition of continuing in the normal school program.
5. If a student accepts referral and treatment, that fact will be regarded as it would for any illness, with respect to benefits or privileges. So long as a student is involved with the Building Assistance Team, and is cooperatively and/or successfully addressing his/her problem, the student may remain in school and continue with normal activities and privileges.
6. No records of a student's involvement with the Building Assistance Team are to be kept in his/her personal file. (What minimal records as must be kept are to be considered of a student may have with a member of the Building Assistance Team will ever become part of the student's personal file or cumulative record). The fact of student's participation in the Building Assistance Team in addition to specifics will remain absolutely confidential, and subject to state and federal regulations governing confidentiality and the release of information.
7. An essential feature of the Building Assistance Team is that students who think they have behavioral/medical problem, including alcohol and other drug abuse, may contact the Building Assistance Team resources voluntarily, with the same assurance of confidentiality.
8. George-Little Rock Community School also recognizes that a student can be adversely affected by the stress resulting from a family member with a behavioral/medical or personal problem, including alcohol and other drug abuse. Therefore, referrals from the staff may be extended to all students and their immediate family members, at either's request.
9. The awareness and support of parents for a student with a behavioral/medical or personal problem is extremely important. However, should either student or parents/guardians not wish to cooperate in improving school performance, or in making assistance available, the student's status in school will be re-evaluated, taking into consideration the best interests of the student, the nature of the problem and the health, safety, welfare, educational opportunity, and rights of other students or personnel. Declining services by parent, guardian, or student shall be documented.
10. It is against school policy for anyone to be in school, on school grounds, or at school-sponsored activities, to be under the influence of alcohol or other drugs. Federal and state laws also prohibit the possession, use, sale or delivery of alcoholic beverages and controlled substances on school grounds.
11. Prescription medications are construed as exceptions to this policy when used by the individual for whom they are prescribed, and in the manner prescribed.
12. It is the responsibility of the building administrators and/or their designee to use procedures consistent with this policy. Nothing in this policy is intended to result in any special regulations or exceptions from standard administrative practices regarding student discipline. Emphatic referrals of school employees are encouraged.
13. There will be representatives to assist new students in their orientation to George-Little Rock and will be coordinated by the At-Risk Coordinator.
14. George-Little Rock will implement a Crisis Management Plan applicable to all buildings.

GOALS OF BUILDING ASSISTANCE TEAM

Goal: To systematically and professionally respond to young people's problems as they are manifested in school.

More specifically, building assistance teams have been designed to:

1. Provide assistance to students troubled by physical, emotional, social, legal, sexual, medical, financial, educational, family, or chemical use problems.
2. Improve the quality of education in schools and the school environment.
3. Utilize existing human resources rather than require new professional staff.
4. Enlist the support and involvement of professional staff members.
5. Encourage all school personnel, students, and parents to participate in a confidential referral process.
6. Establish school, community, parent and appropriate human resource linkages.

TYPES OF BUILDING ASSISTANCE TEAMS

- A. Chemical specific: policies, procedures and resources to identify and refer students with chemical-related problems.
- B. Program designed for "any student with problems."
- C. True "broad-brush" program for any student with any presenting problem. This will concentrate on the chemical-specific type of Building Assistance Team, which will be adapted to any type of problem with the following goals in mind:
 - * to aid those students whose behavior is producing difficulties in their daily lives.
 - * to aid those students who have gone through, or are participating in, any treatment program.
 - * to aid those students who may not be abusing chemicals, but who are experiencing negative effects because of chemical abuse practices of a family member or friend.

STAGES IN IMPLEMENTING A BUILDING ASSISTANCE TEAM

Level III (flow chart) develops/revises policy to fit district needs.

Building Assistance Team procedures established and staff members assigned specific responsibilities.

Cooperative relationships established with local helping agencies and law enforcement.

Building Assistance Team policy and procedures disseminated to all relevant people; i.e., staff, students, administrators, and parents.

Education provided:

Staff in-service

Parent awareness

Community awareness

Building Assistance Team implemented.

Program evaluation (referrals, critical incidents, satisfaction of student, parent and staff).

Program revisions made.

CRITICAL FEATURES

Critical to the accomplishment of the Building Assistance Team goals are:

- * linkages between school, parents, students and human resource agencies
- * long-range commitment
- * accepting and facilitative atmosphere
- * staff knowledge and skills
- * integration with prevention and instructional efforts
- * structured set of procedures to follow in order to refer a student for further assessment and assistance.

MISCONCEPTIONS

Some misconceptions and attitudes can block the successful implementation of the Building Assistance Team.

- * Discipline (punishment) cannot be a purpose of the Building Assistance Team if the goal of the team is to help students. If disciplinary action is indicated, it should be administered separate from the Building Assistance Team.
- * School personnel are not competent to diagnose, treat or counsel families.
- * Safeguarding the privacy of students and their families and confidential communications is a function of all school staff. Information exchange must be on a "need-to-know" basis.
- * "Not wanting to get involved" is a prevalent method for enabling dysfunctional behaviors to continue.
- * Chemical dependencies are illnesses/health problems. These health problems may be treated more successfully if intervention can be implemented as early as possible along with appropriate treatment.

PREMISES FOR A BUILDING ASSISTANCE TEAM

The following is a partial list of the premises upon which this approach is based:

- * Chemical abuse and dependency and the stress of living in a chemically dependent family environment represent a serious and prevalent threat to the health and welfare of Iowa youth. Such harmful involvement with alcohol and other drugs affects the whole person, their significant relationships with those around them, and impairs physical, social, emotional, intellectual, spiritual, and academic growth.
- * Alcohol and other drug abuse, while not "the schools' problem," is a problem for schools. Chemical abuse has long been demonstrated to be a cause and/or contributing factor in vandalism, absenteeism and tardiness, disciplinary referrals, classroom disruptions, declining academic performance, drop-out rates, etc.
- * Building Assistance Teams must take into account the unique characteristics of individuals and families. The area of policy and procedures, team design, and staff training must be appropriate to the demands of the situation.
- * The co-involvement of school systems, NW AEA staff, ministerial association, law enforcement, human service agencies, various civic groups and the community is necessary at all stages of a team's development, including design, implementation, promotion, and evaluation.

STAFF ROLES AND RESPONSIBILITIES

This Building Assistance Team model assumes that a school district will designate three staff members to function as the Building Assistance Team. This team would consist of the high school administrator, a Building Assistance Team coordinator/counselor and one or more teachers (building assistance contacts). Remaining school staff also have defined roles with the Building Assistance Team.

1. Building Assistance Team

Responsibilities of the Building Assistance Team include:

- * Promote self-referrals to the team within the student body.
- * Respond to referrals received from teachers, students, parents, etc.
- * Preliminary assessment of the nature and extent of a student's problem.

- * Make appropriate referrals to existing school programs or persons.
 - * Make appropriate referrals to community resources, i.e., social service agency, treatment programs, etc.
 - * Provide follow-up by monitoring the student's progress in the referred program.
 - * Communicate to other staff the progress of student while respecting federal and state confidentiality and date privacy laws.
 - * Monitor the team's effectiveness with individual cases
2. School Administrator
Responsibilities of school administrator includes:
- * interpreting the district's chemical use philosophy, policy, and procedures to students, their families, and the staff;
 - * using authority to uphold standards of student behavior and conduct;
 - * taking disciplinary actions or enforcing certain consequences for student behavior;
 - * taking appropriate actions in a medical emergency or crisis situation;
 - * encouraging staff to take an active role in the Building Assistance Team.
3. At-Risk Coordinator/Counselor
Responsibilities of the At-Risk Coordinator/Counselor includes:
- * individual meetings with students;
 - * gathering information from students, families, and/or referring persons;
 - * interpreting the likely cause for school behaviors of concern;
 - * recommending the appropriate form of assistance in the community or in school;
 - * providing support to students who are recovering or who are dealing with a family member's chemical use problem;
 - * managing the program in terms of representing the team to the community, keeping confidential records and preparing reports on the team's progress;
 - * maintaining contact with student and home; and
 - * home visits when necessary.
4. Building Assistance Team Contact Person
Responsibilities of the Building Assistance Team contact person are more diffuse. The Building Assistance Team contact person is basically someone to whom any student may go to discuss a personal problem in a safe and confidential manner. The contact person will listen, provide information where needed, and be supportive. The major function of contact persons would be to decide, on the basis of their contacts with a student, whether the student would benefit from other aspects of the school's Building Assistance Team, and to encourage and support a student in seeing the Building Assistance Team Coordinator/Counselor. The contact persons are not expected to counsel, advise, solve, or "treat" students' problems. This is a voluntary role.
5. Agency Resource Person
It is very likely that the Building Assistance Team Coordinator/Counselor will need some help in organizing and conducting some peer support groups (e.g., "Concerned Person's Group" or "Aftercare Group"). This person might also be very useful in student and parent conferences.
6. Other Teachers and Staff
School personnel are in an ideal position to help identify students who may have chemical-related problems or other problems. Staff members are expected to:
- a. Be observant. Note individual behaviors they see, either alcohol/drug specific or general behaviors, that are of concern to them.
 - b. Report observed/witnessed incidents of chemical-related behavior (e.g., intoxication, sale, delivery, or possession, etc.) to the appropriate administrator.
 - c. Be sensitive to unexplained changes in behavior over time, and to patterns of declining school performance. These general observations, or suspected involvement should be reported to the Building Assistance Team counselor/coordinator on existing forms.
 - d. When concerned about observed behaviors, discuss these with the student and indicate actions that will be taken -- e.g., "I will be talking to (Building Assistance Team member) about this," or "I'd like you to see _____, and I'll go with you."
 - e. Always remain a good, sympathetic, non-judgmental listener.
 - f. When students voluntarily confide personal information regarding alcohol/drug use, staff members should find an appropriate way of both preserving and respecting that confidence while also protecting themselves.

These general guidelines reinforce the key "supervisory" role of staff members -- to observe behavior, to confront the student with these observations when performance becomes a problem, and motivate the student to accept help.

All Staff members are expected to avoid the following:

1. Don't "diagnose" students. Few persons in a school district or even a community will be professionally competent to diagnose whether a student is chemically dependent or not, and what type of services he/she may require.
2. Don't "counsel" students, or attempt to "fix" them by yourself. It is a mistake for anyone to think that they alone can get a student to use less, or to quit altogether.
3. Don't "label" a student. For one thing, most of us are adept at sensing other people's attitudes, and at learning who will and will not be sincerely helpful. Moreover, using such terms opens up real possibilities for legal liability.
4. Don't contact parents to inform them of chemical use that you either have observed or suspect. Such information is more appropriately shared with the Building Assistance Team counselor/coordinator, who can help decide whether or not to proceed, and how.
5. Don't allow a student to make you feel or be responsible for their chemical use or behavior.

BASIC FUNCTIONS OF BUILDING ASSISTANT TEAM

1. Identifying those students with a given need. Means of identifying:
 - * staff witnesses use, possession, intoxication, sales and/or distribution.
 - * staff observant of behaviors of concern.
 - * family member seeks school's help.
 - * friend seeks school's help.
 - * police or other community agency identifies student to school personnel.
 - * student seeks help from school personnel.
2. Initial assessment of the nature and severity of the problem. Assessment would refer to examining school behavior to determine whether it is probable that an individual's chemical use and problem behaviors are related, and to what degree. Professionals or treatment programs in the community would carry out more specific diagnostic and evaluation activities. A community agency to which a student is referred should be supplied with the results of the school's assessment and the data upon which it is based.
3. Motivating the student to accept help. This is a process which depends on:
 - * having clear, definite, and reasonable expectations of what is acceptable behavior and/or performance, and consistently enforcing them;
 - * having a clear notion of what constitutes individual responsibility and responsible behavior;
 - * confronting (providing feedback) an individual student or family with facts in a manner that they can best respond to;
 - * presenting choices among alternative courses of action at least one of which involves a sincere offer of help;
 - * having a definite goal in mind (i.e., what one wants to motivate the student towards);
 - * having consequences for various courses of action which the school or individual is both willing and able to follow-through.
4. Appropriate referral to agencies, programs or services which can assist with the student's problem. Diagnoses, evaluation and treatment are not the function of a school. For the chemically dependent person, treatment is a formal program, on an outpatient or inpatient (residential) basis, which is offered by community service agencies. Some "treatments" can be provided through the school for non-chemically dependent students.
5. Supporting the student in any adjustments he/she may have to make to a new lifestyle. Aftercare services are those provided to individuals following their participation in a formal treatment program. Such services usually serve either or both of two functions: assisting the individual to work on problems and goals identified in treatment, and/or providing support to the individual in the early phases of recovery or rehabilitation.

It is pretty clear that students returning to school after a treatment program have little chance of staying "clean and sober" for very long unless some support is made available to them in school, during the school day. One-to-one counseling and support groups have been useful in maintaining a student's recovery.

IDENTIFYING STUDENTS IN NEED OF ASSISTANCE

An effective identification system is:

- * non-punitive
- * non-rescuing ("professional enabling")
- * protective of student's rights
- * known by staff and student body
- * consistent, but flexible enough to handle individual cases

Common ways that students are identified:

- * Parent concern and approach school staff
- * Student self-referral/referral of friend
- * Referral from outside source (social service, youth shelter, juvenile court)
- * Referral from teachers and other staff

Observation by teachers and other staff are the key to early and more successful interventions with chemically-involved

students. It is assumed that every staff member is a potential "concerned staff member", i.e., the one who recognizes and formally notes the aberrant or suddenly changed behavior of a student. Staff should remember that the simple identification of problem behavior is all that is being asked. Making assumptions about or diagnosing the "cause" of certain behaviors is definitely inappropriate.

Staff members are asked to record:

- * Absenteeism
- * Tardiness
- * Diminished quality of assignments
- * Trouble with peers
- * Hostility toward staff members
- * Lack of attention in class
- * Changes in appearance
- * Changes in after school activities
- * Any other changes that compel attention
- * Signs such as bloodshot eyes, stumbling or slurred speech

All of the behaviors listed on the preceding page are educational concerns related to the teaching/learning process and are well within the legal bounds for any staff person to respond with or without any extensive training or knowledge of specific youth problems.

It is clearly the right and responsibility of a concerned staff member to discuss such behaviors with students. Simple and direct feedback directly telling a student what behavior is observed and expressing concern for the consequences of that behavior is the most appropriate response. For many youth this direct feedback will usually result in improved behavior.

If student behaviors of concern continue for more than a week, the staff member should complete a referral form and deliver it to the Building Assistance Team coordinator.

STUDENT/PARENT CONFERENCE

Goal: Positive change in "behaviors of concern"

The student/parent conference is important for three reasons: (1) to allow for "due-process" to occur; (2) to secure "informed consent" and; (3) to establish a mutually agreed upon "plan of action."

Behaviors of concern data are presented to student and student's parents (if appropriate). The outcome of such conference should be a plan of action which results in student receiving assistance to improve his/her situation.

Three types of conferences

1. Early: Student given responsibility for change; action plan devised.
2. Second meeting: "Change is necessary"
Review past problems
Increased concerns
Specific change in behavior insisted upon...schedule follow-up date to review plan of action.
3. Third meeting: "Must change"
Direct referral for chemical evaluation or professional help.
If no change/compliance, follow logical and ethical consequences.

Building Assistance Team Preparation for Conference

1. Choose who will attend
2. Divide up responsibilities
3. Have documentation
4. Have defined goals of conference; plan(s) of action to suggest
5. Be aware of personal feelings, attitudes and expectations
6. Don't judge; listen but don't accept excuses or denials
7. Ask questions for clarification; not as a means for accusation
8. Know limits for school conference

Guidelines for dialogue during the conference

Focus your contributions on:

- * the behavior rather than the person.
- * facts, not appearances or guesses.
- * description rather than judgment.
- * the "here and now" rather than the "there and then."
- * the needs of the person in trouble, not your own.
- * what is said rather than why it is said.
- * exploration of different alternatives rather than immediate closure on "the answer."
- * information limited to an amount that the person can use, rather than the full quota you have and might like to give.
- * mutual problem solving rather than one-way advice giving and decision making.

Building Assistance Team after conference

1. Support each other
 - * talk about feelings
 - * give each other praise and encouragements
 - * give each other constructive feedback
2. Follow-up with student/family
3. Follow-up with referral agencies
4. Understand may have to repeat the process

BUILDING ASSISTANCE TEAM REFERRALS

In-School Referrals Possible

- * individual counseling sessions
- * peer support groups for students with concerns
- * new student orientation
- * group counseling
- * crisis counseling
- * remedial tutoring
- * extracurricular special interest activities
- * additional information through written materials, films, audio cassettes

TYPES OF PEER SUPPORT GROUPS

Concerned Persons Group: Anyone concerned about a problem of someone close to them. The group meets to share experiences and to support each other. The group offers the opportunity to talk about the feelings of guilt, anger, frustration or confusion that a student may have as a concerned person. The group is facilitated by a trained individual.

Support and After Care Group: A group for those students returning to school from an inpatient or outpatient treatment program or those seeking assistance in changing their chemical usage. The group helps students deal with some of the pressures of staying chemical-free and explores alternatives to chemical highs. The group is facilitated by a trained individual.

Personal Change Group: This group is primarily for the student who is into a negative behavior pattern, but has indicated a desire to change. The group is designed to facilitate self-awareness and change. Participation in the group is voluntary.

Intervention Group: Students who are assigned or requested to attend sessions aimed at assisting them in looking at school problems and their own behavior and how these problems/behaviors relate to personal problems.

Out-of-School Referrals Possible

- * individual counseling at local mental health center or private human services agencies
- * substance abuse center for additional assessment and/or outpatient services
- * residential inpatient treatment for emotional or chemical use problems
- * substance abuse support groups Al-Anon, Alateen
- * adolescent medical clinic
- * legal assistance
- * family counseling
- * child abuse/spouse abuse agencies

Annual Evaluation: The evaluation process will be two-fold. At the beginning of the year the committee will meet to discuss responsibilities of committee members. The Team Evaluation (pre- and post-) will be used to assist the committee in designating and implementing responsibilities. This form will then be used at the end of the year to evaluate how well the committee met their goals and responsibilities.

The committee may decide to have staff, parents, and/or students fill out an evaluation on the At-Risk program.

PROGRAM EVALUATION

(Pre- and Post-)

TASK: To design, develop, and implement a process for evaluating the program's impact, outcomes, and process.

Implementation Activity	Responsibility Of	Resources Needed	Completion Date
<p>A. Define an Evaluation Process</p> <p>4. Designate responsibilities for coordinating at each building level and district-wide;</p> <p>5. Determine scope of evaluation activity;</p> <p>6. Develop goals and objectives for the implementation process;</p> <p>7. Develop impact, outcome and process goals for students, staff, parents and the community;</p> <p>8. Develop impact, outcome, and process objectives for students, staff, parents and the community;</p> <p>9. Develop consistent standardized evaluation materials.</p> <p>B. Implement Evaluation Process</p> <p>1. Collect data at regular intervals.</p> <p>2. Meet regularly to discuss and interpret data.</p> <p>3. Develop written analysis of evaluation results.</p> <p>10. Report on program progress and evaluation results to staff, parents, the community, and Board of Education.</p> <p>11. Meet regularly to discuss needs for change indicated by evaluation results.</p>			

APPENDIX

DEFINITION OF TERMS

At-Risk Student

Any identified student who is at risk of not meeting the goals of the educational program established by the district, not completing a high school education, or not becoming a productive worker. These students may include, but are not limited to, dropouts, potential dropouts, teenage parents, substance users and abusers, low academic achievers, abused and homeless children, youth offenders, economically deprived, minority students, culturally isolated, those with sudden negative changes in performance due to environmental or physical trauma, and those with language barriers, gender barriers, and disabilities.

School Personnel

Professional and support service employees of the district. Professional employees are full-time and part-time certificated staff, including administrators, curriculum coordinators, consultants, teachers, nurses, counselors, psychologists, social workers. Support service employees are certified and non-certificated full-time and part-time staff, including teacher aides, volunteer associates, food service workers, custodians, child-care workers, security officers, study hall monitors, bus drivers, and others.

Support Services

Special assistance provided at-risk students by the school program, community-based service agencies/organizations, area education agency support personnel, and parents and guardians.

Plan

A written document adopted by the local board of education documenting coverage of nine requirements in the standard (12.5(13)) at each education level (elementary, middle school, senior high) and a continuous process for review for improvement of services at each level.

RELEVANT TESTING OR BACKGROUND INFORMATION: (ITBS, DIBELS, CBM, AR, Reading Counts, Classroom Test Scores, Classroom Grades, etc.):

<i>Interventions or modifications</i>	<i>Dates tried</i>	<i>Comments</i>

ADDITIONAL INFORMATION AND/OR DOCUMENTATION:

AGENCIES & ADDRESSES (Updated 06/10)

AGENCY: AIDS Hotline
PHONE: 800-367-AIDS

AGENCY: Al-Anon Family Group Headquarters, Inc.
ADDRESS: 507 7th St., Sioux City, IA 51101
PHONE: 712-255-6724

AGENCY: NW Iowa Alcoholism & Drug Treatment Unit
ADDRESS: 1126 Main, PO Box 686, Hull, IA 52139
PHONE: 712-439-1170

AGENCY: Bethany Christian Services
ADDRESS: 123 Albany Ave SE, Orange City, IA 51041
PHONE: 712-737-4831

AGENCY: Bethesda Christian Counseling
ADDRESS: 209 E 1st NE, Orange City, IA 51041
PHONE: 800-269-3160

AGENCY: Catholic Charities
ADDRESS: 1601 Military Road, Sioux City, IA 51103
PHONE: 712-252-4547 (Social Service and Administration)

AGENCY: Charter SF Behavioral Health System
ADDRESS: 2812 S Louise Ave, Sioux Falls, SD 57106
PHONE: 605-361-8111 or 1-800-992-0772

AGENCY: Cherokee Mental Health Institute
ADDRESS: 1257 W Cedar, Cherokee, IA 51012
PHONE: 712-225-2594

AGENCY: Children and Families of Iowa
ADDRESS: 1111 University Ave. Des Moines, IA 50319
PHONE: 515-288-1981

AGENCY: Department of Human Services
ADDRESS: 210 Central, SE, Orange City, IA 51041
PHONE: 712-737-2943

AGENCY: Domestic Violence Aid Center
ADDRESS: 32 3rd St NE, Sioux Center, IA 51250
PHONE: 712-722-4404 712-737-3307 Hotline

AGENCY: Epilepsy Association of Iowa
ADDRESS: 2400 86th St., Urbandale, IA 50322
PHONE: 515-241-8294

AGENCY: Fort Dodge Area Diabetes Association
ADDRESS: Trinity Regional Medical Center Campus, Fort Dodge, IA 50501
PHONE: 515-574-6350

AGENCY: Harvest Acres, Inc., Adolescent Substance Abuse Treatment Services
ADDRESS: 2511 Sigourmeu Ave, Rockwell City, IA 50579

PHONE: 712-297-5601

AGENCY: Hazelden Cork
ADDRESS: Box 11, Center City, MN 55012
PHONE: 800-257-7810 or 651-213-4200

AGENCY: Department of Human Services
ADDRESS: 315 1st Ave., Rock Rapids, IA 51246
PHONE: 712-472-3743

AGENCY: Iowa Student Exchange
ADDRESS: Alburnett Rd., Marion, IA 52302
PHONE: 319-899-0426

AGENCY: Iowa Cystic Fibrosis Foundation
ADDRESS: 1025 Ashworth Rd., West Des Moines, IA 50265
PHONE: 515-252-1530

AGENCY: Iowa Department for the Blind
ADDRESS: 524 4th St, Des Moines, IA 50309
PHONE: 515-281-1333 or 800-362-2587

AGENCY: Iowa Department of Education Bureau of Special Education
ADDRESS: Grimes State Office Building, Des Moines, IA 50319-0146
PHONE: 515-281-3176

AGENCY: Iowa Department of Employment Services
ADDRESS: 112 S. Court St., Fairfield, IA 52556
PHONE: 641-472-5466

AGENCY: Iowa School for the Deaf
ADDRESS: 3501 Harry Langdon Blvd., Council Bluffs, IA 51503
PHONE: 712-366-0571

AGENCY: Iowa Substance Abuse Information Center
ADDRESS: 500 1st St SE, Cedar Rapids, IA 52401
PHONE: 866-242-4111

AGENCY: Iowa Sudden Infant Death Syndrome (SIDS) Program
ADDRESS: 406 SW School St., Ste. 205, Ankeny, IA 50023
PHONE: 515-965-7655

AGENCY: Iowa Testing Programs
ADDRESS: 340 Lindquist Center, University of Iowa, Iowa City, IA 52242
PHONE: 319-335-5405

AGENCY: Keystone Treatment Center
ADDRESS: 1010 E Second St, Box 159, Canton, SD 57013
PHONE: 605-987-2751

AGENCY: Lutheran Social Services in Iowa
ADDRESS: 2801 Jackson St., Sioux City, IA 51104
PHONE: 712-255-2505

AGENCY: Rock Valley Mental Health Institute
ADDRESS: 1905 10th St., Rock Valley, IA 51247
PHONE: 877-587-2537

AGENCY: Muscular Dystrophy Association
ADDRESS: 1415 28th St., West Des Moines, IA 50266
PHONE: 515-453-9489

AGENCY: Northwest Iowa Alcohol & Drug Treatment Center
ADDRESS: 315 1st Ave., Rock Rapids, IA 51246
PHONE: 712-472-3442

AGENCY: Northwest Iowa Alcoholism and Drug Treatment Unit, Inc.
ADDRESS: 710 Lake St., Spirit Lake, IA 51301
PHONE: 712-336-5281

AGENCY: Northwest Iowa Mental Health Center
ADDRESS: 201 E 11th Street, Spencer, IA 51301
PHONE: 712-262-2922

AGENCY: Plains Area Mental Health
ADDRESS: 180 10th St., Le Mars, IA 51031
PHONE: 712-546-4624

END OF DOCUMENT