



Behavior Management for Paraprofessionals

Intellectual Disabilities (changed by Rosa's Law (2010) from mental retardation)


Younger social behavior	<ol style="list-style-type: none"> 1. Provide more structure. 2. Match expectations to mental age, not chronological age. 3. Provide a variety of reinforcers. 4. Teach social skills, using social stories and role play. 5. Model expected behavior. 6. Show videos and use posters of expected behavior.
Less developmentally mature communication skills	<ol style="list-style-type: none"> 1. Adjust to speech style (delayed speech development). 2. Provide pictures, picture books, video clips to fill in information not obtained by reading at level (reading deficits, particularly in comprehension). 3. Provide systematic, multisensory but phonics-based reading instruction. 4. Provide a variety of reinforcers. 5. Teach in smaller sessions alternated with breaks.
More rehearsal required for memorizing	<ol style="list-style-type: none"> 1. Embed practice in games. 2. Provide multiple ways to practice. 3. Use short sessions of practice but more sessions per week. 4. Employ overlearning. 5. Cue students to recite what they have to learn. 6. Use consistent format of presentation. 7. Logically sequence instruction. 8. Avoid opportunities for negative practice (practice of mistakes). 9. Use lots of different materials and concrete examples. 10. Reduce the complexity of the instruction/content. 11. Reduce the delay between presentation and recall. 12. Use meaningful materials and examples.
Lower reading comprehension	<ol style="list-style-type: none"> 1. Use picture support. 2. Use high-low books. 3. Use picture dictionaries. 4. Engage student interest. 5. Use repeated reading. 6. Label things in the room and actions too. 7. Read aloud while students follow along. 8. Alternate you reading with the student reading. 
Abnormal mannerisms	<ol style="list-style-type: none"> 1. Use behavior modification to reinforce typical mannerisms. 2. Use a mirror to help student see what the mannerisms look like. 3. Provide feedback to student and student marks data. 4. Reinforce students for adopting typical mannerisms.

Specific Learning Disabilities

Poor sense of space a. Handwriting b. Clumsy walk c. Knock into things, knock things down	<ol style="list-style-type: none"> 1. Use structured writing paper. 2. Use "Hospital tape" on the floor to indicate acceptable paths. 3. Encourage students to slow down. 4. Ask student for restitutional correction (restore environment). 5. Use OT types of activities for balance strengthening.
Uneven skills; some at grade level	<ol style="list-style-type: none"> 1. Plan some activities to strengths of struggling students. 2. Use strengths to pair with weaknesses. 3. Assign smaller chunks of work or shorter/less complex tasks.
Lower reading comprehension	<ol style="list-style-type: none"> 1. Use picture support. 2. Use high-low books 3. Engage student interest. 4. Use repeated reading. 5. Chunk reading portions and review.
Word recognition difficulties	<ol style="list-style-type: none"> 1. Cover all but the first letter. 2. Cover all but the troublesome part of a word. 3. Use a tachistoscope. (See p. 10.) 4. Emphasize one modality.
Less effective selection of learning and memorization strategies	<ol style="list-style-type: none"> 1. Use scripts and lists to direct choice. 2. Collect data to prove effectiveness to student. 3. Reduce distractions. 4. Monitor more closely. 5. Teach mnemonic devices.
Some modalities are less effective than others; sometimes none is fully operational.	<ol style="list-style-type: none"> 1. Teach in multiple modes concurrently. 2. Permit more than one way of demonstrating learning. 3. Use small groups for repetition and games. 4. Alter the amount of work. 5. Provide directions in writing and in speech, with picture support when possible.
Difficulty memorizing 	<ol style="list-style-type: none"> 1. Embed practice in games. 2. Provide multiple ways to practice. 3. Distributed practice is better than massed practice. 4. Employ overlearning. 5. Use recitation. 6. Use consistent format of presentation. 7. Logically sequence instruction. 8. Avoid opportunities for negative practice. 9. Use lots of different materials and concrete examples. 10. Reduce the complexity of the stimulus. 11. Reduce the delay between presentation and recall. 12. Use meaningful materials and examples.

65% struggle with math	<ol style="list-style-type: none"> 1. Use manipulatives. 2. Use illustrations. 3. Use mnemonic devices. 4. Practice in a variety of ways. 5. Read aloud the directions. 6. Value reasoning over computation. 7. Use drama. 8. Use art. 9. Allow calculator. 10. Use game formats and computer programs for practice.
85% struggle with reading	<ol style="list-style-type: none"> 1. Read aloud to students. 2. Provide books on CD or computer or device. 3. Use high interest, low vocabulary alternatives. 4. Use Cliff Notes or Spark Notes. 5. Have students use books for pictures, tables, graphs; teacher <i>tells</i> the information from the text. 6. Use graphic novels or comic book style, low text books. 7. Provide a quiet space for reading. 8. Read in small chunks, rather than long passages. 9. Use books that have large type and words spread out on page.
90% struggle with written language	<ol style="list-style-type: none"> 1. Allow word processing. 2. Use editing software (SOLO suite: Co: Writer, Draft: Builder, Read: OutLoud, and Write: OutLoud). 3. Re-teach steps for writing for each writing assignment. 4. Reduce copying (make copies of problems/content rather than have students copy from the book or board). 5. Use wide ruled paper. 6. Try pencil grips. 7. Provide alternatives to written assignments (audio report, prezi or PP, etc.).
Slowed processing speed	<ol style="list-style-type: none"> 1. Take data on how long a task takes; use the data for assigning independent work and homework. 2. Give the student a heads-up so that response is possible in a fast-paced classroom. 3. Simplify instructions and provide in writing and orally. 4. Break down big projects and provide support more frequently. 5. Allow opportunities to correct tests for credit. 6. Score on what was attempted, not on items given.
Nonverbal learning disabilities: Motor function impaired Visual-spatial deficits Social difficulties	<ol style="list-style-type: none"> 1. Widen aisles and use tape for clear pathways. 2. Use pencil grips, writing guides, and keyboard guards. 3. Use wide ruled paper and square centimeter graph paper. 4. <i>See</i> Social Skill Difficulties from Autism page.

OHI: Attention Deficit Disorder

Inattention	<ol style="list-style-type: none"> 1. Make things 1:1, novel, interesting to the student, intimidating. 2. Help the student get started on tasks. 3. Use multiple modes of instruction. 4. Increase instructional intensity. 5. Use physical objects. 6. Provide more hands-on opportunities for learning.
Distractibility	<ol style="list-style-type: none"> 1. Reduce distractions by category: visual, auditory, somatic, psychological. 2. Place student in the least distracting part of the room. 3. Make sure you have the student's attention before speaking. 4. Make frequent contact with the student by touch (shoulder) or name. 5. Remove distractions by using an index card to cover all but the item of current attention. (tachistoscope*)
Impulsivity	<ol style="list-style-type: none"> 1. Encourage slowing down, deep breathing. 2. Provide as much structure and routine as possible. 3. Encourage student to sit in a "decision" chair for a moment before acting. 4. Allow use of a fidget.
Emotional overarousal	<ol style="list-style-type: none"> 1. Encourage deep breathing. 2. Prove the effect of waiting with data. 3. Give regular praise and feedback. 4. Use dimming fabrics. 5. Provide low volume, instrumental only music < 60 beats/minute
Disorganization 	<ol style="list-style-type: none"> 1. Structure around the student 2. Use lists. 3. Color code. 4. Have the student tell you what the steps are to the task. 5. Put less material on one page. 6. Give extra time, without criticism or fanfare. 7. Have a more attentive classmate help with notetaking. 8. "Reset" desk contents, locker, bookbag frequently.
Possible physical restlessness	<ol style="list-style-type: none"> 1. Allow movement. 2. Use learning aids that appeal or have a gimmick. 3. Permit alternative seating. 4. Assign 2 desks or a desk and a crate. 5. Try alternative seating: yoga ball, wobble stool, unicorn seat, zenenergy seat, ergo seat, stacked foam stool, twixt active seat, up stool, oodle rocking stool, kick balance board

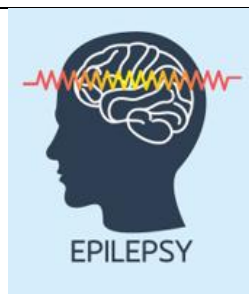
Cerebral Palsy and Other Physical Disabilities

Neurological damage	<ol style="list-style-type: none"> 1. Avoid a heavy stress climate. 2. Provide periods of rest. 3. Use multisensory instruction. 4. Provide low volume, instrumental only music < 60 beats/minute 5. Try alternative seating: yoga ball, wobble stool, unicorn seat, zenergy seat, ergo seat, stacked foam stool, twist active seat, up stool, oodle rocking stool, kick balance board, pea pod, bean bag
May be easily fatigued	<ol style="list-style-type: none"> 1. Build regular rest periods into the day. 2. Alternate high demand tasks with low demand tasks. 3. Encourage short periods of deep breathing. 4. Provide an alerting scent (peppermint, cinnamon, citrus)
Motor difficulties	<ol style="list-style-type: none"> 1. Allow more time for motor tasks. 2. Use a peer notetaker or class buddy for motor tasks. 3. Physical therapy may be added to the school day; make a plan for missed instruction. 4. Substitute speech for writing, typing for writing, writing for speech, etc. 5. Allow room for equipment. 6. Allow to leave class early or arrive late.
Speech difficulties	<ol style="list-style-type: none"> 1. Use a communication device. 2. Use a communication board. 3. Adjust to speech patterns. 4. Wait patiently.
Need special seating or wheelchair	<ol style="list-style-type: none"> 1. Ensure that activities/supplies are reachable. 2. Use a tray or other secure work top option. 3. Ensure that sufficient space is available for maneuvering the chair. 4. Consider the gaze level that the seating creates for the student. 5. Use pillows to vary pressure on bottom.
Some limbs or digits do not work well	<ol style="list-style-type: none"> 1. Use adapted tools. 2. Demonstrate supplemental devices. 3. Do some tasks for the student. 4. Get the student started on tasks. 5. Use a non-skid mat for the desk surface. 6. Employ tech devices.



Epilepsy

Neurological base	<ol style="list-style-type: none"> 1. Avoid a heavy stress climate. 2. Make sure the student doesn't get too hungry or fatigued. 3. Build in rest periods or at least breaks. 4. Keep a record for student's physician.
Bad breath due to medication	<ol style="list-style-type: none"> 1. Permit gum chewing. 2. Allow water bottle in class.
Only 10% have ID	<ol style="list-style-type: none"> 1. Teach to adequate intellect. 2. Remember that the child is typical when not seizing.
Can be injured during seizure	<ol style="list-style-type: none"> 1. Prepare and follow seizure plans. 2. Move furniture if there is time. 3. Place student in prone position, even young children. 4. Turn to side and repeat as necessary. 5. Cushion head if possible.
Release of adrenaline can leave student exhausted	<ol style="list-style-type: none"> 1. Provide place to rest. 2. Direct other students. 3. Speak calmly. Model that there is no reason to fear or laugh.
Student may lose bowel and/or bladder control.	<ol style="list-style-type: none"> 1. Plan for a quick exit if necessary. 2. Have a change of clothes at school available. 3. Direct other students. 4. Speak calmly. Model that there is no reason to fear or laugh.
Self-esteem issues	<ol style="list-style-type: none"> 1. Explain about condition to other students. 2. Use bibliotherapy. 3. Model enjoying the student's company and encourage other students to join you and your activities with the student.



Traumatic Brain Injury

Neurological base	<ol style="list-style-type: none"> 1. Avoid a heavy stress climate. 2. Make sure the student doesn't get too hungry or fatigued. 3. Build in rest periods or at least breaks. 4. Keep a record for student's physician.
Easily fatigued	<ol style="list-style-type: none"> 1. Build regular rest periods into the day. 2. Alternate high demand tasks with low demand tasks. 3. Lessons length should be short and gradually increased.
Difficulties with written language	<ol style="list-style-type: none"> 1. Avoid essay tests at first. 2. Prepare checklists and step-by-step instructions. 3. Allow word processing. 4. Use editing software (SOLO suite: Co: Writer, Draft: Builder, Read: OutLoud, and Write: OutLoud). 5. Re-teach steps for writing for each writing assignment. 6. Ask another student to make copy of notes. 7. Take notes while the student takes notes in case the student doesn't keep up; yours can be provided.
Trouble with transitioning	<ol style="list-style-type: none"> 1. Keep one set of books at home and one at school 2. Use a 5-subject notebook instead of 5 separate notebooks. 3. Offer a peer buddy. 4. Provide warnings before bells or other signals happen. 5. Help student make a transition from one location to another, one activity to another, one subject to another.
Slowed processing time	<ol style="list-style-type: none"> 1. Reduce assignment length or number of problems. 2. Produce copies of notes, rather than having student copy. 3. Wait a bit before providing assistance.
Slow speaking rate	<ol style="list-style-type: none"> 1. Extend time limits. 2. Be patient. 3. Interfere with other students commenting on time.
Concentration difficulties	<ol style="list-style-type: none"> 1. Make things 1:1, novel, interesting to the student, intimidating. 2. Make stimuli more intense (color, pictures, bold, underlined, etc.). 3. Extend time limits. 4. Redirect as needed.
Agitated emotional state	<ol style="list-style-type: none"> 1. Have an adult check-in at points during the day. 2. Music as therapy can be helpful. 3. Proprioceptive stimulation can be helpful
Depression, reduced self-esteem	<ol style="list-style-type: none"> 1. Preserve student's work. 2. Focus on successes.

Autism Spectrum Disorders

Neurological base	<ol style="list-style-type: none"> 1. Avoid a heavy stress climate. 2. Build in breaks. 3. Recognize anxiety, even when it looks like rage.
Markedly restricted areas of interest	<ol style="list-style-type: none"> 1. Reinforce of listening to new topics. 2. Introduce short periods of time on new topics/experiences, then reinforce with periods of time on student's choice. 3. Tie new things to old things.
Stereotypical body movements	<ol style="list-style-type: none"> 1. Provide sensory input. (When in doubt, use prop!) 2. Often an expression of anxiety; try to soothe anxiety source. 3. Suggest a less obvious means of relieving stress.
Visual learners	<ol style="list-style-type: none"> 1. Teach sight words first. 2. Teach spelling by configuration rather than sounding out. 3. Use visual schedules. 4. Use visual cues. 5. Emphasize pictures and film over print.
Social skill difficulties	<ol style="list-style-type: none"> 1. Use social stories. 2. Provide direct instruction in social skills. 3. Provide a script for social situations. 4. Reinforce direction, not perfection.
Little awareness of the emotional states of others	<ol style="list-style-type: none"> 1. Help them notice their own feelings. 2. Help them name those feelings. 3. Narrate the feelings of others.
Communication difficulties	<ol style="list-style-type: none"> 1. Allow visual methods, such as pointing, PECS, symbolstix. 2. Pair speech with visual cues.
Insistence on sameness	<ol style="list-style-type: none"> 1. Use gradual change. 2. Prepare for change. 3. Use social stories.
Odd use of language	<ol style="list-style-type: none"> 1. Provide scripts. 2. Teach appropriate language directly. 3. Use social stories. 4. Develop social maps. 5. Teach using film of social interactions.
Sensitivity to sensory stimuli	<ol style="list-style-type: none"> 1. Provide sensory relief. 2. Build in breaks. 3. Provide sensory input of choice.



Emotional Disabilities

Depression: <ol style="list-style-type: none"> Appetite disturbances Weight disturbances Sleep disturbances Hyperactivity or lethargy Anxiety Crying Slowed thinking Suicidal tendencies, thoughts, actions Feelings of guilt, helplessness, hopelessness Poor concentration Inability to make decisions 	<ol style="list-style-type: none"> Expression of emotion in journal, art, writing, film-making, music, etc. Keep social connection to others with small group and partner work. Help student remember and go to sessions with social worker or counselor at school. Give “proof” of competence. Use strategies from ADD. Use strategies from TBI.
Anxiety: <ol style="list-style-type: none"> Sleep disturbance Social paralysis Withdrawal Acting out 	<ol style="list-style-type: none"> Provide emotional outlet. Acknowledge the difficulty of some tasks. Do part of the social interaction with the student. Look student in the eye when the student speaks. Model self-praise. Preserve student’s work.
Obsessive-Compulsive Disorder: <ol style="list-style-type: none"> Fear of aggression Fear of contamination Sexual obsession Symmetry/sameness Somatic obsessions Counting obsessions Checking Repeating Hoarding 	<ol style="list-style-type: none"> Focus on current work or task. Find acceptable substitutions. Support focus on the needs of others. Permit agreed-upon rituals but no additions. Soothe anxiety sources. Provide outlets for emotional expression.
Oppositional-Defiant Disorder: <ol style="list-style-type: none"> Noncompliant behavior Rage 	<ol style="list-style-type: none"> Use structured behavioral plans. Get commitment from student to particular behaviors. Use highly desired reinforcers.
Conduct Disorder: <ol style="list-style-type: none"> Destruction of property Deceitfulness Aggression to people and animals Serious rules violations Substance abuse Associated mood disorders 	<ol style="list-style-type: none"> Develop strengths in the student. Use strategies from ADD. Use strategies from depression. Reinforce appropriate play. Reinforce any task participation and completion. Use role play. Use social stories.

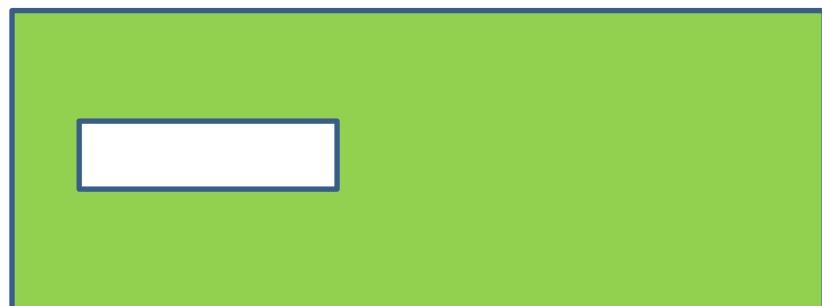


Speech and Language Disabilities

Avoids speaking at school	<ol style="list-style-type: none"> 1. Allow to speak to one student. 2. Allow to speak to just teacher. 3. Allow speak without also looking. 4. Allow tape recording and then playing for class or even one person. 5. Note your own imperfection. 6. Allow writing or typing for speech. 7. Student uses a device or PECS.
Poor articulation	<ol style="list-style-type: none"> 1. Reward best efforts. 2. Avoid impulse to speak for them. 3. Model appropriate pronunciation. 4. Recommend evaluation by speech therapist.
Stuttering	<ol style="list-style-type: none"> 1. Remove pressure as much as possible. 2. Slow down your speech, look away briefly, rather than stare at the student struggling. 3. Avoid speaking for them. 4. Reinforce by understanding.
Language errors	<ol style="list-style-type: none"> 1. Use parallel talk 2. Use self-talk 3. Use cooperative learning 4. Allow student to speak in front of small group 5. Model standard English. 6. Reinforce direction, not perfection.
Non-standard English dialect	<ol style="list-style-type: none"> 1. Model standard English. 2. Repeat what student has said in standard English. 3. Avoid public corrections or criticisms.

Tachistoscope

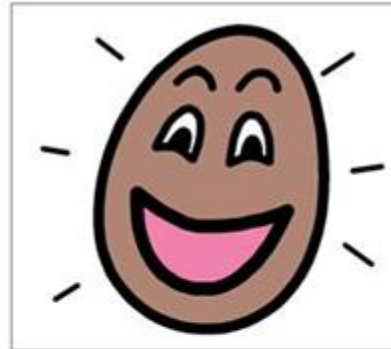
This example is for a book with two columns of side-by-side text.



Social Story about Anxiety



Control and anxiety are funny things.
It helps to learn more about them
and about myself. It's ok to want to
be in control. Being in control can
make me feel more calm and happy.



Sometimes I have lots of control.
I am relaxed and feeling happy.
I call this being at a 1.



Sometimes I am a little worried or tired.
I can usually make a good choice but I might
need some re-direction or
a reminder to breath. I call this being at a 2.



Sometimes I feel frustrated and tense.
When that happens, I don't have really good control.
I can try to calm down by asking a teacher,
"I need a break, please."
Then I can choose to walk, go to recess, or draw.
I call this being at a 3.





Sometimes I get really mad! I may cry and scream and may not be able to make good choices. My teachers can help by prompting me to, "Use your words," and waiting. They can model calm behavior and only respond to my questions if I don't shout. I call this being at a 4.



Then there are those really, really bad times. They don't happen very often but when they do, look out! Sometimes I just loose all control. I can't make good choices and sometimes I am in danger of hurting someone else. My teachers can help by backing off and waiting. If they talk to me too soon, I might get upset again. This is being at a 5.



Transcript of How to Treat a Friend: A Social Story (Audrie Bowers)

Keep your hands and feet to yourself and respect others' property.

Sharing means caring

We always want to share with our friends

We use kind words


- Please
- May I
- I Like...
- Thank You

Be open with your feelings

Share your feelings with your friends and they will share theirs with you!

We want to give our friends hugs and handshakes

We want to treat their things like we would want our things to be treated.

Bibliotherapy: The use of books selected on the basis of content in a planned reading  program designed to help children who are suffering emotionally. There are three phases: the reader identifies with the character, the reader experiences some catharsis, and the reader gains some insight about potential solutions.

High-Low Books (High interest, low vocabulary/readability)

High-Low Bio Excerpt

Whoopi Goldberg is one of only a few people who have won an Academy Award, a Tony, an Emmy, and a Grammy Award. She was the second black female to have won an Academy Award. She won the award as Best Supporting Actress for her role in the movie *Ghost*. She also won a Golden Globe Award for her role in *Ghost*.

Whoopi Goldberg was born Caryn Elaine Johnson on November 13, 1955. Her mother said that Caryn was a “ham” from the moment she was born. She delighted the nurses in the nursery with her funny expressions and her thumb sucking. Whoopi later said she knew she wanted to be an actress from the time she was born.

Caryn’s father left the family when she was a baby. So she and her older brother Clyde were raised by their mother. She was a nurse and later a teacher.

The family lived in a housing project in New York City. It was in a working-class neighborhood. Whoopi has said her neighbors were blacks, whites, Greeks, Jews, Puerto Ricans, and Italians. This diverse neighborhood gave Whoopi a chance to learn about a wide variety of people and lifestyles. She remembered this for use in her stand-up comedy years later.

The family was poor. But Caryn took advantage of living in New York City. She went to concerts, ballets, and museums for children. In the summer, a group called Shakespeare in the Park came to her neighborhood to perform plays.



GHOST HOUSE – READERS’ THEATRE Excerpt

Narrator 1

Narrator 2

Tyler - the older brother, afraid of ghosts

Zach - the younger brother, pretends to have no fear

Hammy - a friend, skateboarder

Sound effects: thunder, clock bells smashing, grunting

Narrator 1: Chapter 8 of Paul Kropp’s novel *Ghost House* ... The Bells

Narrator 2: The three boys stood in the dark room staring at the plywood on the window. Hammy was shaking his head. Tyler was feeling a little creepy. And Zach was mad.

Zach: If Alex nailed that plywood back on, I’m going to kill him.

Hammy: Not a good idea. Look what happened to the guy in the newspaper.

